

Evaluation of Patient Satisfaction of Anaesthetic Assessment in a District Hospital in Ghana

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Received: June 13, 2019; Published: July 17, 2019

Abstract

Background: Patient satisfaction about perioperative anesthesia assessment is an essential aspect of quality health-care management. Visiting the anesthesia clinic gives the patients an opportunity to discuss the choices of the anesthetic technique, methods for pain relief and the risks, in a calmer atmosphere than immediately before the operation. At the St. Elizabeth Catholic district hospital Hwidiem, Ghana, the service of anesthesia clinic has been introduced for the past three (3) years and yet there is no documented data indicating patient's satisfaction with the anesthesia service.

Objective: To evaluate inpatients satisfaction with the anesthesia service assessment quality in St. Elizabeth Catholic Hospital Hwidiem, Ghana.

Methods: An institutional based cross-sectional study was conducted at the St. Elizabeth Catholic hospital in Hwidiem; all patients who had elective surgery were included in the study within 24 hours after the operation. A structured questionnaire was used to collect data which consisted of patient socio-demography and satisfaction levels. All items in the structured questionnaire were scored on a four-point Likert scale which was entered and analyzed using statistical package for social sciences (SPSS) version 23. Chi-square was used to analyze the relationship between overall satisfaction and the socio-demography of the patients using P-value 0.05 and 95% confident interval as the point limit.

Results: One hundred and fifty-four 154 patients were recruited, and out of that, two patients refused to participate. The Mean age of patients recruited for this study was 30.03(\pm 10.71) years. The majority of the respondents (38.2%) were in the 29 to 38 age group. The overall patient satisfaction was 96.1%. On the aspect of anesthetists introducing themselves to patients before rendering the anesthesia service, 69.1% of the patients said the anesthetists did introduce themselves, 86.9% of them said they received adequate medical information about anesthesia from the anesthetists, 98.0% of them said the type of anesthetic plan was explained to them before surgery, and 81.0% said they were given the opportunity to ask questions about the anesthesia plans and received appropriate answers from the anesthetists. When asked whether or not they received enough education on the post-anesthesia care before the surgery, 86.9% responded that the anesthetists gave them adequate information about the postoperative anesthesia care especially on postoperative pain and analgesia and 56.5% said they were given adequate information on postoperative nausea and vomiting (PONV).

Citation: Sylvanus Kampo., *et al.* "Evaluation of Patient Satisfaction of Anaesthetic Assessment in a District Hospital in Ghana". *Anaesthesia, Critical Care and Pain Management* 2.1 (2019): 1-12.

Conclusions: The results of this study suggest that patients going in for surgery are mostly satisfied with the anesthesia service in Ghana which has no link with the ethnicity, cultural or demography factors of the individual patient.

Keywords: *Patient satisfaction; Anaesthetic assessment; Anesthesia service; Surgery; Cultural or demography factors*

Volume 2 Issue 1 July 2019

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Introduction

Satisfaction is a subjective feeling of pleasure or disappointment resulting from comparing product or services, perceived performance, or outcome about one's expectations. It is the degree of gratifying the patient's anticipation, which is an important component and quality indicator in the preoperative anesthetic evaluation. Satisfaction commonly refers to how well the patient expectations about the services of medical care have been met (Young G.J, Meterko M, Desai K.R, 2000). Providers of medical services have awakened to consumer challenges, competition, quality, and the realities of marketing. With these changes, equally important issues have emerged, the client-provider relationship on the overall medical service quality evaluation. Clients are increasingly frustrated with the commercialization of medical services, proliferated bureaucratic health care system, and weakened client-provider relationship (Bryant C., *et al.* 1998).

Patient satisfaction about perioperative anesthesia assessment is an essential aspect of quality health-care management. Visiting the anesthesia clinic gives the patients an opportunity to discuss the choices of the anesthetic technique, methods for pain relief and the risks, in a calmer atmosphere than immediately before the operation (Conway J.B.Goldberg J, Chung F, 1992). Preoperative anesthesiologist visit and preparation ensures the best care and satisfactory outcomes while maintaining reasonable cost and assuring patient satisfaction with the care received (Higgins TL, Thompson G.E, and Tuman K.J, 1996).

Despite the introduction of pre-anesthetic evaluation clinic in St. Elizabeth Catholic hospital for three (3) years, no scientific evaluation of patients' level of satisfaction about this service has been conducted and also no publication is available in Ghana to show the level of patient satisfaction with preoperative anesthetic assessment clinic in our literature search. The purpose of this study was to evaluate patient satisfaction with preoperative anesthetic assessment and quality among patients booked for elective surgery.

Methods

Descriptive cross-sectional study design was used to evaluate patient satisfaction regarding the quality of preoperative anesthetic assessment.

After obtaining ethical approval from the institutional ethical committee of Tamale Teaching Hospital of the University For Development Studies and St Elizabeth Catholic Hospital Hwidiem, Ghana, the study was conducted at the St. Elizabeth Catholic hospital, Hwidiem-Ghana from 8th of February to the 8th of April, 2017.

All elective surgical patients who were operated under anesthesia during the period of the study were included. Patients who were discharged before 24 hours after operation were excluded in the data collection as well as all emergency surgeries. Parents of patients less than 18 years answered the questionnaires for their children.

Two (2) trained research assistants not involved in anesthesia services were employed to administer structured questionnaires printed out to the selected patient for the study. The data collected; the socio-demographic characteristics of the respondent and their satisfaction level with the different components of pre-anesthetic assessment, which includes, physical facility, anesthesiologist

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communication skills, and quality of services. It was written in the English language but interpreted and explained in the local language of respondents during the scheduled interview period as necessary. Respondents were interviewed within a time range of 10 to 15 minutes using the questionnaire post-operatively within 24 hours.

The response to questionnaires was rated on a four-point Likert scale as strongly agree (4), agree (3), disagree (2), strongly disagree (1)

Data was entered, organized, and analyzed using SPSS version 23. Each question was coded for easy matching. The five-point Likert's scale was grouped into two with strongly agree and agree used as satisfied and disagree and strongly disagree with dissatisfaction for analysis. Chi-square test was used to analyze the relationship between patient satisfaction and the patient's socio-demographic parameters with P value = 0.05 and confident interval of 95%. Tables and pie chart were used for the presentation of statistical description.

Results

Two hundred and fifteen (215) patients were operated during the study period of which 61(28.37%) were emergencies, one hundred and fifty-four 154(71.63%) patients were recruited, 2(1.30%) patient refused to participate, and 152(98.70%) patients responded.

Out of the one hundred and fifty-three patients who responded in this study, 96.1% said they were satisfied with anesthesia services. (Figure 1)

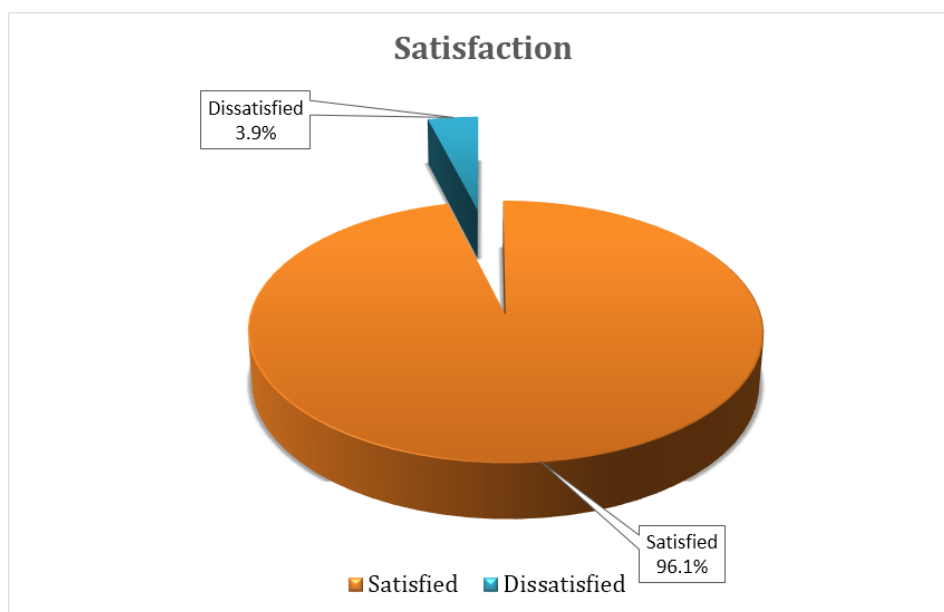


Figure 1: Distribution of overall satisfaction of patients with relation to anesthesia services at the St. Elizabeth Catholic hospital, Hwidiem, Ghana 2017.

The mean age of the participants was 30.03(\pm 10.71) years. Majority of the respondents were within the age group of 29 to 38 years (38.2%). On Gender, 85.5% were female, 63.2% married, and 32.9% single with 2.6% divorced and 1.3% widows. With regards to Education, 33.6% completed elementary education, 28.9% secondary school, 25.0% were illiterate, 6.6% had Diploma, 4.6% could read and write, and 1.3% had other educational qualification. However, most of the respondents, 51.6%, were from rural areas. (Table 1)

Factor		Frequency	Percent
Patient gender	Male	22	14.5
	Female	130	85.5
	Total	152	100.0
Patient Age	Les or Equal to 18	19	12.5
	19 – 28	52	34.2
	29 – 38	58	38.2
	39 – 48	15	9.9
	49 and above	8	5.3
	Total	152	100
	Total	152	100
Marital status	Single	50	32.9
	Married	96	63.2
	Divorced	4	2.6
	Widowed	2	1.3
	Total	152	100.0
Level of education	Illiterate	38	25.0
	Read and write	7	4.6
	Elementary	51	33.6
	Secondary	44	28.9
	Diploma	10	6.6
	Others	2	1.3
	Total	152	100.0
Residence	Urban	73	48.0
	Rural	79	52.0
	Total	152	100.0
Job status	Housewife	8	5.3
	Farmer	34	22.4
	Government	10	6.6
	Private	16	10.5
	Student	16	10.5
	Merchant	67	44.1
	Other	1	0.7
	Total	152	100.0
Family income	Less than 270	30	19.7
	270 – 500	45	29.6
	Greater than 500	77	50.7
	Total	152	100.0
Mode of payment	Paying self	26	17.1
	NHIS	126	82.9
	Total	152	100.0

Frequency of visit	New	38	25.0
	Repeat	115	75.0
	Total	152	100.0

Table 1: Socio-Demography of Participants.

A Chi-square test for association was conducted between the patient’s satisfaction and patient’s demography, which reveal no statistical significance between the two variable (Table 2). The test was further conducted to include family income, Mode of payment, the frequency of visit, comorbidities identified and ASA classification of patients, and there was no statistical significance with $p < 0.05$ (Table 3).

		Satisfied		Dissatisfied		x ²	P
		Frequency	Percent	Frequency	Percent		
Patient age	18 years or less	18	11.8	1	0.7	1.263	.876
	19 – 28 years	50	32.9	2	1.3		
	29 – 38 years	55	36.2	3	2.0		
	39 – 48 years	15	9.9	0	0.0		
	49 years and above	8	5.3	0	0.0		
	Total	146	96.1	6	3.9		
Patient gender	male	21	13.8	1	0.7	.024	.876
	female	125	82.2	5	3.3		
	Total	146	96.1	6	3.9		
Marital status	single	50	32.7	1	0.7	1.149	.765
	married	91	59.5	5	3.3		
	divorced	4	2.6	0	0.0		
	widowed	2	1.3	0	0.0		
	Total	147	96.1	6	3.9		
Level of education	illiterate	36	23.7	2	1.3	.996	.963
	read and write	7	4.6	0	0.0		
	elementary	49	32.2	2	1.3		
	secondary	42	27.6	2	1.3		
	diploma	10	6.6	0	0.0		
	others	2	1.3	0	0.0		
	Total	146	96.1	6	3.9		
Residence	urban	70	46.1	3	2.0	.010	.921
	rural	76	50.0	3	2.0		
	Total	146	96.1	6	3.9		

Job status	house wife	7	4.6	1	0.7	3.376	.760
	farmer	32	21.1	2	1.3		
	government	10	6.6	0	0.0		
	private	16	10.5	0	0.0		
	student	15	9.9	1	0.7		
	merchant	65	42.8	2	1.3		
	other	1	0.7	0	0.0		
	Total	146	96.1	6	3.9		

Table 2: Bivariate analysis of Socio-demography and level of satisfaction in the pre-anesthetic assessment of participants at the St. Elizabeth Catholic Hospital Hwidiem, Ghana 2017.

		Satisfied		Dissatisfied		x ²	P
		Frequency	Percent	Frequency	Percent		
Family income	less than 270	28	18.4	2	1.3	.939	.625
	270 - 500	44	28.9	1	0.7		
	greater than 500	74	48.7	3	2.0		
	Total	146	96.1	6	3.9		
Mode of payment	paying self	25	16.4	1	0.7	.001	.977
	NHIS	122	79.6	5	3.3		
	Total	146	96.1	6	3.9		
Frequency of visit	new	36	23.7	2	1.3	.231	.631
	repeat	111	72.4	4	2.6		
	Total	146	96.1	6	3.9		
Comorbidities	yes	18	11.8	1	0.7	.099	.753
	no	128	84.2	5	3.3		
	Total	146	96.1	6	3.9		
Comorbidities identified	asthma	6	31.6	0	0.0	1.173	.760
	hypertension	8	42.1	1	5.3		
	diabetes	3	15.8	0	0.0		
	others	1	5.3	0	0.0		
	Total	18	94.7	1	3.9		
ASA classification	ASA I	128	84.2	5	3.3	.099	.753
	ASA II	18	11.8	1	0.7		
	Total	146	96.1	6	3.9		

Table 3: Socio-demography of study participant preoperative anaesthetic satisfaction about family income, mode of payment, frequency of visit, comorbidities, and ASA classification at St. Elizabeth Catholic Hospital Hwidiem, Ghana 2017.

However, patients within the age group of 29-29 who said they were satisfied with anaesthesia services had the highest percentage of satisfaction (36.2%) and 3(2%) dissatisfied among the groups respectively. More females said they were satisfied (82.2%) than the males (13.8%). Despite the significant variation in satisfaction, more females were also said they were dissatisfied (3.3%), and males (0.7%), and there was no statistical significance ($p \geq 0.05$) (Figure1)

All the patients who participated said they were satisfied with the level of neatness and the amount of waiting chairs available at the anesthesia clinic, 99.30% said they were satisfied when asked if it was easy to locate the preoperative clinic (Figure 2).

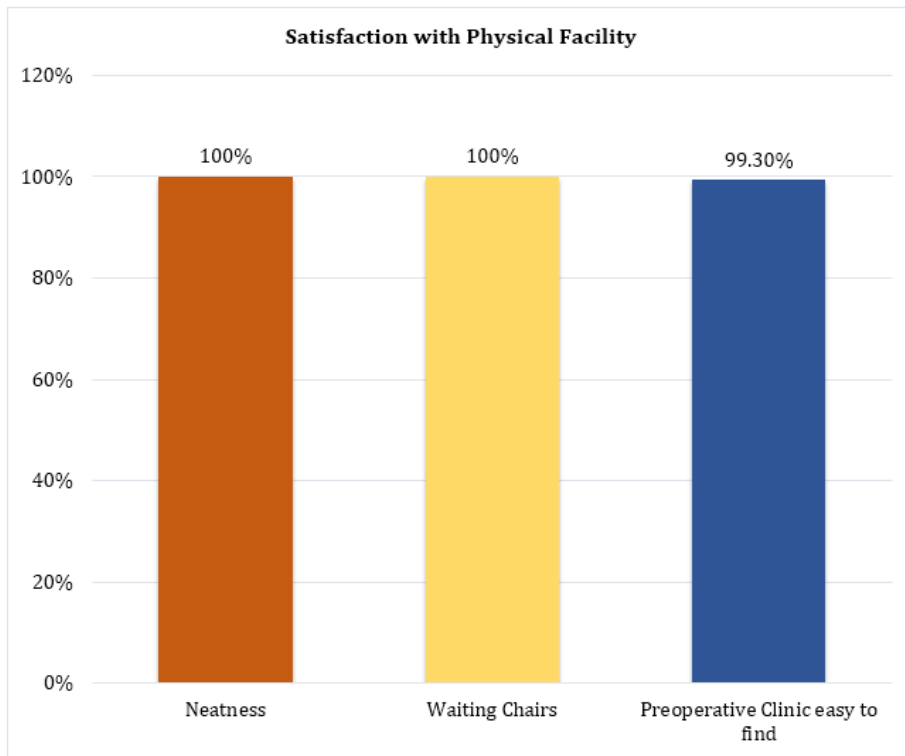


Figure 2: Level of satisfaction of patients attending anesthesia clinic at the St. Elizabeth Catholic Hospital Hwidiem with regards to the Physical facility, Ghana 2017.

Regarding Anaesthetist communication skill, 69.1% of the patients said anesthetist introduced themselves, 86.9% said they were given adequate information about postoperative analgesia while 56.5% of patients said they were giving enough information on PONV management while (43.5%) said they were not satisfied (Figure 3).

When patients were questioned about the quality of services, 94.1% of the patients said that they were satisfied with the chance given in describing their health condition with the anesthetist, 99.4% said they would recommend the services and 96.8% of patients also said they were satisfied with the quality of care by the anesthetist, 97.4% said they were satisfied with waiting time and 100% of the patients said they would return to the hospital for services (Figure 4).

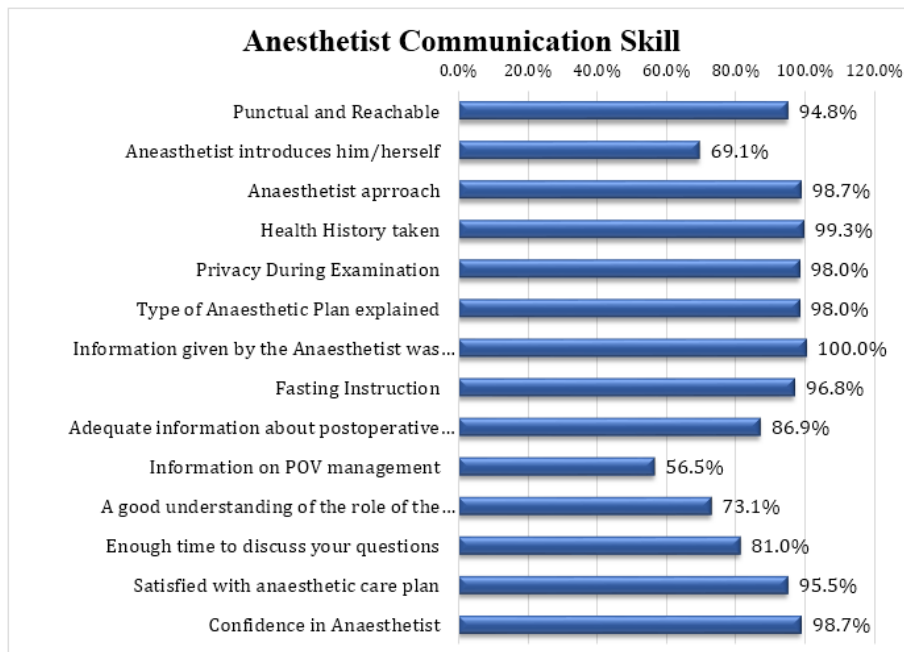


Figure 3: Patients Satisfaction with Communication of preoperative anesthesia services at the St. Elizabeth Catholic Hospital Hwidiem, Ghana 2017.

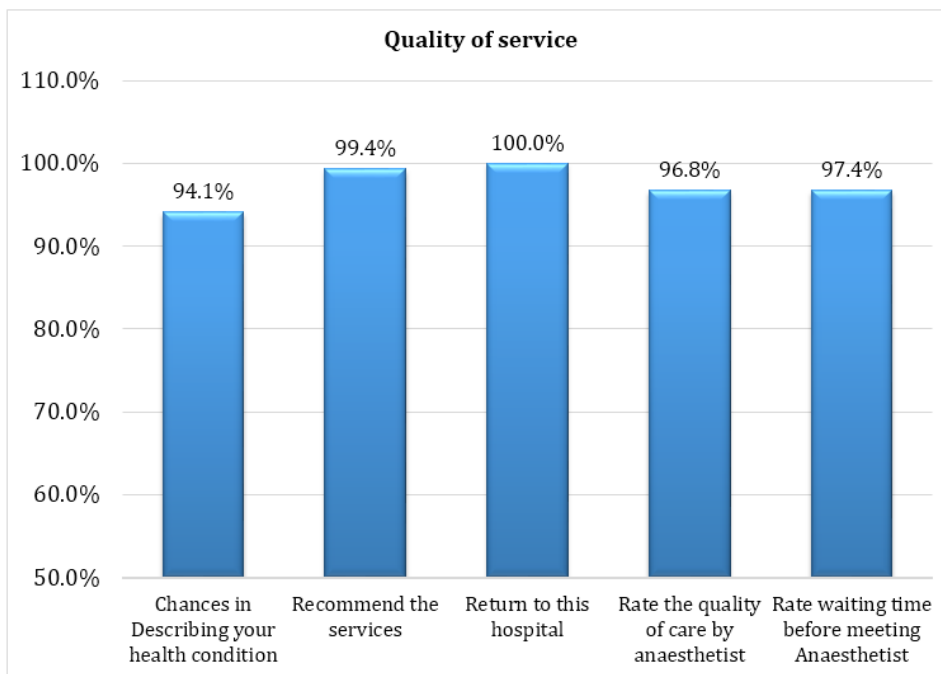


Figure 4: Level of patients' satisfaction about Quality of services at St. Elizabeth Catholic Hospital, Hwidiem, Ghana.

Discussion

Patient Satisfaction with Pre-anesthetic Assessment.

Overall, 96.1% of patients said they were satisfied with anesthesia services provided with 3.9% dissatisfied in the hospital. The findings in this study are similar to a study conducted in Greece, where overall patient satisfaction of anesthesia services was in the range of 96.3%. (Kouki P, Matsota P, Christodoulaki K., *et al.* 2012). In a study done in 2010 Aminu Kano, Northern Nigeria, 83% of patients were satisfied with the services received which were low compared to our study (Iliyasu Z., *et al.* 2010) this might be due to the difference in methods of data collection and sociodemography. A study in the medical out-patient department of Khmer-Soviet Friendship hospital, Phnom Penh city, Cambodia indicated that 93.5% of patients were satisfied with health care services and 6.5% dissatisfied in the department (Mao Vadhana, 2012).

A study conducted by Gebremedhn., *et al.* at the University of Gondar Hospital indicated that 51.3% of patients said anaesthetist introduced him/herself, 98.1% said the approaches of the anaesthetists was satisfactory, 50.6% of patients said they were not given adequate information about anaesthesia, 73.1% of respondents said a chance was not given to choose type of anaesthesia and 76.3% of respondents were not given a chance to ask questions about anaesthesia, and overall satisfaction with the anaesthesia services was 90.4% at the Gondar University Hospital (Endale Gebregziabher Gebremedhn., *et al.* 2015).

It appears from our study that the overall satisfaction level and communication skills of the anesthetist at the clinic is better than that reported in the Gondar hospital study. This could be due to socio-demography variations and study design as this study was conducted in Ghana with a four-point Likert scale in English while Amharic version questionnaire translated into English with checklist was used in Gondar university hospital.

Also, a similar level of satisfaction in our study was reported in a study in Australia in which patient satisfaction and other pre-determined outcomes such as nausea; vomiting, pain, and complications were assessed. The overall level of satisfaction was high (96.8%), 2.3% of patients were somewhat dissatisfied, and 0.9% were dissatisfied with their anesthetic care (Saal D., *et al.* 2011)

The findings of our study indicated that 86.9% of patients said they were adequately informed about postoperative analgesia and 56.5% said they were informed about PONV management. This is higher than what was reported in a study conducted in Mannar district hospital, Sri Lanka where 35.44% were satisfied with the explanation of postoperative analgesia management by anesthetist (Ganesanathan Vyhunthan, N.G. Aeshana de Silva, 2012).

The findings were probably higher than that in Sri Lanka because patients for emergency surgery were included in their study while in this study, it was mainly elective patients. There was not enough time for them to explain to patients understanding during emergencies leading to low satisfaction. However, we think more efforts should be made to explain to emergency patients after the surgery, which can help them appreciate what they are going through.

Also, all patients (100%) who participated in our study said they were satisfied with cleanliness and availability of waiting for chairs at the anesthesia clinic, and 99.30% believed preoperative clinic was easy to find. This was higher compare to the study conducted in 2013 at Bahirdar Felege Hiwot Referral Hospital, North West Ethiopia where 93.2% of patients said they were satisfied with the cleanliness of service delivery rooms, while 70.8% were dissatisfied with availability of sign and direction indicators to ease the way in the hospital (Yeshambel A. A, Amsalu F Demise and Measho G Gebregziabher, 2014).

Factors Influencing Satisfaction

The study showed there was no statistical significance between level of satisfaction of patients and patients' demography factors of age ($p = 0.876$), gender ($p = 0.876$), marital status ($p = 0.765$), level of education ($p = 0.963$), job status ($p = 0.760$), family income ($p = 0.625$), frequency of visits ($p = 0.631$), comorbidities ($p = 0.753$), ASA ($P = 0.753$). This finding is similar to an observational study conducted at the university hospital Leipzig, Germany where there was no statistical significance between the satisfaction and patient

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sociodemographic characteristics with age ($p = 0.875$), gender ($p = 0.709$), ASA ($P = 0.462$) (Ulrike Babette J, Nils E, Thilo B and Joerg S, 2014) and consistent with another study conducted to determine concerns patients had before and after pre-anaesthetic assessment at the same university hospital Leipzig, Germany with gender ($p = 0.303$), age ($p = 0.907$), ASA ($P = 0.737$) (Joerg Schnoor, Ulrike Reuter, Nils Engelmann, Ulrich Burkhardt, 2013). These similarities of results in the two studies with our study could be because probably there is no direct association between patient's socio-demographic factors with the level of satisfaction.

However, a study conducted at Menelik university hospital, Addis Ababa indicated satisfaction of males 70.5 % and that of females 74.7 %. The binary analysis indicated that satisfaction was associated with age ($P = 0.030$) of the group of 29 – 38 years old and family incomes of the patient significantly associated with satisfaction ($P = 0.029$), the less the income the more the satisfaction (Mohammed S. Obsa, Abateneh M. Wahidi Woseneyeleh Adams and Bedilu G. Woji, 2017) Another study conducted in the faculty of nursing, Sohag University, Egypt indicated statistical significance between level of satisfaction and the age group of 50+ ($p = 0.033$) (Ghona Abd El-Nasser and Nadia Mohamed, 2013). This could be the fact that the two used a five Likert's scale point questionnaire while we used a four Likert's scale questionnaire. Our sample size was also small compared to the two studies and therefore liable to bias. However, we recommend further studies in multiple centers in this regard.

Even though from our study, more females (82.2%) said they were satisfied with the care given, more females were equally dissatisfied 5(3.3%) than males 1(0.7%). Also, the age group between 29 – 38 years were more satisfied, 36.2% compared to all the other age groups.

The age group below 39 years were more and also more satisfied with the services which might be because they are younger and have fewer experiences with surgery compared to those above 39 years who were older and probably have more experiences such that their responses were more critical or they have higher demands due to more comorbid conditions. Some researchers also stated that some patients tend to medical services based on their reference groups ideas. For instance, if their group says this service is good to use, they are likely to use that particular service rather than others (Lebow JL, 1983). The above variations could be because more females were included in the study, or females easily speak out on their opinions about a service compared to men. In a study at Gondar university teaching hospital, more females 92.6% were satisfied than 88% males who were satisfied as well as more males 12% dissatisfied than the female, 7.4% (Endale Gebregziabher Gebremedhn et al., 2015). This swing in changes for dissatisfaction compared to our study might be due to the difference in cultures and the similarities in satisfaction might be the fact that women are more outspoken in our study area than the women in Gondar university hospital, Ethiopia.

With regards to quality of service, 94.1% of patients said they had a chance to describe their health conditions with the anaesthetist, 99.4% said they would recommend the services, 100.0% indicated they would return to the hospital in future, 96.8% said they were satisfied with quality of care by anaesthetist and waiting time before meeting the anaesthetist 96.7% said they were satisfied. The study at Menelik II hospital, Addis Ababa, Ethiopia indicated low results with 74.1% of patient who said they had a chance to describe their health conditions, 76.6% said they would recommend the services, 73.2% said they would return to the hospital in the future and 71.4% said they were satisfied with the quality of care by the anaesthetist. This difference was a clear indication of the effect of the low overall satisfaction rate of 72.3% compared to our overall patient satisfaction of 96.1%. The difference could be due to differences in communication skills or set protocols. Also, differences in the sample sizes could account for the variation.

Study Limitation

This study was conducted at the St. Elizabeth Catholic hospital on surgical inpatient, and results cannot be generalized to all hospitals in Ghana. Also, the sample size for the study was rather small to be able to assess associations. Intra-operative and post-operative anesthetic services were not included in the study.

Conclusions and Recommendations

Conclusions

Patients overall satisfaction was high 96.1%, and it also falls within the Royal college of anesthetists standards of satisfaction >90%. Also, more females were dissatisfied 3.3% than males 0.7%, and the age group that had the highest satisfaction of 35.9% were 29 – 38 years. 43.7% of patients were not satisfied with the information on nausea and vomiting management in our clinic.

There was, however, no statistically significant association between patient satisfaction and the sociodemographic factors studied.

Recommendations

Certain areas of the pre-operative clinic need to be improved, such as information on postoperative nausea and vomiting and anesthetists style of introduction to the patient. There is also the need to create awareness of the role of the anesthetist to patients.

Training in communication skill should, therefore, be conducted for the anesthetist in St. Elizabeth Catholic hospital.

Acknowledgment

We thank the Department of anaesthesia and intensive care, University for Development Studies for making available all the necessary materials needed for this study. Our thanks also go to the authorities of Tamale Teaching Hospital and St Elizabeth Catholic Hospital Hwidiem for their contributions to the studies.

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