



ISSN: 2091-2889 (online)  
2091-2412 (print)

Received: 20 Jan 2025  
Accepted: 25 Apr 2025  
Published: 30 Apr 2025

DOI: [10.54530/jcmc.1629](https://doi.org/10.54530/jcmc.1629)



## Perception towards anaesthesia among the patients visiting a tertiary care centre in Kathmandu, Nepal

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Peer reviewed

### Abstract

**Introduction:** The perception of anaesthesia as a 'behind-the-scenes' expertise has persisted, leading to a lack of public awareness regarding the role and responsibilities of anaesthesiologists. This study aimed to assess patients' knowledge and perceptions towards anaesthesia in a tertiary-level hospital.

**Method:** The study was a cross-sectional design conducted in Shree Birendra Hospital, Kathmandu, involving 270 patients. Inpatients over 18 years old, scheduled for surgery requiring any anaesthesia, and those able to participate in a structured face-to-face interview were included, while those with severe health conditions were excluded. Data was collected in the pre-anaesthetic check-up (PAC) room between 5 Aug and 26 Oct 2024. A convenience sampling method was used for the sample selection. Ethical approval was obtained from the Institutional Review Committee (IRC) under Reg 1080, ensuring informed consent and participants' confidentiality were maintained. Descriptive analysis was performed using number percentage, central tendency measures.

**Result:** The findings revealed that 137(50.7%) of patients were unaware of the purpose of anaesthesia, with 111(41.1%) rating their knowledge as poor. Despite previous anaesthesia experiences, significant fears persisted regarding potential risks such as death 170(63%) and waking up during surgery 167(61.9%). Most patients 215(79.6%) obtained information from healthcare workers and recognized the anaesthesiologist's roles in various medical contexts; however, only 75(27.8%) viewed them as the chief in the operating room.

**Conclusion:** The study underscores significant knowledge gaps about anaesthesia among patients, which contribute to anxiety and misconceptions.

### How to cite

Kunwar BR, Bhattarai N, Acharya P. Perception towards anaesthesia among the patients visiting a tertiary care centre in Kathmandu, Nepal. *Journal of Chitwan Medical College*. 2025;15(52):27-38.

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## Introduction

The perception of anaesthesia as a 'behind-the-scenes' expertise has persisted over time. Despite improvements in anaesthesia practice, there is still a lack of public awareness of the field, the range of an anaesthetist's duties, and the crucial role anaesthesiologists play in the healthcare delivery system.<sup>1</sup>

Previous studies have demonstrated little public understanding of anaesthesiologists' training, experience, role, and function both within and outside the operating room.<sup>2</sup> Studies demonstrated the perception of a low level of anaesthesia safety (59%) was also associated with a low satisfaction in terms of preoperative anaesthesia education.<sup>3</sup> In India, the perception of anaesthesiologists as doctors in the illiterate, graduate, and postgraduate populations was 19.51%, 58.57%, and 87.88%, respectively.<sup>4</sup> The study conducted in Nepal also showed poor awareness about anaesthesiologists.<sup>5</sup>

Since its inception in the 19th century, anaesthesia has undergone continuous evolution.<sup>6</sup> The role of anaesthesiologists has expanded beyond the operating room, with increasing emphasis on their function as perioperative physicians. Their expertise includes preoperative assessment, intraoperative anaesthetic and medical management, and acute postoperative care.<sup>7</sup> Additionally, their expertise extends to ICUs, pain management, and related medical fields.<sup>8</sup> Despite these advancements, public perception of anaesthesiologists remains limited.<sup>9</sup> Studies highlight knowledge gaps and misconceptions about their roles, emphasizing the need for improved public education to enhance patient understanding and satisfaction.<sup>1</sup> This study aims to assess patients' perceptions of anaesthesia at a tertiary care centre, focusing on their knowledge, concerns, and trust in the process. The findings will help improve patient education,

communication, and overall confidence in anaesthesia administration.

## Method

The study was a cross-sectional design conducted in the Shree Birendra Hospital, Kathmandu, Nepal. It focused on patients visiting the pre-anaesthetic check-up (PAC) room before surgery from 5 Aug to 26 Oct 2024. Convenience sampling method was used to select participants based on their availability and willingness to participate during the study period. The initial sample size was calculated to be 245 based on prior data ( $p=0.88$ , 88%,) considering a perceived status of anaesthesiologist as a doctor among the post-graduate population in India)<sup>4</sup> using a 95% confidence interval and a 5% margin of error. To account for a 10% non-response rate, the sample size was adjusted to 270. The study included patients aged 18 and above inpatients scheduled for surgery requiring any type of anaesthesia, and those able to respond to the survey and the patients with severe health conditions, cognitive impairments, or those unable to respond due to language barriers were excluded. Data was collected using a structured questionnaire and a face-to-face interview in the PAC room, which lasted 15–20 minutes in a private setting. The interviews were conducted in Nepali to ensure the language was understandable to the participants.

The researcher developed the tool with input from anaesthetist experts for validity. The questionnaire was initially created in English, then translated into Nepali, and then back-translated into English to ensure accuracy and maintain the original meaning by the researcher. Pretesting was done among patients visiting general OPD to check the reliability, clarity, and flow of the questions. Based on the feedback, minor changes were made to improve understanding.

All questionnaires were filled out during the interview and kept on file. The master chart was prepared at Microsoft Excel, coding was prepared manually, and the data were entered and analysed in MS Excel. Descriptive analysis was performed using frequency, percentage and central tendency measures. The study was conducted after receiving ethical approval from the Institutional Review Committee (IRC) of Rg 1080. The purpose of the study and procedures were explained, and written informed consent was obtained before the data collection. The participants were assured of anonymity and confidentiality and had full authority to accept or refuse to participate in the study.

## Result

The study revealed that the sample population is predominantly male 195(72.2%), Hindu 240(88.9%), and from rural areas 162(60%) and, the mean age of the participants was 40.68 years. Most participants were well-educated, with 101 (37.4%) having completed high school (+2) and 102(37.8%) holding a bachelor's degree or higher. Ethnically, the majority were Brahmin/Chhetri (162, 60%), followed by Dalit 48(17.8%) and Janajati 44(16.3%). Most respondents were employed 182(67.4%), and 150(55.6%) report alcohol consumption. Smoking habits are nearly evenly split, with 131(48.5%) smokers and 139(51.5%) non-smokers. The data indicates a fairly educated, employed, and alcohol-consuming population, with a notable concentration in rural areas, Table 1.

The study found that 158(58.5%) participants had no previous surgery, while 112(41.5%) had. A similar proportion 158(58.5%) had never received anaesthesia, and 112(41.5%) had. Among those who received anaesthesia, 52(19.3%) used regional anaesthesia, 20(7.4%) had local anaesthesia, and 8(3.0%) had general anaesthesia. A large percentage 137(50.7%) did not know the purpose of anaesthesia, while

64(23.7%) felt they knew well. Regarding potential risks, 162(60.0%) acknowledged anaesthesia risks, and 60(22.2%) believed there were no risks. When rating their self-knowledge about anaesthesia, 111(41.1%) considered it poor, while 79(29.3%) considered it moderate. The main source of anaesthesia information was healthcare workers 215(79.6%), and 199(73.7%) believed healthcare workers were specially trained. Concerning pre-surgery counselling, 179(66.3%) was informed about risks. Many participants expressed concern about surgical risks: 170(63.0%) were worried about dying during surgery, 167(61.9%) about waking up and 151(55.9%) about nausea and vomiting afterward. Despite these concerns, 226(83.7%) reported that their fears were addressed during counselling, Table 2.

The study also explored participants' perceptions of anaesthesia and the roles of anaesthesia professionals. A majority of participants, 211(78.1%) believed that more knowledge about anaesthesia would increase fear, highlighting the anxiety that may accompany further understanding. Regarding the anaesthesiologist's role in different medical settings, 203(75.2%) recognized their role in breathing management, 214(79.3%) acknowledged their involvement in the emergency department, and 246(91.1%) understood their role in the ICU. Furthermore, 234(86.7%) participants recognized the anaesthesiologist's role in managing non-surgical pain. Similarly, when asked about the chief of the OT room, 75(27.8%) perceived the anaesthesiologist as the leader, while 146(54.1%) did not know. Regarding the relationship between surgeons and anaesthesiologists, 195(72.2%) believed in individual roles, while 50(18.5%) thought the surgeon was under the authority of the anaesthesiologist. In terms of perceived safety, 147(54.4%) participants felt safe under the anaesthesiologist's care, while 37(13.7%) did not feel safe, and 43(15.9%) were

unsure. Regarding their overall perception of anaesthesia, 178(65.9%) had a positive view, 85(31.5%) were neutral, and only 7(2.6%) viewed it negatively, Table 3.

**Table 1. Socio-demographic of patients visiting the pre-anaesthetic check-up, n=270**

Variables	n(%)
<b>Age</b> (in completed years) Mean $\pm$ SD 40. 68 $\pm$ 11.39, Min= 21 years, Max = 68 years	
<30	47(17.4)
30-44	133(49.3)
45-60	78(28.9)
> 60	12(4.4)
<b>Gender</b>	
Male	195(72.2)
Female	75(27.8)
<b>Education</b>	
Uneducated	22(8.1)
Slc	45(16.7)
+2	101(37.4)
Bachelor and above	102(37.8)
<b>Ethnicity</b>	
Brahmin/chhetri	162(60.0)
Janajati	44(16.3)
Dalit	48(17.8)
Others	16(5.9)
<b>Religion</b>	
Hindu	240(88.9)
Buddhist	21(7.8)
Muslim	9(3.3)
<b>Place of residence</b>	
Rural	162(60.0)
Urban	108(40.0)
<b>Employment status</b>	
Employed	182(67.4)
Unemployed	88(32.6)
<b>Alcohol consumption</b>	
No	120(44.4)
Yes	150(55.6)
<b>Smoking habits</b>	
No	139(51.5)
Yes	131(48.5)

Table 2. Knowledge and concerns about anaesthesia risks, n=270

Variables		n(%)
Previous surgery history	No	158(58.5)
	Yes	112(41.5)
Anaesthesia used before	No	158(58.5)
	Yes	112(41.5)
Types of anaesthesia used before	None	158(58.5)
	General	8(3.0)
	Regional	52(19.3)
	Local	20(7.4)
	Don't know	32(11.9)
Know about purpose of anaesthesia	Well	64(23.7)
	Average	69(25.6)
	Don't know	137(50.7)
Any potential risk of anaesthesia	Yes	162(60.0)
	No	60(22.2)
	Unsure	48(17.8)
Self-rating of knowledge about anaesthesia	Poor	111(41.1)
	Moderate	79(29.3)
	Good	80(29.6)
Source of knowledge and information	Healthcare worker	215(79.6)
	Family/Friends	55(20.4)
Are they specially trained?	No	71(26.3)
	Yes	199(73.7)
Informed about anaesthesia risks before surgery	No	91(33.7)
	Yes	179(66.3)
Perceived risk of dying during surgery	No	100(37.0)
	Concerned	170(63.0)
Perceived risk of waking up during surgery	No	103(38.1)
	Concerned	167(61.9)
Perceived risk of nausea/vomiting	No	119(44.1)
	Concerned	151(55.9)
Perceived risk of memory loss	No	94(34.8)
	Concerned	176(65.2)
Perceived risk of pain during surgery	No	70(25.9)
	Yes	200(74.1)
Perceived risk of not waking up	No	91(33.7)
	Yes	179(66.3)
Fear of brain damage due to anaesthesia	No	192(71.1)
	Yes	78(28.9)
Fears addressed during pre-counselling	No	44(16.3)
	Yes	226(83.7)

**Table 3. Role of anaesthesiologist and perception towards anaesthesia, n=270**

Variables	n(%)
<b>More knowledge will elevate the fear</b>	
No	14(5.2)
Yes	211(78.1)
Unsure	45(16.7)
<b>Anaesthesiologist's role in treating breathing</b>	
No	14(5.2)
Yes	203(75.2)
Don't know	53(19.6)
<b>Role in the emergency department</b>	
No	14(5.2)
Yes	214(79.3)
Don't know	42(15.6)
<b>Role in ICU department</b>	
No	9(3.3)
Yes	246(91.1)
Don't know	15(5.6)
<b>Role in managing nonsurgical pain</b>	
No	16(5.9)
Yes	234(86.7)
Don't know	20(7.4)
<b>Perceived chief of the OT room</b>	
Anaesthesiologist	75(27.8)
Surgeon	24(8.9)
Nurse	25(9.3)
Don't know	146(54.1)
<b>Perceived relation of surgeon and anaesthesiologist</b>	
Surgeon under anaesthesiologist	50(18.5)
Anaesthesiologist under surgeon	25(9.3)
Individual role	195(72.2)
<b>Perceived safety under anaesthesiologist</b>	
Feel safe	147(54.4)
Don't feel safe	37(13.7)
I don't know what will happen	43(15.9)
No safety issues	43(15.9)
<b>Overall perception of anaesthesia</b>	
Good	178(65.9)
Neutral	85(31.5)
Bad	7(2.6)

## Discussion

A significant number of patients demonstrate a general lack of knowledge about anaesthesia. For instance, 137(50.7%) were unaware of its purpose, and 111(41.1%) self-evaluated their knowledge as poor. Most patients were also unfamiliar with the types of anaesthesia used. This findings aligns with other studies, where approximately two-thirds of participants displayed limited understanding of anaesthesia and the role of anaesthesiologists.<sup>10</sup> Similarly, research conducted in Nepal revealed that

170(63%) of patients lacked knowledge about anaesthesia types, and only 32% recognized anaesthesiologists as the providers of anaesthesia. Despite this knowledge gap, a majority (70%) in one study acknowledged that anaesthesia is necessary for surgery, highlighting a disconnect between awareness and understanding.<sup>11</sup>

In this study, many patients expressed significant concerns about anaesthesia, including fears of death (63%), waking up during surgery

167(61.9%), experiencing pain 200(74.1%), and memory loss 176(65.2%). Similarly, a study by highlighted common anxieties, such as the fear of pain during surgery, reported by 42% of participants in the study.<sup>11</sup> Similarly, the study also found that most respondents were apprehensive about being under anaesthesia.<sup>10</sup> Furthermore, a cross-sectional survey conducted in Caribbean countries reported comparable findings, with only 28.3% of patients indicating they felt safe with anaesthesia.<sup>12</sup>

Study from neighbouring country, India, out of 150 participants, 75.3% reported preoperative fear, primarily of pain during surgery (49.3%) and needles (48.7%), with women significantly more affected than men (86.3% vs. 67.7%,  $p=0.01$ ).<sup>13</sup> Patient fears and misconceptions about anaesthesia often stem from insufficient communication about the process.

Many patients are unsure of what to expect before, during, and after the procedure. Providing clear, detailed, and compassionate information at each stage can greatly reduce anxiety, address fears, and ultimately improve surgical outcomes.

Present study highlighted the importance of pre-surgery counselling, with 179(66.3%) of patients reporting that risks were explained to them and 226(83.7%) feeling that their concerns were addressed effectively. These results underscore that effective communication is important in fostering patient confidence and reducing anxiety. Healthcare professionals play an integral role in educating patients about anaesthesia. According to this study, 215(79.6%) of patients received their anaesthesia-related information from healthcare workers, emphasizing the need for these professionals to be well-equipped to deliver accurate, comprehensive, and reassuring information.

Encouragingly, 199(73.7%) of patients believed that healthcare workers are specifically trained to provide such information, which builds trust and strengthens the patient-provider relationship. Finding the right balance between educating patients and managing their fears is crucial. This balance directly impacts patient

satisfaction, trust in healthcare providers, and the overall surgical experience.

Patients' recognition of anaesthesiologist's critical roles is vital for building trust. In this study, 75(27.8%) viewed the anaesthesiologist as the chief, while 146(54.1%) were unsure. Most patients acknowledged their roles in managing breathing difficulties 203(75.2%), working in emergency care 214(79.3%), overseeing ICU patients 246(91.1%), and providing non-surgical pain management 234(86.7%).

Different studies reveal varying levels of patient awareness about anaesthetists' roles. In a study, 56% of patients recognized that anaesthetists could assist with breathing difficulties outside the operating room.<sup>10</sup> However, another study found that only 10% of patients acknowledged anaesthetists' role in managing post-operative care.<sup>14</sup> Similarly, in a study conducted in Northern Jordan, only 37% of patients identified anaesthetists as specialized doctors.<sup>15</sup> In contrast, other research indicated a higher awareness, with 70% of patients recognizing anaesthesiologists as specially trained doctors.<sup>16</sup> These findings highlight significant disparities in patient knowledge and perceptions regarding anaesthetists' roles and expertise.

Misconceptions about the role of anaesthesiologists may stem from the fact that patient's understanding is often based on observation rather than formal education. The total loss of consciousness during general anaesthesia and the lingering effects of anaesthetic drugs in the recovery room limit patients' ability to gain insight or retain information about the process. Building rapport during the administration of anaesthesia can help address this issue. Establishing a connection fosters trust and confidence in patients toward their anaesthetists, enhancing the public perception of the anaesthesia profession. Improved communication and understanding not only strengthen this trust but may also reduce the incidence of malpractice litigations.<sup>17</sup> Whereas another study indicated that participants held misconceptions about anaesthesiologists' roles but still rated them as important.<sup>18</sup> In our study, 179(65.9%) of

participants perceived anaesthesia as a good way. Likewise, another study also mentioned that anaesthesiologists are highly skilled professionals and crucial medical team members, ensuring patient safety and care.<sup>19</sup>

## Conclusion

The study found that the majority of patients had limited knowledge about anaesthesia and the role of anaesthesiologists. More than half of the patients were unaware of the purpose of anaesthesia, and majority of them self-evaluated their knowledge as poor. Despite having previous anaesthesia experiences, a significant number of patients reported fears related to anaesthesia, such as fear of death and waking up during surgery. Most patients received information from healthcare workers and recognized anaesthesiologists' roles in different medical settings; however, only a small proportion viewed anaesthesiologists as the chief figures in the operating room. The findings highlight the need for improved patient education and counselling to increase awareness, reduce fears, and strengthen trust in anaesthetic care.

## Author contribution

Concept design: BRK, NB, PA; Literature search: BRK, NB, PA; Data collection: NB, PA, BRK; Analysis: PA, NB; Draft manuscript: BRK, NB, PA; Final manuscript and accountability: All

## Acknowledgment

None

## Conflict of interest

None

## Funding

None

## Supplementary material

The data and supplementary material that support the findings of this study are available

from the corresponding author upon reasonable request.

## References

1. Almutairi NG, Alorainy MH, Aldayel AM, Alotaibi HA, Alkathami SA, Alghamdi WA. Public Knowledge and Perception of Anaesthesia, Anaesthesiologists' Expertise, and Their Role Among Saudi Citizens Residing in Saudi Arabia. *Cureus*. 2023;15(8):e44265. DOI PubMed Google Scholar Full Text
2. Maseri A, Delhez Q, Dincq AS, Lacrosse D. Bridging the gap: understanding Belgian anaesthesiologists' proficiency and training demands in gastric point-of-care ultrasound, a case-based survey. *BMC Med Educ*. 2024;24(1):383. DOI PubMed Google Scholar Full Text
3. Soejima K, Goto A, Vu PT, Bien le HT, Vinh NQ, Minh PN, et al. Perception of anesthesia safety and postoperative symptoms of surgery patients in Ho Chi Minh City, Vietnam: a pioneering trial of postoperative care assessment in a developing nation. *Environ Health Prev Med*. 2010;15(6):333-43. DOI PubMed Google Scholar Full Text
4. Mathur SK, Dube SK, Jain S. Knowledge about Anaesthesia and Anaesthesiologist Amongst General Population in India. *Indian J Anaesth*. 2009;53(2):179-86. PubMed Google Scholar Full Text
5. Piya R, et al. Surgery patients' Perception about Anaesthesia and Role of Anesthesiologist. *Journal of Patan Academy of Health Sciences*. 2022;9(2):18-27. DOI Google Scholar Full Text
6. Robinson DH, Toledo AH. Historical development of modern anaesthesia. *J Invest Surg*. 2012;25(3):141-9. DOI PubMed Google Scholar Full Text
7. Adesanya AO, Joshi GP. Hospitalists and anaesthesiologists as perioperative physicians: Are their roles complementary? *Proc (Bayl Univ Med Cent)*. 2007;20(2):140-2. DOI PubMed Google Scholar Full Text
8. Kain ZN, Fitch JC, Kirsch JR, Mets B, Pearl RG. Future of anesthesiology is perioperative medicine: a call for action. *Anesthesiology*. 2015;122(6):1192-5. DOI PubMed Google Scholar Full Text

9. Ribeiro CS, Mourão JI. Anesthesiologist: the patient's perception. *Braz J Anesthesiol.* 2015;65(6):497-503. DOI PubMed Google Scholar Full Text
10. Arefayne NR, Getahun AB, Melkie TB, Endalew NS, Nigatu YA. Patients' knowledge and perception of anaesthesia and the anesthetists: Cross-sectional study. *Ann Med Surg (Lond).* 2022;78:103740. DOI PubMed Google Scholar Full Text
11. Moktan SL, Shrestha U, Sharma M, Karki M. Awareness and concern towards anaesthesia among patients undergoing surgical procedure: A cross-sectional study at pre-anesthetic clinic of a teaching hospital. *J Kathmandu Med Coll.* 2019;8(2):76-80. DOI Google Scholar Full Text
12. Nagrampa D, Bazargan-Hejazi S, Neelakanta G, Mojtahedzadeh M, Law A, Miller M. A survey of anaesthesiologists' role, trust in anaesthesiologists, and knowledge and fears about anaesthesia among predominantly Hispanic patients from an inner-city county preoperative anaesthesia clinic. *J Clin Anesth.* 2015;27(2):97-104. DOI PubMed Google Scholar Full Text
13. Bheemanna NK, Channaiah SRD, Gowda PKV, Shanmugham VH, Chanappa NM. Fears and perceptions associated with regional anaesthesia: A study from a tertiary care hospital in South India. *Anesth Essays Res.* 2017;11(2):483-8. DOI PubMed Google Scholar Full Text
14. Sağün A, Birbiçer H, Yapici G. Patients', who applied to the anaesthesia clinic, perceptions and knowledge about anaesthesia in Türkiye. *Saudi J Anaesth.* 2013;7(2):170-4. DOI PubMed Google Scholar Full Text
15. Bataineh AM, Qudaisat IY, El-Radaideh K. Patients' perception of the practice of anaesthesia in a teaching hospital in Northern Jordan: A survey. *BMC Anesthesiol.* 2020;20:276. DOI PubMed Google Scholar Full Text
16. Nagrampa D, Bazargan-Hejazi S, Neelakanta G, Mojtahedzadeh M, Law A, et al. A survey of anaesthesiologists' role, trust in anaesthesiologists, and knowledge and fears about anaesthesia among predominantly Hispanic patients from an inner-city county preoperative anaesthesia clinic. *J Clin Anesth.* 2015;27(2):97-104. DOI PubMed Google Scholar Full Text
17. Klawfta JM, Roizen MF. Current understanding of patients' attitudes toward and preparation for anaesthesia: A review. *Anesth Analg.* 1996;83(6):1314-21. DOI PubMed Google Scholar Full Text
18. Roublah EA, Alqurashi RN, Kandil MA, et al. Patients' concerns and perceptions of anaesthesia-associated risks at University Hospital: A cross-sectional study. *Saudi J Anaesth.* 2020;14(2):157-63. DOI PubMed Google Scholar Full Text
19. Verma R, Mohan B, Attri JP, Chatrath V, Bala A, Singh M. Anesthesiologist: The silent force behind the scene. *Anesth Essays Res.* 2015;9(3):293-7. DOI PubMed Google Scholar Full Text

### Questionnaire/tools

Code No.....

Tools / questionnaire

Anaesthesia Knowledge and Perception Questionnaire

Demographic Information:

1. Age/ Gender:

-  Male

-  Female

2. Level of Education:

-  Uneducated

-  SLC (Secondary Level Certificate)

-  +2 (Higher Secondary)

- [ ] Bachelor or above

3. Ethnicity:

- [ ] Brahmin/Chhetri

- [ ] Janajati

- [ ] Madhesi

- [ ] Dalit

4. Religion:

- [ ] Hindu

- [ ] Buddhist

- [ ] Muslim

5. Place of Residence:

- [ ] Rural

- [ ] Urban

6. Employment Status:

- [ ] Employed

- [ ] Unemployed

Anaesthesia Knowledge and Experience:

7. Have you ever had surgery?

- [ ] Yes

- [ ] No

8. Have you ever been administered anaesthesia during surgery or any medical procedure?

- [ ] Yes

- [ ] No

9. What type of anaesthesia did you receive? (Select all that apply)

- [ ] General

- [ ] Regional

- [ ] Local

- [ ] None

- [ ] Don't know

10. Do you know the purpose of anaesthesia?

- [ ] Well

- [ ] Average

- [ ] Don't know

11. Do you think there is any potential risk associated with anaesthesia?

- [ ] Yes

- [ ] No

- [ ] Unsure

12. How would you rate your knowledge about anaesthesia?

- [ ] Poor

- [ ] Moderate

- [ ] Good

13. Where did you get most of your information about anaesthesia from?

- [ ] Healthcare workers

- [ ] Family/Friends

- [ ] Other (please specify) \_\_\_\_\_

14. Do you believe healthcare professionals involved in anaesthesia are specially trained?

- Yes
- No

15. Are you informed about the risks of anaesthesia before undergoing a surgery or procedure?

- Yes
- No

Perceptions of Anaesthesia and Risks:

16. Do you think there is a risk of dying during surgery?

- Yes
- No
- Concerned, but unsure

17. Do you think there is a risk of waking up during surgery?

- Yes
- No
- Concerned, but unsure

18. Do you think there is a risk of nausea or vomiting after surgery?

- Yes
- No
- Concerned, but unsure

19. Do you think there is a risk of memory loss after surgery?

- Yes
- No
- Concerned, but unsure

20. Do you think there is a risk of experiencing pain during surgery?

- Yes
- No

21. Do you think there is a risk of not waking up after surgery?

- Yes
- No

22. Are you concerned about the potential for brain damage due to anaesthesia?

- Yes
- No

Role of Anaesthesiologists:

23. Do you think more knowledge about anaesthesia will elevate your fear of surgery?

- Yes
- No
- Unsure

24. Do you know the role of an anaesthesiologist in treating breathing problems during surgery?

- Yes
- No
- Don't know

25. Do you know the role of an anaesthesiologist in the Emergency Department?

- Yes
- No
- Don't know

26. Do you know the role of an anaesthesiologist in the ICU?

- Yes
- No
- Don't know

27. Do you know the role of an anaesthesiologist in managing nonsurgical pain?

- Yes
- No
- Don't know

28. Who do you perceive as the chief of the operating room?

- Anaesthesiologist
- Surgeon
- Nurse
- Don't know

29. What is your perception of the relationship between the surgeon and the anaesthesiologist during surgery?

- Surgeon works under the anaesthesiologist
- Anaesthesiologist works under the surgeon
- Both have individual roles
- Unsure

30. Do you feel safe when an anaesthesiologist is responsible for anaesthesia during surgery?

- Yes
- No
- I don't know what will happen
- No safety issues

31. How would you rate your perception of anaesthesia?

- Good
- Neutral
- Bad

32. Do you think your fears about anaesthesia were addressed during pre-counselling before surgery?

- Yes
- No