

Knowledge and Perceptions of House Officers about Adopting Anesthesia Specialty

Perceptions of House Officers about Adopting Anesthesia

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ABSTRACT

Objective: The study objective was to describe Knowledge and perceptions of house officers about adopting anesthesia specialty. Methods: Prior ethical approval was taken from institutional review board.

Study Design: descriptive quantitative cross-sectional

Place and Duration of Study: This study was conducted at the Kishwar Fazal Teaching Hospital Lahore in six months time period from May 23, 2023 to October 23, 2023.

Methods: House officers with one month experience were included. After their consent for study was obtained, 22 boys (44.89%) and 11 girls (22.44%) out of 49 house officers filled out self-reporting survey questionnaire¹ which made response rate 67.34% percent.

Results: Out of 33 house officers, 22 (44.89%) considered Endo-tracheal intubation and specific expertise of spinal anesthesia as the most enjoyed portion of the house job. 23 (69.69%) believed that anesthesiologist enjoys a similar role in operations as a surgeon.

Conclusion: House officers of anesthesia have positive perceptions about the field of anesthesiology serving as an inspiration for their juniors to adopt it which may help to counter workforce crises in this field.

Key Words: Knowledge, Perceptions, House officers, Adopting, Anesthesia, and Specialty

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INTRODUCTION

The choice of career stood out of utmost importance for health care students. Quality of education in medical college, personal reasons, style of life, contact with patients and content of specialty could be associated factors. They thought both subjectively and objectively to make opinions regarding a profession. Literature available in this regard is scarce. Considering career dynamics along with the demands of the work force was helpful particularly in formulating concrete opinions for the anesthesia specialty which as a whole was unpopular for both males and females.¹ Locally no such research study could be found while its regarding literature was also deficient, we carried out current research with an objective to describe opinions of house officers in a big city about anesthesia field and its most enjoyed portion.

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House officers, medical students, faculty and directors of program, state representatives and general public representatives all are stake holders stood significant for decision making and generating a professional opinion.² With regards to opinions in choosing anesthesia career there were factors within profession itself and the individual opting it. For recruitment, an awareness and opinions were required keeping in view what was expected by both the individual and specialty itself.³ Researches explored ethical hardships faced by pre-hospital personnel having less patient information and scarce colleague consultation under pressure of time.⁴ Wellness of resident physicians is a controversial issue for medical education at graduate levels for at least two recent decades. Less time availability, unpredictable working, lesser availability of support in training programs and fears of impact on peers were found to be the main reasons.⁵ Handoffs in anesthesia were also studied and found that they are associated to negative outcomes for patients. Therefore educational remedies were suggested to be incorporated in anesthesia educational principles.⁶ Shortage of workforce in anesthesia could be as a result of the reason that fresh graduates do not prefer to choose anesthesiology for their post-graduation. Therefore a research study in Pakistan recommended minimizing the educational barriers and proposed a compulsory rotation of house officers in anesthesia department.⁷

METHODS

Prior ethical approval was taken from institutional review board and this descriptive quantitative survey (cross-sectional) was conducted on forty nine house officers of anesthesia department of Kishwar Fazal Teaching Hospital Lahore in six months time period from May23, 2023 to October 23, 2023. House officers with one month experience were included. After their consent for study was obtained, twenty two boys (44.89%) and eleven girls (22.44%) out of forty nine house officers filled out self reporting survey questionnaire¹ which made response rate 67.34 percent. Months of training, gender and age was mentioned. Completed survey questionnaires were collected by hand. Perceptions about anesthetist role, best portion of anesthesia house job and specialty of anesthesia itself were sought in questionnaire. Assurance was provided to voluntary study participants for confidentiality and no compensation and harms were there. DATA ANALYSIS was done by using SPSS version 25 and frequencies against responses obtained were mentioned in graphical and tabulated and representation.

RESULTS

Out of 33 house officers, 22 (44.89%) considered Endotracheal intubation and specific expertise of spinal anesthesia as the most enjoyed portion of the house job. 23 (69.69%) believed that anesthetist enjoys a similar role in operations as a surgeon. 3 (9%) opted opinion of fine workplace atmosphere, 1 (3%) opted for cardio-pulmonary resuscitation and work in intensive care unit, 4 (12.12%) opted none, 10 (30.30%) had a vague opinion as mentioned in Figure 1.

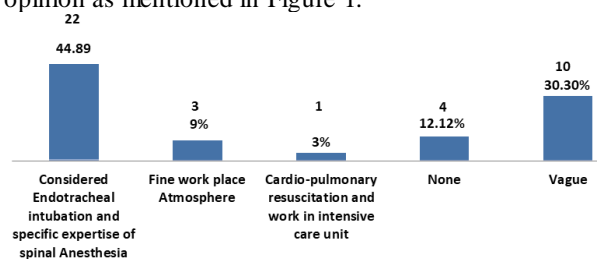


Figure No. 1: Numbers and percentages of house officers with perceptions about most enjoyed portion of anesthesia house job

23(69.69%) believed that anesthetist enjoys a similar role in operations as a surgeon. The rest of the percentages of opinion have been mentioned in Table No.1 accordingly.

Table No. 1: Numbers and percentages of house officers with their perceptions about anesthesia specialty

Opinions	Numbers and Percentages
Anesthetist enjoys similar role	23(69.69%)

in operations as surgeon.	
Field of Anesthesia is bore.	12(36.36%)
Field of anesthesia is absorbing.	17(51.51%)
Anesthesia involves emergency patient management.	2(6.06%)
Critical care management of patients is there.	3(9.09%)
If we compare with Medicine, there is involvement of more practical procedures.	2(6.06%)
One can manage both profession and the family.	1(3.03%)
It is related to patient during operation.	1(3.03%)
One feels more responsible for patient.	1(3.03%)
Surgery cannot be started without it.	1(3.03%)
The field is high paying.	1(3.03%)
Situation-wise patient management is involved.	1(3.03%)
It relieves patient's pain.	1(3.03%)
One can manage patient without involvement of too much recourses.	1(3.03%)
One deals with a lot of gadgets.	1(3.03%)
Anesthetics work instantly.	1(3.03%)
None of comment	18 (54.54%)

DISCUSSION

In context to cater crises of workforce in anesthesia, less private practice, dependence on surgeon, none uniform policies of government hospitals, meager salary packages had narrowed the scope of anesthesia in Pakistan. Considerations could be made to improve surgeon-anesthetist and patient-anesthetist relations.⁸To handle parallel administration; education and research along with their routine work require time and finance management.⁹ In our study, 23(69.69%) were of the opinion that anesthetist enjoys similar role in operations as surgeon. Practices of relational work should be implemented and policies should be developed to maximize satisfaction at job by the executives of leading position in hospitals.¹⁰ 22(44.89%) considered Endo-tracheal intubation and specific expertise of spinal anesthesia as the most enjoyed portion of the house job. One study communicated reflections of anesthesia residents in 2021 at the end of their residency when they faced shortage of supplies, and workforce and during this pandemic patients were referred to only physician which was a threat to the title of anesthetist. Even then the residents showed a hope of a brighter future.¹¹ 17(51.51%) in our study considered that anesthesia field is absorbing. 2(6.06%) were of view that if we compare with Medicine, there is involvement of more practical procedures in

anesthesiology. In our study 12(36.36%) considered anesthesiology as bore. There are studies offering perceptions of self-efficacy of freshly passed out doctors in context of economic, social and spiritual influences which could help in enhancing their competence. Such results could support future practice, training and education.¹² A study explored significant factors and timing understood by trainee residents to decide pursuing anesthesia career, areas of training considered significant for better future and their perception of challenges faced by this profession.¹³ In our study only 1 (3.03%) were of opinion that one can manage both profession and the family in anesthesia. A Sub Saharan African country study documented that the preferred most aspiration of career in their medical students was in favor of surgery.¹⁴ Anesthesiology remained poorly acknowledged by not only general public but the medical profession itself.¹⁵ 1(3.03%) in our study were of views about anesthesiology that one feels more responsible for patient, surgery cannot be started without it, the field is high paying, relieves patient's pain, situation-wise patient management is involved, deals with a lot of gadgets, anesthetics works instantly and one can manage patient without involvement of too much recourses. 3(9.09%) considered that anesthesiology involves emergency management and critical care of patient. Recruitment of diverse groups of house officers, medical students and faculty is a challenging issue.¹⁶ Catering shortage in anesthesia workforce in USA a study pointed out issues to have on-call anesthetist from home. For example how long would they take coming to hospital depending upon their driving times and geo location.¹⁷ In one year house job period of dentistry the contents of Entrust able Professional Activities were introduced in five stages to follow a competence-based strategy.¹⁸ In University College Hospital accredited with Royal College of Surgeons England, trainee anesthetists delivered six online sessions after every two months as per requirement of Anesthetic National Teaching Program for Students in order to meet growing requirements of tomorrow's doctors to standardize anesthesia training.¹⁹ It was found in a research that at least a year long course was required to be introduced for early career anesthetists if they wished gaining competence and get mentorship for developing investigative projects.²⁰ In Mali a study mentioned that anesthesiology and intensive care are taught in a diverse practical and theoretical way as third cycle in medical studies. It proposed a compulsory evaluation of motives behind their choice of apprenticeship program so as to find causative factors for dropouts in this young discipline. The study mentioned that difficult social and learning environment unmotivated anesthesia residents.²¹ The lack of diversity in workforce of physicians has significant consequences especially for anesthesiology and intensive care because of ethically

crucial decisions which have far reaching impacts. Religious values and practices have impact upon clinical decisions which indirectly influence health care outcomes. Potential socio-cultural and historical barriers in entry of trainees are worth to be explored in under-represented specialties like anesthesia.²²

LIMITATIONS: The limitation in this research is that the sample was collected from only one attached hospital of a medical college.

CONCLUSION

House officers of anesthesia have positive perceptions about field of anesthesiology serving as an inspiration for their juniors to join it which may help to counter workforce crises in this field.

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