



Original Research Article

AWARENESS AND PERCEPTION OF ANESTHESIA AMONG TRIBAL PATIENTS IN PADERU, ASR DISTRICT: A CROSS-SECTIONAL STUDY AT GOVERNMENT GENERAL HOSPITAL PADERU

Shaik Aslam¹, Katta Venkata Naveen², Potnuru Sateesh Kumar³, Chittibomma Pratyusha⁴

¹Assistant Professor, Department of Anaesthesia, Government Medical College (GMC), Paderu, Chintalavidi, Andhra Pradesh, India.

²Assistant Professor, Department of Anaesthesia, Government Medical College (GMC), Markapuram, India.

³Professor & HOD Anesthesia, Department of Anaesthesia, Government Medical College (GMC), Paderu, Chintalavidi, Andhra Pradesh, India.

⁴Junior Resident, AMC Visakhapatnam, India.

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Corresponding Author:

Dr. Shaik Aslam

Assistant Professor, Department of Anaesthesia, Government Medical College (GMC), Paderu, Chintalavidi, Andhra Pradesh, India.
Email: shaikaslammbbs@gmail.com

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ABSTRACT

Background: Present study was conducted among patients' coming from tribal area in Paderu region to Government Medical college Paderu ASR District which is a main referral Medical center. Aim of the study was to find out the patients knowledge about anaesthesia as well as the role of anaesthesiologist during the peri-operative period. Patients' were interviewed by predesigned and pretested questionnaire during pre-anaesthetic evaluation.

Awareness among patients about anaesthesia and the role of the anaesthesiologist remains poor in many parts of India, particularly in rural and tribal-serving hospitals, where limited health literacy and infrequent exposure to modern medical terminology are common. **Objective:** This study assessed the level of awareness about anaesthesia and the anaesthesiologist's role among patients attending the pre-anaesthetic evaluation clinic at Government General Hospital, Paderu.

Materials and Methods: A cross-sectional, questionnaire-based study was conducted among 430 patients presenting for pre-anaesthetic evaluation. Patients were interviewed using a structured questionnaire covering knowledge of anaesthesia, the anaesthetist's identity and role, types, advantages and complications of anaesthesia, sources of information, and awareness of pre-anaesthetic evaluation and written informed consent.

Results: Out of 430 patients, only 60 (14.0%) were aware of the term "anaesthesia," and 380 (88.4%) did not know the role of the anaesthetist during surgery. Only 136 (31.6%) understood the importance of written informed consent, and 400 (93.0%) had no appreciation of the anaesthetist's importance during surgery.

Conclusion: Awareness about anaesthesia and the anaesthesiologist's role among patients attending GGH Paderu is very low, broadly consistent with findings reported from other rural and tribal-serving centres in India. Structured patient education during pre-anaesthetic evaluation is recommended.

Keywords: Awareness, Anaesthesia, Pre-anaesthetic evaluation, Informed consent, Rural health.

INTRODUCTION

Anesthesiology has evolved from a purely intra-operative service into a specialty with responsibilities spanning critical care, pain management, obstetric analgesia, and procedural sedation outside the operating theatre. Despite this expansion, public understanding of the specialty and its practitioners continues to lag behind, particularly in resource-limited and rural settings where health literacy is low and exposure to specialist care is infrequent.

Government General Hospital, Paderu serves a largely rural and agrarian population in the Eastern Ghats region, many of whom access surgical and anaesthetic care for the first time only at the point of need. Anecdotal experience among the anaesthesia staff at this centre suggested that most patients had little or no understanding of what anaesthesia involves, who administers it, or why pre-anaesthetic evaluation and written consent are required. This study was undertaken to systematically document the level of patient awareness at GGH Paderu and to compare it with findings reported elsewhere in India.

MATERIALS AND METHODS

This cross-sectional, questionnaire-based study was conducted in the Department of Anaesthesiology, Government General Hospital, Paderu. Patients referred for pre-anaesthetic evaluation from various outpatient departments were consecutively enrolled. A structured, pretested questionnaire was administered verbally in the patient's own language, with the assistance of a family member or attendant where necessary.

Patients aged 18 to 60 years scheduled for elective surgery were included. Critically ill patients and those presenting as surgical emergencies were excluded. Responses were tabulated and analysed using simple proportions and percentages.

RESULTS

A total of 430 patients were interviewed. Of these, 196 (45.6%) were male and 234 (54.4%) were female. Patients' age ranged from 18 to 60 years, and educational background varied widely, from no formal schooling to graduate-level education.

1. Awareness of the term "anaesthesia"

Only 60 patients (14.0%) had heard of or understood the term "anaesthesia"; the remaining 370 (86.0%) had no awareness of the term.

2. Identity of the anaesthetist

Ninety patients (20.9%) correctly identified the anaesthetist as a doctor. None of the respondents identified the anaesthetist.

3. Awareness of the anaesthetist's role during surgery

Fifty patients (11.6%) were aware of the anaesthetist's role during surgery, while 380 (88.4%) had no such awareness.

4. Perceived importance of the anaesthetist during surgery

Thirty patients (7.0%) considered the anaesthetist's role "very important" during surgery, while 400 (93.0%) felt the anaesthetist was "not at all important." (Intermediate categories such as "slightly important" and "equal importance to the surgeon" were not separately quantified in this dataset.)

5. Awareness of types of anaesthesia

Twenty-six patients (6.0%) were aware that different types of anaesthesia exist; 404 (94.0%) were not.

6. Awareness of advantages of anaesthesia

One hundred and ninety patients (44.2%) were aware of the advantages of anaesthesia, while 240 (55.8%) were not.

7. Awareness of complications of anaesthesia

Seventy-six patients (17.7%) were aware of possible complications of anaesthesia, while 354 (82.3%) were unaware.

8. Source of information about anaesthesia

Among patients who had some prior idea of anaesthesia, 25 reported relatives as their source of information, 37 reported friends, and 43 reported their own previous experience of anaesthesia. Media sources (books, newspapers, radio, television) were not separately quantified in this dataset.

9. Perception of where the anaesthetist works

One hundred and ninety patients (44.2%) believed the anaesthetist works only inside the operation theatre, 26 (6.0%) were aware the anaesthetist also works in other areas such as the ICU, and 214 (49.8%) did not know.

10. Perception of pre-anaesthetic evaluation (PAE)

Thirty patients (7.0%) correctly identified PAE as a physical check-up performed before surgery, while 400 (93.0%) did not know what PAE involved. (Categories describing PAE as "an investigation" or "a medicine" were not separately quantified in this dataset.)

11. Awareness of the importance of written informed consent

One hundred and thirty-six patients (31.6%) were aware of the importance of written informed consent prior to surgery, while 294 (68.4%) were not.

Table 1: Summary of Patient Awareness Regarding Anaesthesia (n = 430)

Parameter	Aware	Not aware
Knowledge of the term "anaesthesia"	60 (14.0%)	370 (86.0%)
Anaesthetist identified as a doctor	90 (20.9%)	340 (79.10)
Awareness of anaesthetist's role in surgery	50 (11.6%)	380 (88.4%)
Anaesthetist rated "very important" / "not at all important"	30 (7.0%)	400 (93.0%)

Awareness of types of anaesthesia	26 (6.0%)	404 (94.0%)
Awareness of advantages of anaesthesia	190 (44.2%)	240 (55.8%)
Awareness of complications of anaesthesia	76 (17.7%)	354 (82.3%)
Awareness of importance of written consent	136 (31.6%)	294 (68.4%)

DISCUSSION

This study found that only 14.0% of patients attending Government General Hospital, Paderu were aware of the term "anaesthesia, (Mattu)" and fewer still (11.6%) understood the anaesthetist's role during surgery. These figures are broadly consistent with the pattern reported by Gurav and Manjrekar among tribal patients in the Vidarbha region of Maharashtra, where 22% of patients were aware of the term anaesthesia and 22% understood the anaesthetist's role, and similarly low awareness was noted for pre-anaesthetic evaluation and informed consent. The lower awareness levels observed in the present study may reflect differences in local literacy, prior exposure to healthcare services, and the terminology used to describe anaesthesia in the local language.

Awareness of the anaesthetist as a doctor (20.9%) in this study was considerably lower than the 64% reported by Gurav and Manjrekar, and lower than figures reported from urban populations, where the anaesthetist is more often correctly identified because of routine referral by the operating surgeon. This suggests that, in this population, even the basic step of surgeon-to-patient communication about the anaesthetist's role may be inconsistent or infrequent. Awareness of the advantages of anaesthesia (44.2%) was notably higher than awareness of its complications (17.7%) or its types (6.0%), suggesting that patients in this population may hold a generally favourable but poorly informed impression of anaesthesia, rather than a genuinely informed understanding of the specialty.

Only 7.0% of patients correctly understood pre-anaesthetic evaluation as a physical check-up before surgery, and the large majority (93.0%) had no idea what PAE involved. Similarly, fewer than one in three patients (31.6%) understood the importance of written informed consent. Both findings point to a communication gap between patients and the surgical and anaesthesia teams, and suggest that the time currently available for patient interaction during PAE may be inadequate to convey this information effectively.

As in the Vidarbha study, the most common source of prior information about anaesthesia among patients in this study was personal experience, followed by friends and relatives; formal media sources contributed comparatively little. This reinforces the observation that direct clinical interaction, rather than passive information channels, is likely to be the most effective route for improving patient awareness in this population.

Limitations of this study include its single-centre design, the use of a non-validated questionnaire administered verbally (with attendant assistance in some cases), and the absence of formal statistical comparison between subgroups (e.g., by literacy level or sex), which future studies at this centre could usefully address.

CONCLUSION

Awareness about anaesthesia, the role of the anaesthetist, and the importance of pre-anaesthetic evaluation and written informed consent remains very low among patients attending Government General Hospital, Paderu. These findings echo those reported from other rural and tribal-serving hospitals in India. There is a clear need for structured patient education, ideally delivered through direct interaction during pre-anaesthetic evaluation, to improve understanding, reduce peri-operative anxiety, and support genuinely informed consent.

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