

# Experience of Patients Who Underwent Scheduled Gynaecological Surgery at the Bogodogo University Hospital, Burkina Faso

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## Abstract

**Introduction:** Surgery can cause anxiety and worry, such as waking up in pain, being physically harmed or dying. This study aimed to assess the experience of patients undergoing planned gynaecological surgery in the Obstetrics Gynaecology and Reproductive Medicine department of the University Hospital Centre of Bogodogo. Patients and methods: This was a cross-sectional study with prospective data collection during the period from June 1 to August 31, 2018. The study population consisted of patients who received scheduled gynaecological surgery during the period. **Results:** Seventy-six (76) patients underwent scheduled surgery and 62 were included. During discussion with the gynaecologist, 58 patients (93.55%) were satisfied. When the surgery was announced, 41 patients (66.13%) were anxious. At the consultation with the anaesthetist 59 patients (95.16%) were satisfied with the discussions. Fifty-five patients (88.7%) were anxious on admission to the operating theatre. The quality of care was satisfactory for 61 patients (98.39%) and all patients were satisfied with the care team. **Conclusion:** Periodic evaluation of patients' experiences should therefore be incorporated into care evaluation policies in health facilities in order to contribute to continuous improvement in the quality of medical and surgical care.

## Keywords

Experience, Surgery, Gynaecology, Bogodogo

## 1. Introduction

In gynaecology, many pathologies require conservative or radical surgical treatment. Although surgery is beneficial to the patients, it can still have an impact on a woman's quality of life. Surgery and anaesthesia therefore influence the individual's psychology at all three stages of the procedure: before, during and after [1].

Numerous previous studies have shown that the majority of patients proposed for programmed surgery experience anxiety. The incidence of preoperative anxiety is estimated to be between 11% and 80% [2] [3]. The most common cause of preoperative anxiety is waiting for surgery, concern about the operation results, separation from family, postoperative pain anticipation, loss of independence, and fear of surgery and death [2] [4].

However, psychological preparation of the patient prior to surgery is probably one of the best ways to manage preoperative anxiety. This preparation inevitably involves establishing effective communication between the surgeon and the patient, and between the anaesthetist and the patient. Building the patient's confidence allows them to receive clear, understandable information tailored to their psychological profile.

Other studies have shown the importance and impact of effective communication in the doctor-patient relationship. It increases patient and physician satisfaction and influences the achievement of better therapeutic outcomes [4].

According to Tchaou *et al.*, the operating theatre is a place that evokes a deeply ambivalent feeling. Technological and scientific advances make a positive impression on patients, but the operating theatre arouses fears and concerns [5].

The best way to reduce preoperative anxiety is to provide information. This should cover the surgical procedure, anaesthetic technique, adverse events and accidents, postoperative therapy and the recovery process. It should begin at the surgical consultation and then at the pre-anaesthetic consultation.

The patient's perioperative experience is one of the new indicators of the results of anaesthesia and surgery, all the more legitimate than traditional indicators, such as mortality, have changed considerably in recent years [6]. There is therefore a need for more subjective analyses in order to continue to improve practices. Health authorities and learned societies are promoting patient satisfaction as an indicator of the quality of care.

Patient satisfaction therefore has a dual role, as an objective in its own right and as a major quality indicator to be ranked alongside morbidity and mortality, pain and quality of life [6].

In Africa, the lack of human resources means that this preparation of the patient is very partial and does not always follow the rules of good practice [7].

In Burkina Faso, most healthcare professionals consider the quality of care to be inadequate [8]. The aim of this study was to investigate the experiences of patients who underwent scheduled surgery in the gynaecology department of the Bogodogo University Hospital (BUH).

## 2. Patients and Methods

This was a descriptive cross-sectional study with prospective data collection from patients who underwent scheduled surgery at the Department of Obstetrics Gynaecology and Reproductive Medicine, BUH.

Data were collected over a period of three (3) months from June 1<sup>st</sup> to August, 31, 2018. It included all patients who underwent scheduled surgery at the Department of Obstetrics Gynaecology and Reproductive Medicine at BUH.

All consenting patients who underwent scheduled surgery during the study period were included.

Non-consenting patients and patients who underwent a different surgical procedure from the one originally planned were not included.

Data were collected by interview using a pre-defined questionnaire and from the patients' medical records. Patients were interviewed by a trained interviewer before discharge from hospital.

The study variables were socio-demographic characteristics, mode of admission, reason for consultation, quality of reception and discussion with the gynaecologist, quality of reception and discussion with the anaesthetist, announcement of surgery: feelings, level of information, hospital conditions before surgery, experience with the team before, during and after surgery, satisfaction with relationships and care by the nursing team.

The anonymity of the data collection forms and the confidentiality of the content of the responses were maintained. Informed consent was obtained from patients before each interview. Approval was required before the study could proceed.

Patients with a State Trait Anxiety Inventory (STAI) score greater than 45 were considered anxious, and those with a score less than or equal to 45 were considered non-anxious.

## 3. Results

### 3.1. Frequency of Hospital Admissions before Surgery

During the study period, 76 patients underwent scheduled surgery. Fourteen patients were excluded, including 11 who were discharged from hospital before the interview and three (03) for intraoperative modification of the surgical procedure. Thus, 62 patients were included in the study.

### 3.2. Socio-Demographic Characteristics of Study Population

Patients' age ranged from 20 to 64 years, with a mean age of 42.5 years. **Table 1** shows the other socio-demographic characteristics of the participants.

### 3.3. Clinical Characteristics

Clinically, patients were directly admitted in 98.39% of cases.

Indications for surgery were varied. The main indication was fibroids (61.3%). **Table 2** shows the distribution of patients by surgical indication.

**Table 1.** Socio-demographic characteristics of study population.

Characteristic	Number	Percentage
<b>Age</b>		
20 - 29 years	12	19.4
30 - 39 years	12	19.4
40 - 49 years	17	27.4
50 - 59 years	15	24.2
60 years and over	6	9.7
<b>Occupation</b>		
Workers	24	38.7
Housewife	15	24.2
Trader	14	22.6
informal sector worker	4	6.4
Others	5	8.1
<b>Marital status</b>		
Married	46	74.2
Concubine	9	14.5
Single	6	9.7
Divorced	1	1.6
<b>Place of residence</b>		
Urban	46	74.2
Semi-urban	15	24.2
Rural	1	1.6

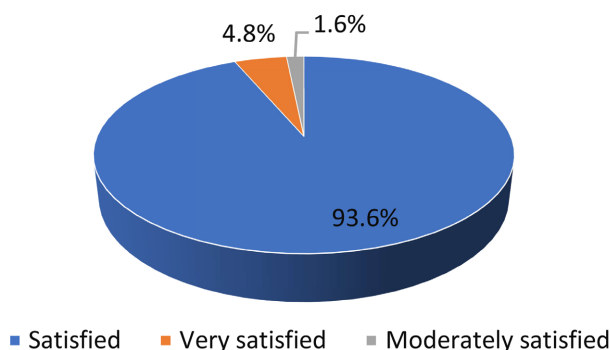
**Table 2.** Distribution of patients by surgical indication.

Indications	Number	Percentage
Myomas	38	61.30
Consequences of excision	12	19.35
Breast tumours	5	8.06
Genital prolapse	5	8.06
Ovarian dermoid cysts	2	3.23
<b>Total</b>	<b>62</b>	<b>100</b>

### 3.4. Patient Satisfaction with Obstetrician-Gynaecologist Consultation

In terms of reception, 6.5% of patients were very satisfied, 90.3% were satisfied and 3.2% were moderately satisfied with the reception they received from their obstetrician-gynaecologist.

We valued the quality of the discussion with the gynaecologist. **Figure 1**



**Figure 1.** Distribution of patients according to their level of satisfaction with their discussions with the gynaecologist.

shows the distribution of patients according to their level of satisfaction with their discussions with the gynaecologist.

Regarding the information received, all patients had received information about the indications for the procedure they were about to undergo.

The assessment of patient satisfaction with the content of the information showed that 96.8% of patients were satisfied with the information received from their gynaecologist and 3.23% were not.

**Table 3** shows the distribution of patients according to the type of information received.

### 3.5. Patients' Level of Anxiety at the Announcement of Surgery

When surgery was announced, 41 patients (66.1%) had a score above 46 on the STAI scale (anxious patients) and the other 21 had a score below 46 (non-anxious patients).

### 3.6. Patient Satisfaction with Consultation with the Anaesthetist

The reception by the anaesthetist was satisfactory in 93.5% of cases. Of all patients surveyed, 98.4% stated that they had received information about the types of anaesthesia. **Figure 2** shows the distribution of patients according to the type of information they received.

### 3.7. Evaluation of the Discussion with the Anaesthetist

Fifty-nine patients (93.6%) were satisfied with their discussion with the anaesthetist, 4.8% were very satisfied and only 1.6% were moderately satisfied.

### 3.8. Assessment of Hospital Admission and Operating Conditions

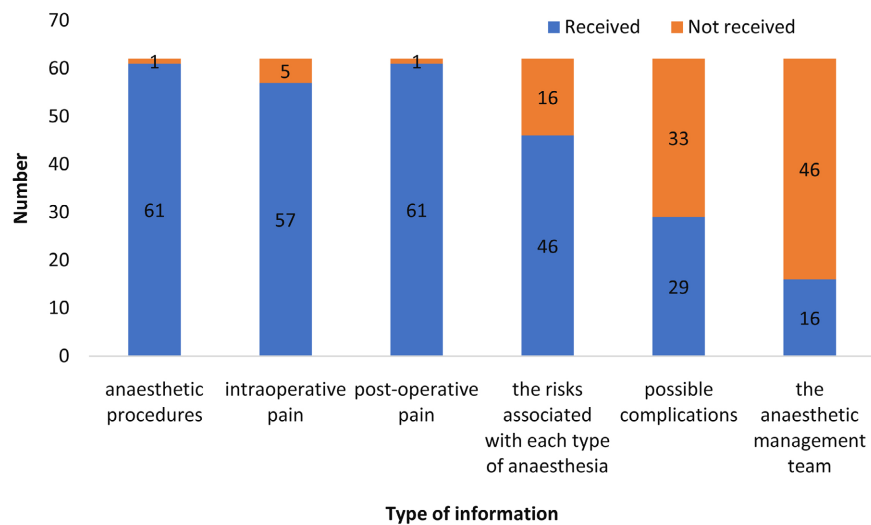
All patients were admitted to hospital the day before surgery and 61 patients (98.4%) were satisfied with their hospital stay.

According to the STAI anxiety scale, 55 patients (88.7%) were anxious on admission to the operating theatre.

Intraoperatively, 57 patients (91.94%) were satisfied with their management,

**Table 3.** Distribution of patients by type of information received.

Type of information	Received	Not received
Indication of surgery	62	00
Course of surgery	45	17
Effects of surgery	50	12
Duration of hospitalisation	58	04
Follow-up results	46	16
Risks and complications	37	25
Cost of surgery	60	02



**Figure 2.** Distribution of patients according to the type of information received from the anaesthetist.

4.8% were very satisfied and 3.2% were moderately satisfied. The surgery was performed under spinal anaesthesia in 57 patients and general anaesthesia in 5 patients.

Fifty-six patients (90.3%) reported no pain during surgery. After surgery, 46 patients (74.2%) reported feeling pain in the post-operative monitoring room.

On leaving the post-operative monitoring room, 61 patients (98.4%) were satisfied with the pain management provided by the hospital staff.

All patients were satisfied with the care team and 61 patients (98.4%) were satisfied with the care they received during their hospital stay.

#### 4. Discussion

This study is certainly biased. Expressing satisfaction presupposes that women have all the elements of comparison, all the possible choices and all the standards, which was not the case in our study. In addition, satisfaction is a subjective variable that reflects each patient’s personal preferences and expectations. Individual perceptions of the reality experienced by patients may therefore differ

from the objective reality and may not correspond to the perceptions of providers.

Depending on the nature of the operation, whether it involves removing an organ or restoring one, patient satisfaction may be affected.

The mean age was 42.5 years and 75% of patients were over 43 years old. These results are similar to those of Ndoli MJ *et al.* in Rwanda [8], who found an average age of 41.3 years.

This high average age can be explained by the fact that the pathologies for which patients underwent surgery were mainly pathologies that occurred at an advanced age.

Patients' perceptions of their obstetrician-gynaecologist varied, but 90.3% were satisfied. The fact that the interview was conducted in a hospital by a healthcare provider may have influenced the answers (influence peddling or duty of accountability) [9].

This result is lower than that found by Cueur in France, who found the quality of contact very satisfactory in 95.3% of cases at the La Pavigne medical centre [10].

Discussions with the obstetrician-gynaecologist were at least satisfactory in 98.4%. This finding is very encouraging, given that a lack of communication is often the cause of problems. This could be explained by the fact that patients are likely to spend more time talking to their gynaecologist when there is no emergency. This is reflected in the high level of patient satisfaction (96.8%) with the information they received from their gynaecologist.

The assessment of anxiety revealed that 41 patients (62.1%) were anxious. Our results confirm some data in the literature which show that the prevalence of preoperative anxiety in adults varies between 60% and 80% [11]. According to the same author, the possibility of surgery elicits different reactions, depending in particular on the nature of the medical reasons, age and previous surgical and anaesthetic experience.

With regard to the anaesthetist, 93.6% of women were satisfied with the reception they received. MalandjKes *et al.* found that the reception was at least satisfactory in 65% of cases [12]. Our result could be explained by the fact that practitioners are aware of the impact of the reception on the level of perioperative anxiety. More than 9 out of 10 patients (98.8%) said they had received information about the types of anaesthesia and postoperative pain. In the study of Amengle, patients received information in 65.5% of cases, but were satisfied with the information received in only 84.3% of cases [13].

During the consultation with the anaesthetist, 74.2% of patients said they had received information about the risks associated with different types of anaesthesia, and only 25.8% of patients said they had received information about the team of anaesthetists planned for the operation. The risks and complications associated with anaesthesia must be explained to patients in order to obtain their consent.

Discussions with the anaesthetist were satisfactory for 95.2% of patients. In the literature, 97% of patients want to be informed about anaesthesia before surgery [14].

According to the anxiety scale, 55 patients (88.7%) were anxious on admission to the operating theatre just before surgery. In the literature, “anxiety varies according to the different periods before the operation. The most disturbing moments for patients would be the day before the operation or the morning of the operation and arrival at the operating theatre” [15]. For Jaume, the shorter the time between the cause of the morbidity and the intervention, the less psychological impact there will be [1].

Regarding the perioperative period, 57 patients (91.9%) said they were satisfied. All patients were satisfied with the care team throughout their hospital stay and 61 patients (98.4%) were satisfied with the quality of care they received in hospital. Our rate is much higher than the 60% found by MalandjKes *et al.* in the Democratic Republic of Congo [12].

## 5. Conclusions

At the end of this study, the majority of patients admitted for planned surgery had uterine fibroids as their indication. They were satisfied with their overall care, in terms of the quality of care, the behaviour of staff and the conditions of their stay, from the consultation to the postoperative period. However, most of them were anxious before the operation. The level of anxiety when being informed about an operation and when being admitted to the operating theatre was high, above the average in the literature.

Continuous improvement in the quality of medical and surgical care requires the institutionalisation of regular evaluation of patients’ experiences in health care institutions. A multi-centre study with neutral interviewers would make it possible to better assess women’s satisfaction in order to contribute to better patient care.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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