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Author: Marek Olakowski, Aleksandra Hładoń, Mariusz Seweryn, Jakub Ciosek, Wojciech Świątkiewicz

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PATIENTS' OPINIONS ABOUT POLISH SURGEONS AND SURGICAL TREATMENT

MAREK OLAKOWSKI¹, ALEKSANDRA HŁADOŃ², MARIUSZ SEWERYN³, JAKUB CIOSEK¹, WOJCIECH ŚWIĄTKIEWICZ⁴

Department of Digestive Tract Surgery, Medical University of Silesia in Katowice¹

Kierownik: prof. dr hab. *P. Lampe*

Department of Patomorfology, Medical University of Silesia in Katowice²

Kierownik: dr hab. med. *M. Kajor*

Department of Epidemiology, Medical University of Silesia in Katowice³

Kierownik: prof. dr hab. *J. Zejda*

Department Sociology of Knowledge, University of Silesia in Katowice⁴

Kierownik: prof. dr hab. *W. Świątkiewicz*

In Polish society Stereotypes about the surgeons are deeply rooted, which could really affect their relationship with the patient and the entire treatment process.

The aim of the study was to evaluate the results of an opinion survey on the image of the surgeon and operative treatment.

Material and methods. Between 1 January and 30 October 2012, 1000 patients were examined by use of a original questionnaire containing 25 questions. Results were analyzed statistically by STATISTICA test. Differences between groups were tested using Chi-square test (X^2) with Yates modification, adopting the significance level $\alpha = 0.05$.

Results. The study group consisted of 1000 patients, including 56% of women ($n = 560$) and 44% of men ($n = 440$). The media image of Polish surgeon was identified as positive by 78% of respondents. A majority of patients (74%) considered that the Polish surgeons had equal level of competence and skills as foreign specialists. The greatest trust of the respondents ($n = 537$) had surgeons in middle age (40-60 years). For the majority of patients ($n = 649$) a sex of the surgeon had no significance. Respondents clearly stated that a surgeon performing the operation should not have additional financial rewards. Almost all respondents in medical emergencies without hesitation declared their agreement to surgery ($n = 974$).

Conclusions. Present knowledge of Polish patients about surgeons and surgical treatment is high. The surgeon has a high social prestige, respect and appreciation, and his image in the opinion of the vast majority of respondents is positive.

Key words: surgeon, surgery, opinions about surgeon

The term “surgery” (gr. cheirurgie) comes from the Greek word “cheir” (hand) and “ergos” (to work), which can be literally translated as the action made by hands. Although drawings of first surgical instruments are found on the Edwin Smith Papyrus, which dates back to ancient Egypt, it was not until the 20th century that the real development of surgery occurred following the introduction of anaesthesia by Willian T. Morton in 1846 (1).

Over the years surgery as a field of medicine has gradually evolved. Initially, it was an artisan profession based on a limited anatomical knowledge, intuition and confidence in the barber surgeon’s manual skills. Nowadays it has become a broad field of medicine in which the surgeon is assisted by state-of-the-art instruments, computers and robots. Regardless of the technological progress, surgery has been mainly a craft involving elements of art to a

greater or lesser extent. Its effects depend greatly on the human factor – the surgeon. The success of his work is made up of his expertise, experience, accurate decision-making, taking an operative risk into account, his manual skills and precision of action. The specificity of the operative treatment promotes the creation of special surgeon-patient relationships. The surgeon must act according to current knowledge and his conscience avoiding getting emotionally involved with the operated patient. The patient must trust his surgeon completely and believe that the treatment based on direct intervention into his body will restore his health and relieve his suffering.

Shaping the image of the surgeon is a long-lasting and complex process which is often influenced by numerous internal (e.g. hospital) and external (e.g. media) factors. In the Polish society there are deeply rooted mental stereotypes about surgeons which are often distorted by the media which publicize only medical errors and incidents of malfunctioning in hospitals and the whole health service. They may significantly influence the way in which the doctor is perceived, his relationship with the patient and the process of treatment.

This study presents the results of an opinion survey which aimed at learning the opinions of in-patients on the image of the surgeon and operative treatment.

MATERIAL AND METHODS

From 1 January to 30 October 2012 an opinion survey was carried out on 1000 patients hospitalized in three teaching hospitals of the Medical University of Silesia (SUM) in Katowice: 355 patients from The Independent Public Teaching Hospital No. 7 of the Medical University of Silesia, 557 patients from The Independent Public Central Teaching Hospital of the Medical University of Silesia and 88 patients from A. Mielecki Independent Public Teaching Hospital of the Medical University of Silesia. An authorship questionnaire was used to conduct the opinion survey (enclosed in the paper).

The survey consisted of three parts:

- Part 1 (questions 1-4) provided sociodemographic data about patients – the so-called imprint.

- Part 2 (questions 5-17) concerned the image of the surgeon in the society.
- Part 3 (questions 18-25) revealed the patients' opinions on the operative treatment as well as associated preferences and concerns.

The division of the research tool into three parts enabled to obtain reconstructive information about specific experience and knowledge of the studied patients. Apart from question no. 23 the questionnaire contained 25 closed, single-choice questions. For question no. 23 the patients rated the severity of fear in regard to various clinical situations on a scale of 1-3 points.

A pilot study was carried out on 20 subjects to check for correctness and comprehensibility of the questionnaire. The results of the pilot study were not shown in the presentation of the survey findings and the obtained information was not included in the discussion and conclusions. Patients of all hospital departments, both diagnostic and operative ones, constituted the target research group.

The obtained results were analyzed statistically with the STATISTICA software. The differences between the groups were checked using the Chi-square test with the Yates modification, adopting the significance level $\alpha = 0.05$.

RESULTS

The study group consisted of 1000 patients, including 56% of women (n= 560) and 44% of men (n= 440). The distribution of the participants' age in the study was as follows: under 35 years old (n=228)- 23%, 35 – 65 years old (n=504)- 50% and over 65 years old (n=268)- 27%. In the studied group 7% of the patients had primary education, 21% vocational, 42% secondary and 30% higher education. Most respondents (44%) came from big cities. The characteristic overrepresentation of urban dwellers arguably resulted from the fact that teaching hospitals included in our research are situated in the region of Upper Silesia whereas the patients' educational structure may indicate an easier access to highly specialized medical care in teaching hospitals by those who have a higher level of education, which could suggest social inequalities in access to those hospitals.

Doctors were the most reliable source of information about health for the patients (n=455). Among other sources women chose significantly more often the Internet while men the TV and radio ($p<0.05$). Patients under 35 years of age preferred the Internet as a source of medical knowledge significantly more often than the rest of the respondents ($p<0.05$).

The studied subjects were familiar with the surgeon's education. As many as 96% defined a surgeon as a doctor, only 4% could not answer this question, mostly men ($p<0.05$).

The duration of the surgical specialization was vaguely known to the patients. Men (n=373) admitted to not knowing the length of the surgeon's training significantly more often ($p<0.05$). The correct answer – 6 years – was selected most often out of the suggested answers (n=324), mostly by women ($p<0.05$).

The media image of the Polish surgeon was quite favourable with a 78% of positive rating. Only 6% of the respondents had a negative perception of the specialist and 16% remained opinionless. The subjects who were 65 years or older defined the image as 'definitely positive' significantly more often while those under 35 years old as 'rather positive' ($p<0.05$). More than 15% of the patients held no opinion on the media image of the surgeon.

As many as 60% of the respondents thought that surgeons enjoyed greater respect with their patients compared to other specialists, and 38% did not notice the difference. Age related differences in the recognition of the surgical specialty were observed. Patients 65 years or older rated the prestige of the surgeon's profession as 'definitely higher' compared to other specializations, those under 35 years as 'rather higher' and those between 35-65 years old as 'equal'.

Almost three-quarters of the questioned patients (74%) stated that Polish surgeons had an equal level of competence and skills as foreign specialists (n=743), which may be regarded as a positive assessment of the professional competence of the Polish specialists.

In the opinion of more than three-quarters of the respondents (n=764) the decision about the surgical treatment was made by the surgeon with great caution, according to the patient's clinical condition.

Middle-aged surgeons (40-60 years old) enjoyed the greatest trust of the respondents (n=537). Patients wish to be operated on by an

Questionnaire – surgeon seen by patient

1.	Please indicate your sex	
	Woman	
	Man	
2.	Age	
	Below 35 years	
	35-65 years	
	Above 65 years	
3.	Education	
	Primary	
	Vocational	
	Secondary	
	Higher education in the Humanities	
	Higher technical	
	Higher in natural sciences	
	Higher medical	
4.	Residence	
	Village	
	Small town (up to 50,000 residents)	
	Medium-sized town (up to 100,000 residents)	
	Big city (above 100,000 residents)	
5.	Where do you get reliable information about health care from?	
	Press	
	Radio/ television	
	Internet	
	Doctor	
	Neighbours, family, friends	
6.	Is the surgeon a doctor of medicine or is it a different profession?	
	Yes, he is a doctor	
	He isn't a doctor	
	I don't know	
7.	How long of postgraduate training does it take to become a specialist surgeon?	
	1 year	
	2-3 years	
	5 years	
	10 years	
	I don't know	
8.	What is the media image (press, television, radio) of the Polish surgeon:	
	Definitely positive	
	Rather positive	
	Rather negative	
	Definitely negative	
	I don't have an opinion	
9.	Compared to other doctors (e.g. pediatrician, cardiologist, GP...) prestige, respect for the surgeon is:	
	Definitely higher	
	Rather higher	

	Does not differ from other doctors	
	Rather lower	
	Definitely lower	
10.	In your opinion the Polish surgeon is:	
	As good as a professional in the west of Europe	
	A good specialist for the Polish conditions but worse than in Europe	
	Rather an average specialist, poorly educated	
11.	Surgeons perform operations:	
	Far more often than necessary believing that the scalpel will heal everything	
	They are too conservative, they operate too rarely than necessary	
	The operate only when necessary	
12.	Would you prefer to be operated on by	
	A young surgeon (up to 40 years old)	
	Middle-aged surgeon (40-60 years old)	
	Older and experienced (above 60 years old)	
	It doesn't matter to me	
13.	Would you rather be operated on by:	
	Man	
	Woman	
	It doesn't matter	
14.	Please select 3 most desirable personality traits of the surgeon and and put them in order of priority 1,2,3 starting with the most important:	
	Experience	Competence
	Composure	Patience
		Determination
		Accuracy
	Place 1.:	
	Place 2.:	
	Place 3.:	
15.	Please select 3 most reprehensible personality traits of the surgeon and put them in order of priority 1, 2, 3 starting with the most important	
	Impetuosity	Ignorance
	Indecision	Alcoholism
		Arrogant behaviour
		Corruption
	Place 1.:	
	Place 2.:	
	Place 3.:	
16.	What should be a monthly remuneration for the surgeon working in a hospital	
	About 3000 PLN	
	About 6000 PLN	
	9000 PLN or more	
	Other, specify the amount	
17.	Should the patient express his special thanks to the surgeon after the operation?	
	No, these are his duties	
	Yes, express words of recognition	
	Yes, e.g. give him flowers	
	Yes, hand him money or a gift	

18.	Would you agree to an operation if your health required it			
	Yes			
	No			
19.	Prior to the operation would you like to know its success rates?			
	Yes			
	No			
20.	Would you like to know the technical details of the operation and its stages			
	Yes			
	No			
21.	During the operation would you rather			
	Stay awake and have control on what is going on			
	Be asleep and not know about anything			
	It makes no difference for me			
22.	For each of the following point put a cross (X) in one of the boxes:			
		I'm extremely scared	I'm scared a bit	I'm not scared
	Intraoperative awakening			
	Not waking up after surgery			
	Intraoperative pain			
	Post-operative pain			
	Failed surgery			
	Necessity of a long rehabilitation			
	Post-operative scar			
	Loss of pre-surgery mobility			
23.	Who anesthetizes (gives anesthesia) for surgery			
	Operating surgeon			
	Nurse			
	Anesthetist			
	I don't know			
24.	Where would you like to be operated if you had the choice:			
	In Poland in a public hospital			
	In Poland in a non-public hospital			
	Abroad			
25.	Have you ever been operated?			
	No			
	Once			
	Twice			
	Many times			
To be completed by the person conducting the survey				
Hospital		Department		

experienced person who is not affected by the occupational burnout syndrome. However, 31% of the questioned subjects said that the surgeon's age was not relevant.

The sex of the surgeon did not matter for the majority of patients (n=649), however, male surgeons enjoyed a slightly greater trust (n=333), especially among older patients (p<0.05).

According to the respondents the most desirable traits of the surgeon were: experience (n=617) and accuracy (n=232), the most inappropriate – alcoholism (n=291) and arrogant behaviour (n=255).

The amount of 6000 PLN a month was most frequently indicated (n=451) by patients as an adequate remuneration for the surgeon and his work. In the age group below 35 years the most commonly indicated amount was 3000 PLN, whereas 9000 PLN was mentioned by those above 65 years old. Because of their life time experience elderly patients had a more sympathetic approach to surgeons' remuneration conditions.

The respondents were unequivocal in stating that the surgeon ought not to obtain any extra financial benefits for performing an operation. According to 67% of patients (n=673), gratitude and appreciation for the surgeon after the procedure should be expressed verbally.

Almost all the respondents without hesitation declared their consent for surgery in medical emergencies (n=974). At the same time the majority of the patients would like to know the technical details of the procedure (n=848) and its success rates (n=961). During the procedure the patients preferred being in the state of unconsciousness (n=759). The patients' greater fear was associated with the risk of a failed operation (n=717), whereas a post-operative scar caused the least concern (n=626). The patients' fears of surgery side effects are presented in fig. 1.

Almost all the respondents (n=954) knew that the anesthetist was a person responsible for anesthesia. As for the treatment location, most patients would opt to be treated in a public hospital in Poland (n=592).

The subjects included in the study had different experience connected with the surgical treatment – 266 patients had undergone one operation, 215 patients – two, 247 patients –three and more and 270 patients had never been treated by surgery.

DISCUSSION

Numerous opinion surveys have been carried out worldwide. Their aim was to assess patients' knowledge about doctors; however, there have been few publications about surgeons and surgical treatment. Far more frequently one can find articles about the anesthetists' work (2-6), which emphasize the anonymity of the anesthetist, the patients' lack of knowledge that he is the person responsible for anaesthesia and intensive medical care. This correlation was not observed in our study. On the contrary, almost all the respondents knew who performed the anesthesia and who the anesthetist was. It was obvious for the questioned patients that the surgeon is a medical specialist belonging to a professional group of doctors.

Similar results were obtained in a survey conducted at The Royal Melbourne Hospital (5), in which 94.5% of patients defined a surgeon as a doctor. Almost half of the respondents from Australia also believed that the surgeon decided on an intraoperative blood transfusion, and as many as 66.5% thought the operating surgeon was the most important first-aider in operating room emergencies.

In a study carried out in New York patient preferences for anesthesia type were analysed along with the measurement of an operation-induced anxiety (6). Similarly to our study, in

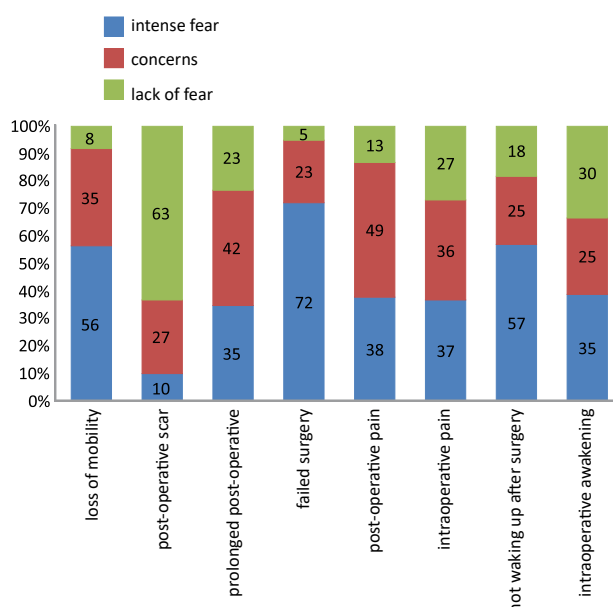


Fig. 1. Assessment of surgery-associated fear on the basis of the respondents' answers

most cases (69%) the respondents opted for a general anesthetic mainly because of the state of unconsciousness throughout the procedure. Among stress-generating factors the patients were most concerned about the anesthetist's competence and skills, and the risk of not waking up after the surgery, paralysis and pain.

Similar results were obtained in a survey conducted in an Indian hospital where anxiety related to surgery was most frequently caused by: the risk of not recovering after the surgery, defibrillation during resuscitation and intra-operative pain (7).

In a study conducted in the United Arab Emirates the influence of various surgery-related factors on the patients' level of fear was evaluated (8). It was demonstrated that past operations, a more comprehensive knowledge about the surgical treatment and family support considerably allayed the patients' anxiety.

In subsequent studies an analysis was made of factors affecting patient satisfaction with the surgical treatment. Weng et al. (9) investigated the degree of the emotional bond of the patient with his surgeon as well as the factors that had the greatest impact on satisfaction with the surgical treatment. The opinion survey was carried out on a group of 50 surgeons and 896 patients. It was shown that more experienced surgeons had greater 'emotional intelligence' compared to those less experienced specialists and that they were able to establish a better relationship with the patient. Patients treated by experienced surgeons rated their general health as considerably better and felt greater satisfaction following surgery. In our study we observed that the vast majority of patients preferred being treated by a middle-aged surgeon, which can be linked to the belief in his well-established professional competence.

In an opinion survey McLafferty et al. (10) analysed doctor-patient relationship and identified personality traits of the surgeon that would enable his recommendation as a doctor to treat the patient's family members. The analysis was carried out on 1514 questionnaires which assessed 39 surgeons. It was stated that the main causes of the surgeon's negative ratings were: insufficient explanation of the course of the operation, unanswered questions regarding outcomes and complications of the therapy and lack of interest in the patient's emotions. The study implies that

surgeons ought to master communications skills with the patient and must be able to answer clearly and specifically questions about the patient's disease and recommended therapy, help to choose the most appropriate treatment method and react to the patient's emotions adequately. Summarizing the discussion about doctor-patient relationships it seems that good interpersonal communication is the key to patient satisfaction with surgery outcomes and successful recovery. It should be remembered though that surgical treatment is related to numerous unusual situations which may arouse the patient's fear and anxiety about the proposed therapy. Patients who present to the surgeon are typically concerned about their health and life. The decision concerning the course of treatment is usually complex and incomprehensible for patients. They lack sufficient knowledge about the proposed surgery, post-operative rehabilitation and alternative non-operative methods (11).

Our opinion surveys conducted at teaching hospitals at SUM in Katowice have shown that the surgeon is the best source of medical information for patients of both sexes. This becomes even more important for elderly patients. However, in younger people under the age of 35 electronic media also play a major role in obtaining medical information. The analysis of the questionnaires has made us conclude that the majority of patients in Polish hospitals have a satisfactory level of knowledge about surgical treatment. The Polish surgeon enjoys respect and great social prestige. He is perceived as a highly-qualified specialist who is in no way inferior in his knowledge and skills to his colleagues in the Western Europe. The vast majority of the respondents think that the decision to perform an operation is made by the surgeon with great caution only when absolutely necessary. Among the elderly patients surgeons were held in higher esteem than other specialists. The age range of 40-60 years was considered the best period for the surgeon's profession although almost one-third of the respondents declared that the doctor's age was of no importance to them. Experience and accuracy were indicated as the surgeon's most desirable personality traits while alcoholism and arrogant behaviour the most negative. The sex of the surgeon did not matter for the studied subjects. Almost all patients declared their consent for surgery in medical emergencies.

Most of them would like to know the details of the operation and its success rates. The amount of 6000 PLN a month was cited as the most adequate remuneration for the surgeon's work. The respondents strongly objected to the idea of handing the surgeon money and gifts for the operation that he had performed but they acknowledged the necessity of expressing verbal gratitude and appreciation for his work.

CONCLUSIONS

The results of the material analysis clearly show that the contemporary knowledge of Polish patients about surgeons and surgical treatment is broad. The surgeon enjoys a high social prestige and respect and his image, according to the vast majority of the respondents, is positive.

REFERENCES

1. Wolfe RJ. Tarnished idol: William Thomas Green Morton and the introduction of surgical anaesthesia. *J R Soc Med* 2002; 95: 266-67.
2. Pytliński A: Wizerunek lekarza anezjzjologa w opinii pacjentów i członków ich rodzin. Ankietowa próba oceny. *Anezjzjologia i Ratownictwo* 2007; 1: 20-27.
3. Baaj J, Said Maani Takrouri M, Badaeh M et al.: Saudi patients' knowledge and attitude toward anaesthesia and anaesthesiologist. *M E J Anesth* 2006; 18: 679-92.
4. Irwin MG, Fung SKY, Tivey S: Patients' knowledge of and attitudes towards anaesthesia and anaesthetists in Hong Kong. *HKMJ* 1998; 4: 16-22.
5. Braun AR, Leslie K, Morgan C et al.: Patients' knowledge of the qualifications and roles of anaesthetist. *Anaesthesia and Intensive Care* 2007; 35: 1-5.
6. Shevde K, Panagopoulos G: A Survey of 800 Patients' Knowledge, Attitudes, and Concerns Regarding Anaesthesia. *Anesth Analg* 1991; 73: 190-98.
7. Deepa J, Shinde VS, Patel RD et al.: A study of patients' perception about knowledge of anaesthesia and anaesthesiologist. *Indian J Anaesth* 2002; 46: 26-30.
8. Kureshi J, Roche AD, Tariq AQ: Perioperative knowledge and anxiety score of patients undergoing surgery. *Middle East J Anesthesiol* 1995; 13: 325-33.
9. Weng HC, Steed JF, Yu SW et al.: The effect of surgeon empathy and emotional intelligence on patient satisfaction. *Adv Health Sci Educ Theory Pract* 2011; 16: 591-600.
10. Mc Lafferty RB, Williams RG, Lambert AD, Dunnington GL: Surgeon communication behaviors that lead patients to not recommend the surgeon to family members or friends: Analysis and impact. *Surgery* 2006; 140: 616-24.
11. Levinson W, Hudak P, Tricco AC: A systematic review of surgeon-patient communication: Strengths and opportunities for improvement. *Patient Education and Counseling* 2013; 93: 3-17.

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Address correspondence: 40-752 Katowice, ul. Medyków 14

e-mail: olakom@mp.pl