

INTRODUCTION

Empathy is considered a crucial part of the therapeutic relationship. Studies have indicated that inadequate patient-physician communication will result in misunderstanding, reduced patient satisfaction, reduced patient compliance, and an increased malpractice risk. However, there has been little examination of the various dimensions contributing to empathy in anesthesia residents. Also, rarely examined is the value of perceived empathy during the preoperative anesthesia discussion that should take place prior to surgery. This study utilizes patient pre-anesthesia discussions, with trainee self-ratings, patient feedback ratings and observer feedback of trainees to examine the degree of concordance between trainees, patients, and external observers when evaluating empathy during encounters using the 7-point Jefferson Empathy scales.

METHODS

The study was a prospective observational pilot study at an academic medical center. Residents and fellows were recruited for observation and completed self-ratings with the 7-point Jefferson Scale of Empathy (JSE) and the Resident Wellness Scale. Patients who were 18 years or older were recruited in the preoperative holding area on the day of surgery. Two observers evaluated the interactions between patients and anesthesia trainees with the 7-point Jefferson Empathy Scale for Observers (JSEO). Patients were asked to fill out the 7-point Jefferson Scale of Patient Perceptions of Physician Empathy (JSPPPE) after their conversation with the anesthesia trainee. Open-ended questions were analyzed using qualitative content analysis, while quantitative analyses of closed questions (including empathy scales) included descriptive statistics, and correlations.

RESULTS

Table 1 Participant demographics. Twenty-four trainees completed 150 observed patient pre-anesthesia encounters between March and June 2024, with at least five observations per trainee.

Demographic variable (Patients)	No. (%) of participants
Age average	56 years; 150 (100)
ASA Status	
ASA 1	1 (0.6)
ASA 2	49 (32.5)
ASA 3	89 (60.3)
ASA 4	11 (7.3)
Ethnicity	
White	143 (95.4)
African-American	4 (2.6)
Hispanic	1 (0.6)
Mixed Race	2 (1.3)
Gender	
Male	58 (38.4)
Female	92 (61.6)
Anesthesia Type	
General	101 (66.9)
MAC	4 (2.6)
Spinal	21 (13.9)
General & Regional	19 (12.6)
General, Regional, & Spinal	3 (2.0)
MAC and Regional	2 (1.3)
Local	1 (0.6)
Demographic variable (Trainees)	No. (%) of participants
Year in Training	
CA-0	6 (25)
CA-1	4 (16)
CA-2	6 (25)
CA-3	7 (29)
Fellow	1 (4)
Gender	
Male	17 (71)
Female	7 (29)
Encounter variable	No. (%) of participants
Time in Encounter	
Average (secs)	374.8

Figure 1. Empathy domains: perspective taking, compassionate care, and walking in the patients’ shoes.

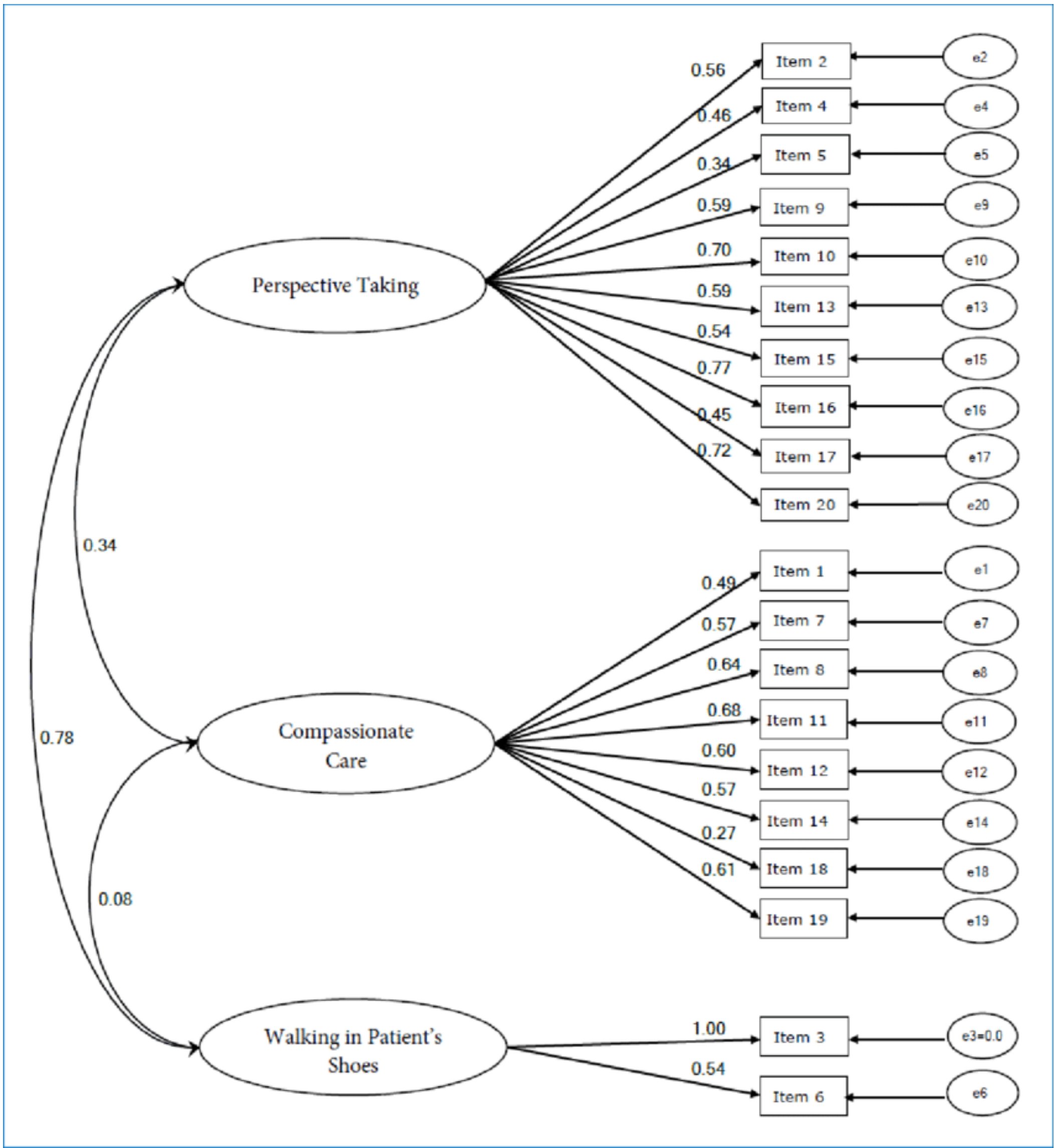


Table 2 (below): Trainee gender differences.

Variable	p	Effect size
Walking in the patients’ shoes	0.542	0.27
Perspective taking	0.472	-0.328
Compassionate care	0.316	-0.461
JSE empathy self-ratings	0.951	-0.027
Avg time	0.035	-1.008
JSPPPE Avg (patient ratings)	0.020	-1.122
JSEO Avg (observer ratings)	0.964	-0.020
Wellness Mean	0.375	0.407

Table 3. Correlations. No significant relationships were identified between the averaged responses for the three empathy scales. Only one item, “Is an understanding doctor,” had a positive correlation between the JSPPPE and the JSEO (r = 0.318, p < 0.0001)

Variables	r	p
Wellness vs time	-0.421	.041
Patient age vs JSPPPE rating	-0.409	.047
Empathy ratings vs wellness	0.388	.061
Year in training vs time	-0.523	.009
Year in training vs wellness	0.080	.709
Year in training vs walking in the patient’s shoes	-0.450	.027
Year in training vs perspective taking	0.351	.092
Year in training vs compassionate care	-0.272	.198

Content analysis of patient comments suggested apprehension with JSPPPE: **question 2**, “asks about what is happening in my daily life,” and **question 3**, “seems concerned about me and my family.”

LIMITATIONS

Small sample size of trainees

Selection bias?

Reliability of observer data collection instruments

Year in training	Acceptance rate	Refusal rate
CA0	75%	0%
CA1	44%	56%
CA2	75%	0%
CA3	70%	10%

CONCLUSIONS

There is a need for addressing various dimensions of empathy in anesthesiologist-patient interactions, including the development and validation of an anesthesiology specialty-specific empathy scale that can be adapted for brief pre-anesthesia discussions. If established, there will be substantial ramifications to the priority and importance given to empathy in pre-anesthesia discussions and its role in competency-based medical education in anesthesiology.

References:

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