

Interview guide - empathy

qualitative interviews

Research Question

How is empathy affected by different characteristics of surgical practice, such as

- developing trust and rapport in stressful situations
- working with patients who are undergoing emotional experiences and diagnoses
- developing strong treatment relationships rapidly, particularly in emergency situations
- the need to cause pain during treatment and investigation
- the need to deal with complications openly
- the surgeon as primary actor in treatment
- complications might result from personal technical mistakes or poor strategic decisions, directly related to the surgeon themselves
- working with patients who may be unable to communicate or anaesthetised (i.e. patient as object)
- the need to make nodal (irreversible) treatment decisions

Do empathy and emotional regulation interact in response to these clinical tensions

Questions

Demographic, information

- How would you describe your surgical practice
- How long have you been working as a surgeon?

Body of interview

General broad exploration of the participants practice

- Tell me about how you interact with your patients, using as much detail as you can
- Are there any other situations you deal with in your clinical practice. (If needed suggest consulting, operating, emergency cases)?

Explore dealing with patients emotions - move from hypothetical to more specific

- Imagine a consultation or situation where the patient's emotions are particularly relevant. Can you describe your example to me (in as much detail as possible)?
 - How do the emotions change things?
 - How do doctors and surgeons deal with those emotions?
 - There is a stereotype that surgeons deal with patients emotions differently to other specialties. Do you have any thoughts on that?

- How do interactions change if the surgeon doesn't notice or understand how the patient is feeling?
- Do you think this is empathy or is empathy something different? Can you explain that further?
 - (use this question earlier if the participant introduces it, and can change terminology regarding perceiving emotion or empathy depending on comfort of participant)
 - If participant feels empathy is different, clarify how/why/what situation and any preconceived ideas about empathy
- Imagine a clinical situation in surgery where emotions aren't so important. How would that be different?
 - How would the experience of that interaction be different (from your perspective)?
- Can you imagine a situation where empathy/understanding emotions makes consultations or patient interactions more or less difficult? Describe what happens then.
 - What sort of longer term outcomes would you see from this approach?
- Have you ever met a surgeon who was particularly good at empathy? Can you describe how you knew?
 - How was their work different? Their patients? Their practice?
- What about a surgeon who was particularly bad at empathy/detecting emotions?
 - How was their work different? Their patients? Their practice?
 - How do you think that came about?
 - How could that situation be changed?

Start to drill into specific interesting areas that haven't yet been covered - be sensitive to areas that are not relevant to the surgeons practice or that they have indicated are particularly difficult

- How do you think surgeons deal with patient emotions in day to day practice?
 - Do you have the same approach, or do something different? Can you describe how?
 - Have you always had this approach?
 - How did you learn how to do things this way?
 - Please think about all the different areas of your work and the roles you have at any moment of the day. How does the role of emotions/empathy change depending on your role or position?
- I'm going to give you some examples of situations that I don't think we have covered yet. Can you explain how empathy/dealing with emotion changes in:
 - Situations where there is time urgency and decisions need to be made quickly
 - Causing pain to patients during treatment or investigation
 - Meeting a patient for the first time and developing a clinical relationship with them
 - Dealing with complications or poor outcome
 - Times when the patient is unaware, anaesthetised or incompetent
 - Dealing with difficult decisions
 - How is it different in clinics, or in emergency, when you are talking to a patient?

Work on exploring the role of emotional regulation or affect of emotions on practitioner.

- If you have a few emotional patients or situations close together, what happens?
 - What does it look like if a surgeon manages those situations well?
 - What do the patients see or experience?
 - What does the surgeon experience
 - Is that true for you too at those times, when you have a series of emotional encounters
- How does dealing with a lot of emotion affect the surgeon?
- Are there Clinical situations where emotions are particularly intrusive or unhelpful?
 - How do you make that work in practice?
- How has the way you deal with emotions changed as you have become more experienced?
- Who taught you that behaviour, or how did you come to learn to work that way?
- How do you regulate your emotions at work?