Public Perceptions of Certified Registered Nurse Anesthetists in Anesthesia Care in the United States

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Introduction

Certified Registered Nurse Anesthetists (CRNAs) deliver anesthesia and surgical care throughout the United States. Recent regulatory changes in multiple states have expanded opportunities for independent CRNA practice in operative settings. However, anesthesia represents a uniquely high-risk, time-limited clinical context in which patients cannot participate in real-time decision-making. Despite ongoing policy debates regarding CRNA scope-of-practice expansion, national data describing public attitudes toward CRNA-led anesthesia care remain limited. This study assessed public comfort and perceptions of CRNA-delivered anesthesia.

Aims and Objectives

- To evaluate the current landscape of public perception, comfort levels, and expectations regarding anesthesia care delivered by Certified Registered Nurse Anesthetists (CRNAs) across the United States
- Conduct a survey of U.S Adults to gather data on their familiarity with CRNA role and their attitudes towards independent practice
- Assess respondent comfort and perceived safety levels comparing CRNA-led care to physician-led care across varying levels of procedural risk
- Determine public preference regarding informed consent, specifically the desire for advance notification of provider types and the impact of CRNA substitution on institutional trust
- Analyze whether demographic factors influence personal comfort with CRNA-admistered anesthesia without physician oversight

Methods

We conducted a cross-sectional survey of U.S. adults to assess public perceptions of anesthesia care delivered by CRNAs. The survey was administered online via Qualtrics and distributed through Centiment. Eligible participants were U.S. residents aged 18 years or older. The instrument assessed comfort with CRNA-led anesthesia care, perceived safety and training equivalence, provider involvement preferences, and disclosure expectations. Descriptive statistics and χ^2 tests ($p < 0.05$) were used for analysis.

Results

Among 1,046 respondents, 35.2% reported limited familiarity with CRNAs. Most respondents (45.7%) opposed total unrestricted independent CRNA practice, while 46.0% reported discomfort receiving anesthesia from CRNAs without physician anesthesiologist involvement compared to 31.6% reporting comfort. Only 18.4% believed CRNA anesthesia was equally safe across all procedures; 50.5% believed it was equally safe only for low-risk procedures. A majority (76.5%) wanted advance notification if a CRNA would deliver their anesthesia. Routine CRNA substitution was associated with reduced institutional trust (49.5% reported decreased trust). Attitudes did not differ by rurality or race.

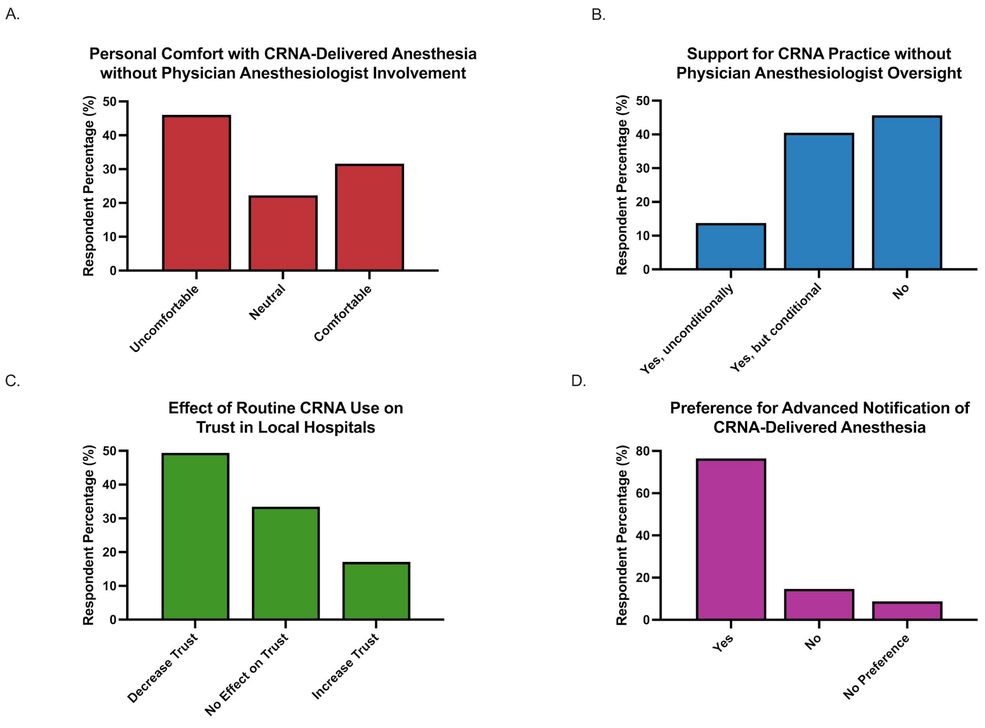

Figure 1: Public perceptions of CRNA care along various contexts

Conclusions

While conditional support for CRNA practice in low-risk contexts exists, unrestricted independent practice lacks public support. The desire for provider transparency and disclosure, coupled with reduced institutional trust following CRNA substitution, indicates that transparency, informed consent, and clearly defined supervisory models are essential for maintaining patient confidence as workforce policies evolve. These patient-centered concerns are broadly held across demographic subgroups.

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