Anesthesia Needs of Society and the Indispensable CRNA

Lt. Col. Ruth P. Satterfield, ANC*
Washington, D. C.

INTRODUCTION

Anesthesia is a vital need of Society. The nurse anesthetist has played an important part in developing the art and science of anesthesia since 1880 when the first graduate nurse was trained in this critical nursing specialty. Today the tremendous demand for the well-prepared certified nurse anesthetist far exceeds the output of our accredited schools. The projected future need is great even in view of the increasing number of physicians entering anesthesiology.

HISTORY

How did the graduate nurse get into this specialty? Who had previously administered anesthesia? The administration of anesthesia was mainly in the hands of the unskilled in 1880 when Sister Aldonze Eltrich, a nursing nun, was taught by the surgeons at Saint John’s Hospital in Springfield, Illinois, to administer ether and chloroform. A familiar story to all of us is the Mayo Clinic fame at the turn of the century, when visitors saw not only impressive surgery performed, but also:

"anesthesia beautifully conducted by a method that satisfied the demands of the surgeon while providing the ultimate in comfort and safety for the patient."

The first formal course in anesthesia for graduate nurses was established in 1909 at Saint Vincent’s Hospital in Portland, Oregon. On January 18, 1965, there were 172 AANA accredited schools with approximately 1026 students enrolled. The graduate nurse entered the specialty to help fulfill a vital patient need, and, as reflected by the number of accredited schools alone, the services of the nurse anesthetist will continue to be in great demand.

We can look with pride at the status of the AANA as the official accrediting agency of these schools and the certifying agency for graduate nurse anesthetists. While achieving this enviable status, the AANA stood on the shoulders of giants — women who constructed a sound foundation on which an effective professional organization could be built. Miss Agatha Hodgins, founder of the AANA, was a woman of tremendous vision. Her philosophy and precepts are still applicable and invaluable to us today. In 1930, one year prior to the organization of the AANA, Agatha Hodgins put forth the essentials for a national organization of nurse anesthetists with emphasis to be placed on:

"1. Establishment of educational standards.

*Was Director, ANC Course in Anesthesiology, William Beaumont General Hospital, El Paso, Texas, when paper was presented.
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2. Schools required to conform to an accepted criterion of education.
3. Putting the right of the nurse anesthetist to practice her vocation without criticism.
4. Constant effort toward improving the quality of the work by means of study and research.

OUR CHALLENGE

Having achieved status as an integral part of the health team, it is well for us, the 12,175 AANA members, to look attentively at:

1. Our self-image.
2. Our moral responsibility.
3. The responsibilities of those involved in the education of the nurse anesthetist.
4. The legality of nurse anesthesia.
5. The future of the nurse anesthetist.

OUR SELF-IMAGE

"Having a positive view of self is much like having money in the bank." Pride of accomplishment and pride in what one is contributing are important in order to accept the tremendous responsibility of administering anesthesia. To paraphrase Coombs, the well-adjusted, effective anesthetist is one who sees himself as informed, liked, wanted, acceptable, and able. Identification of the broad abilities of the nurse anesthetist behooves us to ask, "What can I do better than, or that another RN can't do?" In a disaster (train wreck, fire, explosion), who knows the most about evaluation of vital signs, cardiopulmonary resuscitative measures, and supportive therapy? The abilities of a CRNA go beyond the primary function, the administration of anesthesia. Being able to look at ourselves and to find that we realize our total responsibility, have concern for the patient and confidence in our abilities are indications of a secure person.

The secure person can maintain dignity under difficult circumstances. The CRNA who is competent does not lose status in the face of undermining or discrediting articles. Unfortunately, there are those who refuse to recognize the indispensable contributions of the nurse anesthetist. And I might add that it is morally and ethically wrong to discredit a group without an immediate better answer to the need. The image of the CRNA will be the result of the quality and quantity of anesthesia care we give, and the constant striving for a high educational level in our profession.

What are the attributes of a professional person? The professional person has an inquisitive mind, seeks greater depth in one's specialty, keeps abreast of the literature, and is an active member of one's professional organization. Paying annual dues to the AANA doesn't give us a badge of professionalism. Each of us is a part of AANA and what each of us does is either a credit or detriment to this wonderful organization. When feasible, the truly professional person will attend the business sessions and participate in decision-making; exercising one's vote is necessary. Membership in the AANA must be a living thing to each of us, not just a veneer, a status symbol, a means of earning a greater income.

OUR MORAL RESPONSIBILITY

As a professional specialty we need to consider the moral approach in helping to fulfill the anesthesia needs of society. Each patient deserves and has a right to the best anesthesia care available, i.e., anesthesia care given by an individual physiologically
oriented in this critical specialty and capable of using any of the drugs and techniques available to us.

What is our individual moral responsibility?

1. To constantly strive for a greater depth of knowledge in the field.

2. To promote understanding and good interpersonal relationships with all who are contributing to anesthesiology.

3. To recognize that many of the people we are educating may rapidly exceed our depth in the specialty. One of the rewards of teaching is to see an "academic child" outdistance one's self, become a shining light!

RESPONSIBILITIES OF EDUCATING AGENCIES

Hospitals opened schools of anesthesia for nurses to fulfill a patient need, a very real service need. What are the responsibilities of the educating agencies for maintaining professional-level education? The preparation of a nurse anesthetist is a two-way street. Patient anesthesia service is given while the student gains an education in the art and science of anesthesia. Since the student anesthetist cannot become a competent clinical practitioner without the opportunity to administer anesthesia, it follows that the student anesthetist carries a large part of the anesthesia load in our teaching hospitals. This is our system at present. However, a balance is necessary between the service gain, based on the effectiveness of the student, and the cost of the educational enterprise. There should be a careful look at the financial output in conducting a school of anesthesia and the income from student services. Under output would be such items as salaries of instructional staff (prorated as to time spent with students), cost of classroom facilities (including heat, light, insurance and equipment), and stipends.

The progressive hospital administration will also recognize the need to invest in anesthesia staff educational activities. Time and money spent for assemblies, institutes, or the AANA Convention result in improved patient care. This expenditure is essential in all hospitals utilizing nurse anesthesia service, not only in those conducting schools.

A frequent question is, "When will there be a degree in anesthesia for nurses?" Actually, in considering this question, we should first ask, "Will schools of anesthesia always be within the hospital structure?" Anesthesia is a professional nursing specialty. In fact, it is the most highly specialized field in nursing. However, all other nursing specialties are on the graduate education level. The number of nurses possessing baccalaureate degrees entering anesthesia is increasing rapidly. This is in line with the increase in the number of schools of nursing offering a degree. As this picture changes it is conceivable that universities would evaluate the specialty of anesthesia for possible inclusion in their graduate programs, just as they have Operating Room Nursing, Public Health, etc. The hospital would be used for clinical practice. My own experience with the Army Nurse Corps anesthesia schools indicates that we are getting more students each year with degrees in nursing. After 1968, the ANC anesthesia schools will be the consumer of some of the graduates from the new Walter Reed Army Institute of Nursing, which is a four-year col-
legiate program. However, when envisioning the future desirability of a higher level of general education in schools of anesthesia for nurses, don't underestimate the value and prestige of the CRNA being prepared today.

LEGALITY

Even though the CRNA carries a substantial part of the anesthesia care in our country, from time to time the question of legality arises. Last fall Dr. Hayt said, "It would be fair to conclude that the time has passed when the right of the properly trained nurse to administer anesthesia can be challenged, either on the basis of competency or legality. The only question remaining is to what extent the development of future techniques in medicine will add to her usefulness as a nurse anesthetist." Here we can say — know your limitations as well as your abilities as you grow in depth. This, too, is a mark of a professional person.

THE FUTURE

In the future, how much of the anesthesia load will the nurse anesthetist be expected to carry? There are not enough prepared doctors and nurses in the field today. At present, we don't seem to be catching up or erasing the deficit of either anesthesiologists or nurse anesthetists. There are many factors involved: (1) the tremendous population growth; (2) spectacular growth of new surgical procedures; and (3) development of excellence in anesthesia management. These three factors have made it possible to operate on patients in poor physical condition. In fact, we can say that if surgical intervention has anything to offer a patient, no patient is denied surgery.

Present figures in medical education reflect that we can expect a demand for a greater number of professional nurse anesthetists. From the Journal of the American Medical Association, "Education Number," November 16, 1964, we learn that: (1) In the past 10 years the enrollment in medical schools increased only 13.3% (3,774 students). The increase in the last year was 1.5% (500 students). This is not keeping pace with the tremendous population growth; (2) There are 296 approved anesthesiology residencies with 1,693 spaces only 68% filled; (3) Anesthesiology is not increasing in popularity with physicians as only 3% of the total number of physicians are in Anesthesiology. It is interesting to note that, of all physicians, 10% are in General Surgery, 2% in Orthopedic Surgery, and 6% in Gynecology and Obstetrics. Of course, anesthesia service is required by other surgical specialties, many General Practitioners, and Oral Surgeons.

There is also a shortage of nurses, and we are a part of this shortage. One of the most thought-provoking articles I have read in a long time, "This I Believe About Nursing Responsibility to Society," is in a recent issue of Nursing Outlook. In discussing the nursing shortage, the author expresses concern as to whether the image that nurses and the public have of the nurse is one that is likely to influence students to choose nursing as a career. She feels that we must define the nurses' role for the future and then make sure that our educational and organizational efforts are directed toward the preparation of nurses to fill this role.

A conversation between a British physician and a hospital matron is quoted:
“Doctor: Every country needs more nurses.

Matron: It is not a shortage of nurses which plagues us, it is the shortage of people who use wisely the knowledge available on health care.”

“Can sufficient numbers of nurses ever be prepared to serve a public which operates on a preadolescent level in matters of safety and health?”

Poor safety and health practices certainly increase the demand for anesthesia service. We hope for a great increase in the nursing force, as it is projected that the enrollment in schools of nursing will surge upward with the enactment of the “Nurse Training Act of 1964” (Public Law 88-581), which went into effect July 1, 1965. We in anesthesia, as part of the critical nursing shortage, should familiarize ourselves with this act, as well as other assistance programs, so that no opportunity is lost to pass this information on to students interested in nursing who may need financial support.

The main concentration in the Art and Science of Anesthesia has been to provide service and conduct schools of anesthesia. There is now a need for interest in “Research.” In 1932 Agatha Hodgins said there must be a “constant effort toward improving the quality of the work by means of study and research.” We need time for the critical evaluation of and accurate recording of some of our clinical experiences for later interpretation. So much valuable knowledge is lost because the pressure of the “schedule” precludes a scientific approach to interesting and unusual cases. Each anesthetic we give is the application of our knowledge of pharmacology, physiology, anatomy, chemistry, physics, and psychology.

To advance knowledge in our field we must constantly strive to accurately record our interpretation of the valuable experiences we have each day. Mental impressions are of no significant lasting value. There is a constant plea for nurses to share their knowledge. It is a mark of the professional person to observe, evaluate, assimilate, record, interpret, and report. The physiologically-oriented nurse anesthetist is equipped to contribute clinical inference in anesthesia nursing.

Nurse anesthetists are also moving into the laboratory. At present one Army Nurse Corps anesthetist is being programmed each year to attend the course in “Military Nursing Practice and Research” in the Department of Nursing, Walter Reed Army Institute of Research. A study, “Tracheostomy, Oxygen Therapy, and Expiratory Air Flow Resistance,” was published in the Fall, 1964, issue of Nursing Research.6 Another study, in the final editing stage, to be published this summer is “Blood Pressure Measurement as a Quantitative Research Criterion.”

SUMMARY

Anesthesia is a vital patient need in our society. The nurse anesthetist has played an integral part in helping to meet this need. The AANA is constantly striving to establish the educational standards that will prepare the nurse anesthetist for present and future roles. In order to give the best possible anesthesia care to our society, we need the combined contributions
of physicians, nurses, and research. Finally, the certified registered nurse anesthetist, the CRNA, will be an important force as long as we deserve and earn the classification of competent professional people.

BIBLIOGRAPHY