The need for alternative educational pathways in nurse anesthesia education

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Part-time programs in nurse anesthesia education are responsive to the needs of those who must juggle the demands of career and family. Such programs hold the potential for helping meet the growing demand for nurse anesthesia educators. The advantages and requirements for such a program are explored by a student nurse anesthetist.

Out of the 84 nurse anesthetist programs nationwide, less than 3% offer a part-time design. In the metropolitan Detroit area, only one out of the four schools of anesthesia offers such a program. The sentiment among the faculty has been one of indifference regarding the part-time program. Some say “there are enough people interested in the full-time mode, why should we bother with a part-time program?” Still others note that their programs originated as full-time programs and insist that part-time students are just “hard to fit in.” Currently, the Mercy College Program of Nurse Anesthesia has its part-time program on hold.

Background

Educational institutions must evaluate their curricula. Current trends point to an increasing enrollment of nontraditional adult students who are either first career seekers or those who are already established in one field and are seeking a new or complementary career through nursing. Projections also point to a decreasing number of young adults between 18 and 24 years of age, the traditional period for entering college.1

Webster has stated that we will continue to experience a recruitment crisis because of the shortage of 18-year-olds and that we should take the opportunity to recruit a more mature age group. She goes on to note that a part-time course for mature entrants would involve new teaching methods and new approaches by teaching staff. She asserts that all staff must be convinced of the need for marketing as a means of helping the school achieve its objectives of preparing sufficient nurses to meet future health care needs.2

A large number of adult learners have multiple roles, such as spouses, parents and working professionals. The developmental issues they face are career commitment, the rearing and launching of children, alternatives in relationships with partners and planning for financial security.3 Their multiple roles dictate time constraints and make advancement to a profession such as nurse anesthesia an impossibility when they are discouraged by the demands of full-time education.

The pursuit of a career through advanced education is more difficult for women with children. Society frowns upon women who return to work after having children. Parenting experts have expressed their views that mothers should nurture their children and be available to them for up to 16 hours per day.4 While it is difficult for some women to find moral support, the number of women in the workforce and those heading households will continue to rise through the remainder of the century.1

Demographers have predicted that two out of three marriages will end in divorce in the next decade. Bergman states that about 30% of children in the United States live apart from their fathers, and in the majority of
cases the father contributes little or nothing toward the child’s support. She goes on to say that millions of single mothers struggle to support their children with their earnings and need jobs with wages that will enable them and their children to live decently. However, the mindset that has kept women out of better-paying jobs survives largely intact.6

Women with children who choose to pursue their careers or return to work to meet financial needs do so with great feelings of guilt and anxiety. However, such guilt and anxiety is felt less by fathers, since they are traditionally viewed as the primary wage earners in the family. If a working mother is to have a successful career, support from within the family structure, as well as from professional organizations, is crucial. In her multiple role as mother, wife, working professional and student, time constraints dictate that flexibility become a definite factor in her success.

Seventy percent of all working nurses are married, and 47% of them have children. In times of scarce manpower, it is in the best interest of schools of nursing to attract as much of the limited pool as possible. Higher education in the part-time configuration allows for needed flexibility that suits the lifestyle of many prospective nurse anesthetists. Without a part-time program, an inequity in the accessibility of education in nurse anesthesia will continue to exist. Recruitment into anesthesia may be limited to younger students, and more mature nurses could be discouraged from, rather than attracted to, the profession.

An unofficial survey was conducted on the current part-time students in the Mercy College Nurse Anesthesia Program. Approximately three-fourths of the respondents said they needed the flexibility of a part-time program for economic reasons. Simply put, they said, “I have to work. I simply can’t afford the high cost of tuition (approximately $3,000 per semester) and not be able to bring home any income.” A young, single mother of two children noted that she needed to work part-time to continue to have medical insurance coverage for herself and her children. Two-thirds of the respondents replied that they needed the flexibility in order to be available to their children. The age range of those interviewed was 28-39, and approximately 60-70% of the respondents had children ranging in age from toddlers to preteens; 80% of them were working mothers.

The need for flexibility

Directors and administrators of nurse anesthesia programs should consider creating or maintaining existing part-time programs to allow the flexibility a great many nurse anesthesia students need. Congruent with the goals of the AANA’s National Commission on Nurse Anesthesia Education, expanding existing programs and creating part-time designs will contribute to expanding our ranks in the long run. Working parents, who otherwise might be discouraged from pursuing careers in anesthesia, may now see possibilities for advancement in this dynamic profession. Attrition rates may decrease as these students are able to fulfill their other important, though limited, roles.

Faculty members should have their values clarified and attitudes evaluated if they are to create a supportive environment for the program. Some may feel that since they went through anesthesia school on a full-time basis, others should be able to as well. Still others may view part-timers as not being fully committed to becoming nurse anesthetists. Some may discourage part-timers outright, saying “why go part-time, go full-time and get it done with in less time!” Others may contend that an A grade earned by a part-timer is of less value, because they are “less challenged” when compared with their full-time counterparts.

It is unfortunate that such comments come from people who should be giving encouragement. They are unresponsive to the choices the students make. A student’s desire to create his or her priority list at that particular time of his or her life is based on deep-seated values to which others should be sensitive. Offering a program that permits flexibility should not be viewed as “watering down” the curriculum or lowering standards. Students who choose the part-time design so they can accommodate work and home schedules are not “less challenged.” Their challenge is simply of a different character, balancing work schedules, home demands, child care needs and student work. Therefore, an A grade earned by a part-timer is not less than an A earned by a full-timer.

Most of the working mothers I’ve worked with are highly reliable, competent and knowledgeable clinicians. They are perceptive, strong, patient nurse advocates just as they are strong advocates for their children and are assertive, critical thinkers. They are able to make sound judgment calls on critical dilemmas that confront them in the intensive care unit. They are more mature and, by virtue of their multiple roles and time constraints, better able to make the most out of the least. If issues of faculty support and program flexibility remain unanswered, a great resource for the anesthesia profession will go untapped.

In her book, “The Economic Emergence of Women,” Bergman states that our main task, through public policy, through private debate and through discussion in the communications media, is to get rid of old habits and institutions that are sources of injustice or are out of line with the new realities. New modes of behavior more appropriate to the new situation must be found and made habitual.

Recommendations

In order to maintain the current part-time program in nurse anesthesia education, the following steps

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should be taken:

1. Part-time students should be included in the overall orientation to the program at the beginning of their study.
2. Part-time students should receive a student handbook during the orientation period.
3. Part-timers should be cautioned against having a false sense of security. They should be reminded that grade requirements are the same as for full-timers and that a minimum 3.0 GPA must be maintained throughout the program. A grade lower than 3.0 will result in their being put on probation. No student should be allowed to repeat a course he or she failed, since this option cannot be given to everyone.
4. If a part-time student gets a C grade in one of his or her courses during the first year of the program, he or she should be allowed to continue in the program with the understanding that he or she is on probation until its completion. This same benefit of the doubt should be accorded to part-time and full-time students alike. Only one C grade should be allowed; a second C should mean automatic expulsion.
5. Part-timers should be required to attend the monthly clinical studies conferences. The presentations at these conferences are beneficial to the part-timers who are taking advanced anatomy and physiology and/or special topics in anesthesia, wherein theories learned in class are applied to relevant clinical situations. Attending these meetings will give part-timers a sense of belonging and not just "waiting in the wings."
6. A trust fund should be set up with AANA's statewide organization for the sole purpose of assisting the student (part-time or full-time) in obtaining medical insurance coverage for him or herself and his or her dependents. The coverage should continue for the duration of the program. This will help lessen the burden of having to work a set number of hours to qualify for medical benefits. Once the student graduates and starts working as a graduate nurse anesthetist, monies he or she used should be repaid so students in future years can have the same support and so the trust fund can be maintained.
7. Correlation studies should be conducted to investigate the rate of success or failure of part-time students. Such information may be useful in creating and implementing future policies.
8. Student support groups should be organized so that students aware of resources available in the community or host institution as well as outside sources for fellowships, scholarships and financial grants.
9. The nontraditional student is vulnerable to becoming a high-risk student because of the multiple stressors in his/her life. Continued support must be given, and periodic evaluation and investigation of needs and weaknesses must be carried out.
10. Part-timers are at a disadvantage in the special topics in anesthesia course. The majority of the concepts taught in this course are related more to the principles of anesthesia. It is difficult for the part-timer to imagine an anesthesia machine, mass spec and breathing systems. Since a great number of students are hands-on learners, they would get more out of this course if it were offered at the start of clinical orientation and not during the first year of the part-time mode when the students have had no exposure to clinical areas. However, instruction in drug infusion drip calculations, a review of chemistry and biochemistry, a 12-lead EKG course and a study of arrhythmias can all take the place of the special topics course, since these are concepts with which nurses in critical areas are familiar.

If we are to meet the necessary 40% increase in CRNA positions in the coming years, we must investigate the characteristics of the applicant pool from which we are recruiting. To be marketable in the consumers' (students) eyes means being realistic about the current trends, and issues of flexibility and faculty support cannot be emphasized enough.

If we are going to continue to be a major provider of high-quality, cost-effective anesthesia services, we need to do some self-evaluations of our teaching institutions. Some questions need to be addressed. Are we going to be in tune with the realities of time, as reflected by current trends, and design curriculum that will fit the needs of prospective applicants, or will we continue to ignore the trends and fail to fill the void within our ranks?

Program directors and administrators should have an unwavering commitment to recruiting the best candidates to the ranks of nurse anesthesia. To accomplish this, part-time programs should continue to exist to accommodate the lifestyles of some of the very best members of the nursing profession.

REFERENCES