Factors influencing nurse anesthesia educational programs: 1982–1987

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Factors that affected nurse anesthesia educational programs between 1982 and 1987 are examined to determine their effect on school closings and on those schools that are still in operation. Findings are cited, and recommendations for future action are made.

This study explores the factors that impacted upon nurse anesthesia educational programs between 1982 to 1987 to ascertain those that caused the closure of such educational programs, the influence they had on programs that are still operational and the implications they have on the future of nurse anesthesia education.

The population for this study was CRNA program directors of 96 nurse anesthesia educational programs operational between 1982 and 1987 and CRNA program directors of 40 programs that closed or announced pending closure between 1982 and 1987. The working sample included 81 respondents from open programs and 25 from closed programs.

Parallel questionnaires for open and closed programs were developed and reviewed by experts in the field. Data were collected by mailed questionnaires that consisted of two parts. Section A included single-choice questions and selected open-ended responses that elicited descriptive information about the program. Section B consisted of a list of 28 factors that had been identified as influencing nurse anesthesia education between the years 1982 and 1987.

Closed program respondents were asked to indicate to what extent each of the factors influenced the decision to close their nurse anesthesia educational programs. In addition, an open-ended question asked participants to identify additional factors influencing the decision or causing the closure of the program. Respondents of open programs were asked to indicate the extent to which each of the 28 factors had been a problem in the operation of their program between 1982 and 1987. An open-ended question allowed them to identify additional factors influencing the program.

Data were transferred to an optic scan sheet for computer analysis by the Statistical Package for Social Sciences. Open-ended responses were reviewed for commonalities and categorized.

Summary of findings

Thirty-six factors were identified as influencing nurse anesthesia educational programs between 1982 and 1987. They were categorized as being financial, recruitment, political, philosophical, psychological, practice and educational.

Closed programs identified financial, philosophical and political issues as causes of closure of programs. Ranked in order as factors influencing the decision to close
were (1) lack of support from administration, (2) lack of anesthesiologist support, (3) reduced program funding, (4) the cost of the program to the institution, (5) the belief that there will be an ample supply of anesthesiologists and less need for nurse anesthetists in the future, (6) the necessity to show the dollar value of the program to the institution, (7) the strained relationship between the American Society of Anesthesiologists (ASA) and the AANA, (8) accrediting requirements, (9) the incongruity of the philosophy of the conducting institution and the program and (10) the trend toward development of master's level nurse anesthesia education. Directors of closed programs also identified the presence of anesthesiology residency programs in their institutions as a major factor influencing the decision to close the program.

Open programs identified recruitment and political issues as primary influences on their operation. Among the factors cited as problems in the operation of the program were (1) recruitment of qualified students, (2) the relationship between the ASA and the AANA, (3) career counselors discouraging nurses from entering nurse anesthesia, (4) the excessive workload of the CRNA program director, (5) the public image of the CRNA, (6) the lack of anesthesiologist support, (7) the high cost of education for the students, (8) the recruitment of qualified faculty, (9) the trend toward master's level nurse anesthesia education and (10) the belief that there will be an ample supply of anesthesiologists and less need for nurse anesthetists in the future.

Factors that influenced the closure of programs were not identified as problems by directors of open programs. Fourteen factors showed statistically significant differences between open and closed program responses. They were (1) administrative support, (2) anesthesiologist support, (3) program funding, (4) institution costs, (5) the ability to show the dollar value of the program, (6) the ASA/AANA relationship, (7) the incongruity between the philosophy of the institution and the program, (8) faculty retention, (9) faculty recruitment, (10) student recruitment, (11) the program director's workload, (12) CRNA public image, (13) the lack of stipends for students and (14) the career counseling of nurses.

The extent to which these factors influenced nurse anesthesia educational programs varied by geographic region. Financial, philosophical and political factors influenced closures in the east, the midwest and the south. New England programs identified educational and political factors as influencing closures.

Open programs in the east reported the fewest problems. The trend toward master's level education and student costs were their major concerns. Programs in the midwest reported recruitment and the lack of anesthesiologist support as critical, while costs to the institution and faculty recruitment/retention were the major concerns in the south. Programs in the west indicated that political problems had the greatest influence on their operations.

Organizational characteristics were analyzed using chi-square analysis. Few statistically significant differences were found between the organizational structures of open and closed programs. Therefore, it may be concluded that the organizational characteristics investigated in this study were not necessarily relevant to the security of programs.

It must be noted, however, that the findings suggest there may be some relationship between the Medicare patient populations within clinical institutions and program survival. There may also be some relationship between the anesthesiology practice arrangement and program security, but further study is recommended to ascertain these possibilities.

Conclusions and implications for the future

This study showed that not all nurse anesthesia educational programs have financial problems, despite the current cost-conscious health care environment. The reason for this remains unclear, especially in light of the fact that nurse anesthesia educational programs are based in institutions that are organizationally similar.

The difference may lie in the administration of the institution or in program directors. Hospital administrators are being forced to become business-oriented, profit-making chief executive officers with marketing skills, who must operate health care institutions as businesses.

Program directors have not had to justify their programs in the past, because their skills as anesthesia practitioners and educators were adequate. But today's environment necessitates that they manage with administrative expertise and learn to demonstrate cost-effectiveness and worth to administrators in institutions that are surviving in a cost-conscious business milieu.

Anesthesiology residency programs can have a negative impact on coexisting nurse anesthesia educational programs, especially if anesthesiologists within the institution are not supportive of nurse anesthesia. Nurse anesthesia program directors must work with residency program directors to develop positive attitudes between physicians and nurse providers of anesthesia care. Joint efforts can create educational environments where both groups of trainees benefit.

The study showed there is adequate experience for trainees, so with appropriate scheduling and utilization of faculty, perhaps the educational experience can be stimulating and rewarding for all concerned. Because residency programs do coexist with nurse anesthesia programs, efforts should be made to assure that they are not mutually exclusive.

There are definite political issues impacting upon nurse anesthesia education that can be destructive not only to nurse anesthesia educational programs but to the entire field of anesthesiology. Efforts must be made at the national and local levels to establish stronger bonds between anesthesiologists and nurse anesthetists. The strained
relationship between the ASA and the AANA has influenced nurse anesthesia educational programs. Mending organizational differences is imperative.

This study showed that anesthesiologist support is vital to the continuance of nurse anesthesia educational programs. Program directors must find ways to isolate their programs from the political and competitive arenas if the programs are to survive.

The advancement of nurse anesthesia education to the master's level is appropriate, since anesthesia education is a specialization beyond basic nursing education. This study showed that this move, although acceptable to program directors, can create problems for programs. Support from nursing leaders will be essential, and collegiate nursing faculty requirements, enrollment quotas and program designs may have to be altered to make nurse anesthesia programs feasible in colleges of nursing.

Nurse anesthesia program directors should continue their efforts to develop master's level programs, but alternatives must also be sought and recognized. Programs should not be forced to close because they cannot establish themselves in colleges of nursing or offer master's level education. It would be better to have two levels of providers, e.g., certificate-prepared and master's-prepared, than to sacrifice the entire profession.

Trends counterproductive to nurse anesthesia may be developing. The number of anesthesiology residents has doubled in the last five years, while the number of student nurse anesthetists is down 50%. Hospitals, formerly strong supporters of nurse anesthesia education, are withdrawing their support and reassessing their missions. Many no longer view education as their purpose, so there must be incentives for the institution and the anesthesia staff to support educational programs.

This study found that some programs are already experiencing difficulty placing students in clinical sites. Anesthesiologists are demonstrating less support of nurse anesthetists, because of financial constraints, political differences or fear of competition.

There are numerous employment positions available for CRNAs and an insufficient supply of CRNAs to fill these positions; programs are closing, but admission prerequisites and faculty qualifications are more stringent.

Some of the trends are a product of the times, some of them seem illogical.

Nurse anesthesia has proven its competence and quality care for a century. The nurse anesthesia community has been successful in achieving recognition by the Health Care Financing Administration. Nurse anesthesia is establishing its rightful place in higher education, and the profession has been appropriately acknowledged by the judicial-legislative system. Despite these gains, trends cannot be ignored.

Recommendations for further study

No absolute factors causing nurse anesthesia programs to close were identified in this study. The findings did, however, suggest future studies that may explicitly identify the causes for closure. Additional studies should investigate:

1. What portion of the total operational costs of the program are reimbursed by Medicare education financing?
2. What is the relationship between the Medicare population in the conducting institution and the closure or stability of the nurse anesthesia educational program?
3. Is there any relationship between those institutions that do not get reimbursed by Medicare and their support of the program, for example, institutions that provide clinical experience but not didactics?
4. What relationship exists regarding fee-for-service practice arrangements, financial control of the program and the closure or stability of the program?
5. Is there any relationship between managed patient care and the increase in ambulatory services, with regard to the need for CRNAs?
6. Should steps be taken to save nurse anesthesia educational programs? What steps? Who should take them?
7. Attitudes of today's students and practicing CRNAs toward their profession and their role and direction for the future.
8. The impact of closure on the institution, the faculty, the community-of-interest and other educational efforts within the institution.