

Focus Sessions for Nurse Anesthesia Students and CRNA Practitioners

by Betty J. Horton, CRNA, PhD

Two separate focus sessions were held to obtain feedback from student nurse anesthetists and CRNA practitioners. The first session was conducted by Christopher Bettin, MA, AANA senior director of Communications, for students during the AANA Annual meeting on August 5, 2006. Approximately 70 students attended. The second session was conducted by Denise Martin-Sheridan and Sandra Ouellette, co-chairs of the Task Force for Doctoral Preparation of Nurse Anesthetists (DTF), for CRNA practitioners during the Fall Assembly of States on November 11, 2006. Thirty-five CRNAs were in attendance in addition to members of the task force.

The same questions were asked of each group with one exception: Students were asked how it would change their current program if a doctoral degree was offered; CRNA practitioners were asked how it would change their practice. Questions and responses from attendees follow for each session.

STUDENT FOCUS SESSION

Question: Have you heard very much about the idea of advanced practice nurses having Doctorate of Nursing Practice (DNP) degrees?

Response: A show of hands revealed that nearly everyone in the room had heard about the DNP (better than 90 percent). It seemed that most of the remaining 10 percent knew about the DNP, but simply didn't raise their hands. Based on the following discussion, it appeared that nearly everyone was aware of the issue. By and large, the students had more questions about the DNP and what it might mean for them than they had opinions on the issue.

Question: Would having a doctoral degree better prepare you to provide anesthetic care in the future?

Responses: Students said that the DNP would not make them better or safer CRNAs and it would not change their practice. They felt that the value of a doctoral degree depended upon whether an individual wanted to become an educator or clinician. In addition, it was said that the DNP was a political issue that would not make advanced practice nurses more credible.

Question: How would it change your current program if a doctoral degree was offered?

Responses: This question generated a few comments about potential changes in their programs but primarily generated concerns about what would happen if doctoral programs were offered. It was said that the reason for offering a DNP program should be to gain more knowledge of the profession of anesthesia. It was also said that there needed to be an option to pursue doctoral education. Specifically, an individual should be able to earn a master's degree and then continue on to a doctoral degree if desired. The idea was

that a nurse anesthetist should be able to become certified and practice with a master's degree while earning a doctorate.

Some felt that the AACN's proposal for advanced practice nursing programs to offer the DNP by 2015 was unreachable. Concerns about nurse anesthesia programs offering doctoral degrees were that it might discourage applicants, multiple degree levels would be offered, and that graduates might not be able to use the title "doctor." Concern was also expressed about grandfathering CRNAs and state licensure issues.

Question: Do you think the AANA should promote doctoral degrees for nurse anesthetists?

Responses: The answer to this question did not provide any feedback that would encourage AANA to promote doctoral degrees for nurse anesthetists. Students were concerned that anesthesiologists would not be supportive and that AAs would benefit by nurse anesthesia programs moving to the doctoral level.

CRNA PRACTITIONER SESSION

Question: Have you heard very much about the idea of advanced practice nurses having Doctorate of Nursing Practice (DNP) degrees?

Response: The level of knowledge about the DNP varied, with some participants being informed and others uninformed. Attendees perceived that the general AANA membership was misinformed or unaware of the AACN's initiative to have all advanced practice nurses earn DNP degrees. Questions were raised about the differences between practice doctorates and research doctorates, practice degrees and tenure, support by colleges of nursing, impact on manpower, and if the AANA was sponsoring the movement to doctoral education.

Concerns expressed were potential elimination of master's degree and nursing doctorate programs, colleges that could not award doctoral degrees, the impact of the DNP on anesthesia programs outside of nursing, the impact on practicing CRNAs, grandfathering, multiple degree levels vs. a standard degree, movement of programs into colleges of nursing, too few doctorally prepared faculty, and potential action by state boards of nursing. Several attendees recommended that the AANA communicate directly with state leaders about the issue of doctoral preparation. The most valuable communication would be simple and clear to alleviate fears caused by misinformation.

Question: Would having a doctoral degree better prepare you to provide anesthetic care now or in the future?

The response to this question was not answered directly but generated more questions from the audience. They wanted to know what knowledge would be gained that was not currently available, the length of doctoral programs, what could be learned from other

professions that had moved to clinical doctorates, and if fellowships would be offered for areas of specialization.

Question: How would it change your practice if a doctoral degree was offered?

The responses to this question varied between those who saw doctoral education as a benefit and those who did not. Benefits were identified as the ability to be involved in research, increasing overall knowledge of healthcare, building personal confidence, validating the level of nurse anesthesia education, increasing the stature of CRNA faculty in universities and academic medical centers, and increasing the profession's credibility with the public.

Attendees not seeing benefits to doctoral education said practice would not be changed in rural settings, anesthesiologists might restrict CRNA practice, and that there would not be any changes in recognition, pay or practice.

Question: Do you think the AANA should promote doctoral degrees for nurse anesthetists?

This question generated more comments in support of encouraging doctoral degrees for nurse anesthetists than comments discouraging their promotion. Attendees in support of doctoral degrees said the AANA should encourage doctoral degrees because knowledge is powerful and valuable. Several comments indicated that the movement to doctoral degrees was already under way and that the job of AANA was to get faculty prepared at the doctoral level. Moving to the doctoral level was seen as important to remaining competitive with other advanced practice nurses. Concerns about nurse anesthesia programs offering doctoral degrees were that it might discourage applicants, multiple degree levels would be offered, and that graduates might not be able to use the title "doctor." Concern was also expressed about grandfathering CRNAs and state licensure issues.

The need to promote doctoral degree programs among educators was voiced. Suggestions were made that the PhD should be promoted for CRNAs in academia, the AANA Foundation should offer scholarships, a history of nurse anesthesia education should be published, and the membership should be educated about doctoral education to a greater extent on the AANA website.

Attendees who were skeptical about promoting doctoral degrees said it might discourage applicants, longer programs might cause high school students to make other career choices such as medicine, anesthesiologists would see the promotion of doctoral degrees as a threat, and that nursing tended to overcomplicate entry levels.

SUMMARY

Students seemed to be more informed about the idea of APNs holding doctoral degrees than were most of the CRNAs. Both focus groups had many questions about what it might mean for them if doctoral degrees were required for nurse anesthetists. Students

thought that the pursuit of a doctoral degree should be optional and that it might be more important for educators than for practitioners. CRNAs indicated that doctoral degrees would be important for faculty in addition to potentially benefiting anesthesia practice by increasing knowledge. Some CRNAs indicated that the movement to doctoral education was already under way and nurse anesthesia should be an active participant.

There were common concerns expressed by students and CRNAs. Among the concerns were that it might discourage applicants, there would be multiple degree levels vs. a standard degree and that graduates might not be able to use the title “doctor.” Concern was also expressed by both groups about grandfathering CRNAs and state licensure issues, i.e. potential action by state boards of nursing related to doctoral degrees.

CRNAs also expressed concern over the possibility of eliminating master’s degree programs, colleges that could not award doctoral degrees, the impact of the DNP on anesthesia programs outside of nursing, the movement of programs into colleges of nursing, and too few doctorally prepared faculty.

No opinions were voiced by students on whether the AANA should promote doctoral degrees. In contrast, many CRNAs wanted the AANA to promote doctoral degrees while fewer were skeptical that it would benefit the profession.

Recommendations emanating from the CRNA practitioners focus session included: development of a list of frequently asked questions; development of informative material for each state president to share with their members in person and in newsletters; distribution of the state presidents’ informative material to program administrators; informing state presidents that a DTF member could speak on the topic of doctoral education at state meetings; and asking that a notice be posted on the first page of the AANA website to draw attention to the DTF’s web page.