



Steps along the Pathway: The AANA Wellness Program

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The world you create around you reflects how you value yourself. Caring is the essence of nursing, and it is crucial to take good care of yourself while taking care of your patients, making choices that are respectful of body and mind. Physical and mental health problems can affect fitness for duty. Yet, that awareness often does not extend to making the time and finding the motivation to take care of ourselves.

Nurse anesthetists are acutely aware of stress-related risks of their chosen profession such as fatigue and chronic pain, as well as substance misuse—a major occupational threat to the profession. Since 1984, the AANA has diligently, proactively educated members about this disease. Yet, with reported incidences ranging from 10 percent to 18 percent, addiction and its consequences remain a challenging

concern. The tragic loss of past President Jan Stewart, CRNA, ARNP, and other colleagues reinforces the need “to hang a lantern” on this problem. Other research highlights workplace stress and the need for a better way to integrate and balance personal and professional lives.

To fill a need for more specialized resources in the area of overall wellness for members, the AANA initiated the Wellness Program in February 2004. The oversight for the program is the responsibility of the Council for Public Interest in Anesthesia (CPIA) whose objectives are focused on raising awareness of the unique job demands that expose CRNAs to high levels of workplace stress, hostile environments, emotional problems, physical disabilities, fatigue, addiction, and other significant catastrophic events.

Advocacy is the core element of the AANA Wellness Program.

The CPIA views wellness advocacy as an ongoing incremental process of influencing attitudes and actions or systems and educating CRNAs and students on health issues and encouraging them to take action.

Setting the Mile Markers

An effective program requires specific strategies to focus on the problem and clarify expectations, appropriately allocate resources, and measure effectiveness.

Building upon its initial vision and message, the CPIA established the Wellness Program strategies toward disseminating information and educational materials, promoting the aspects of health and well-being, and recognizing the potential impact on fitness for duty and patient safety.

The structure for the program emerged as the CPIA incorporated the message of “Bridging Patient Safety and Practitioner Wellness” and built goals around the logo of “caring for self and others” using a wide variety of marketing and public relations tools. The CPIA believes this framework offers nurse anesthetists a personal and professional vision of well-being and will guide the CPIA in addressing the needs of the membership today and tomorrow. This vision includes our most valuable asset—passion. There is no substitute.

Passion drives excellence. This key element builds enthusiasm and excitement for seeking a balanced and fulfilling lifestyle. Passion means awakening to life’s possibilities and choices while having enormous fun, learning, growing, and achieving your goals.

The message is a brand, a clear expectation, and guiding light for fulfilling the vision. Meeting those expectations means keeping the message steady and ensuring dependable resources for members. It is building a positive reputation, reflecting the passion for a unique mission, and forming a relationship necessary for responding to and successfully altering behaviors. Recognition and visibility help establish a positive connection and value-relationship within the profession. Once established this value-relationship can be measured, monitored, and enhanced periodically to strengthen effectiveness. Measurement maximizes the value and the perception of the program and promotes a positive influence on attitudes and behaviors.

Defining Wellness

Wellness is not a new concept. It dates back thousands of years to the earliest records in history. Aristotle is credited with the earliest philosophy of “nothing in excess,” and Descartes, the father of modern philosophy, first linked body and mind to explain human function. Unfortunately, his beliefs perpetuated the development of separate paths of scientific study with a focus on treatment after illness and less on the holistic approach. In the 1970s the World Health Organization (WHO) defined a healthy lifestyle as “a state of complete physical, mental and social well-being, not merely the

absence of disease.” This concept led to a preponderance of theories related to healthy lifestyles, illness, human behavior, and the mind-body connection to wellness.

Models of Theory and Practice

The CPIA incorporates scientific theory into the development of Wellness Program goals, seeking to develop messages that respond to concerns and persuade people to educate themselves and change risky behaviors and practices.

The “Social Learning Theory” is a three-way, dynamic, reciprocal theory of human behavior in which personal factors, environmental influences, and behavior continually interact. The basic premise is that people learn not only through their own experiences but also by observing the actions of others and the results of those actions.

The Health Belief Model (HBM) was one of the first models that adapted theories from behavioral science studies and incorporated them into managing health problems. HBM remains one of the most widely recognized conceptual frameworks of health behavior in societies around the world. The model assumes that people are afraid of diseases and that resulting actions are motivated by the degree of fear or level of perceived threat. Subsequent actions are based on the expectation of removing or reducing the fear, and as long as potential benefits outweigh practical and psychological obstacles to taking any action, people include those actions into their behavior.

Models of wellness include both process and outcomes: establishing goals that encompass optimal day-to-day living and being in which a balance of mind, body and spirit are integrated into individual choices and behaviors. These models have evolved from the physical sciences of nursing and medicine, as well as anthropology, psychology, sociology, and theology. There is indeed a long heritage of viewing the person as a “whole” and understanding of the reciprocal actions of the mind on the body that contributes to illness.

One theoretical model developed by Sweeney and Witmer incorporates 16 dimensions of healthy functioning that can be assessed. The Wheel of Wellness has emerged from a series of studies concerning the development and validation of the factors associated with primary well-being and proposes a holistic model of wellness focused on reliable and valid measures of the multiple dimensions of health behavior in general and of health-promoting behavior specifically.

Because wellness is an observable and measurable behavior, the development of such measures is indeed possible. The model proposes five life tasks which are interrelated and interconnected. These five tasks are essence or spirituality, work and leisure, friendship, love, and self direction. The life task of self direction is further subdivided into the 12 tasks of (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self care, (j) stress management, (k) gender identity, and (l) cultural identity. These life tasks interact dynamically with a variety of life forces, including but not limited to one’s family, community, religion, education, government, media, business, and global influence.

More recently, the integration of positive psychology has emerged as a major learning theory. It is a scientific field founded on the belief that people want to lead meaningful and fulfilling lives, desire to cultivate what is best within themselves, and seek to enhance their experiences of love, work, and play.

Miles to Go

How far have we come in meeting the needs and expectations for the Wellness Program?

Clearly the structural framework is in place; the goals are evolving. There is commitment, as well as dedicated resources, from the leadership. Passion and enthusiasm are boundless. But passion does not necessarily guarantee success. Most people do not fully appreciate that their bodies have limited lifetimes. Resistance to change is natural, and it’s human nature to avoid the unknown and maintain familiar patterns. Further, different people define wellness in many different ways, and measuring wellness is a difficult task.

Progress toward key objectives can be tracked through certain indicators, including increased awareness through requests for wellness information and educational materials. Student research is focused on wellness issues, including substance misuse. Participation in wellness endeavors is spreading to state initiatives. While these indicators can measure performance, the quality and value of the program depend largely upon what other people think about it. The next steps along the path will be seeking your opinions. By providing feedback and listening we create a foundation of understanding, and by learning from each other, we can achieve change.

In sharing experiences we can create possibilities from even the darkest of tragedies. In 2004, Jan Stewart’s daughter Sarah Stewart Gomes stated, “my vision for my mother’s legacy is that we grant each other permission to take care of each other.” The steps along the path are a beginning. The journey is an obligation: to ourselves, our work, our profession and the public. ■

The first step binds one to the second.
French Proverb

Resources

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