

What Keeps Some Program Directors in Their Positions so Long? An Examination of Job Longevity Among Anesthesia Program Directors

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The turnover rate of nurse anesthesia faculty has been monitored by the Council on Accreditation of Nurse Anesthesia Educational Programs for a number of years. In 2005, the turnover rate remained high, at 22%, indicating a problem with faculty retention. This article reports the results of a study in which 25 long-time nurse anesthesia program directors were interviewed

to gain insights into faculty retention. The interviews revealed reasons for becoming an anesthesia educator, positive and negative aspects of the job, changes over time, and reasons for longevity in their positions.

Keywords: Faculty retention, longevity as educators, nurse anesthesia program directors.

Many conversations at meetings of nurse anesthesia educators have focused on the turnover rates of Certified Registered Nurse Anesthetist program administrators¹ (program directors and assistant program directors), but few have speculated why some individuals stay in their positions a long time. Turnover represents the rate at which program directors voluntarily or involuntarily terminate their employment to assume other positions in education, practice, or another field. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) reported the turnover rate for faculty as 13% for 2004 and 22% for 2005. These are significant findings that suggest problems with faculty retention. The primary purpose of this study was to gain insight into the issue of faculty retention by investigating why some CRNA program directors stay in their jobs for many years.

Literature Review

A program director and an assistant program director are required to meet COA's accreditation standards.² Nationally, filling program directors' positions with permanent employees has been difficult, with a number of new and established programs seeking program directors. At times, institutions deemed eligible for accreditation have been unable to fully develop or have been delayed in opening because they could not find a program director. In May 2006, 12 applicant and established programs were seeking permanent program directors, assistant program directors, or both (oral communication, Francis Gerbasi, CRNA, PhD, AANA director of Accreditation and Education, May 23, 2006).

Hiring and retaining faculty also is a problem within the larger profession of nursing. According to the

American Association of Colleges of Nursing, the vacancy rate is destined to grow because many experienced faculty members will be retiring in the near future and the replacement pool is diminishing.³ In 2003, the mean age of full-time nurse faculties with doctoral degrees was 53.5, and the mean age for faculties with master's degrees was 48.8.

Retention of nurse anesthesia faculty was studied by McCall et al⁴ in 1997. They identified responsibilities of program directors that were the most satisfying in a study of nurse anesthetists who had left their positions as program directors. Study participants reported that giving back to the profession, developing of students, and shaping the future of the profession were most satisfying. Other responsibilities that generated satisfaction were teaching didactic and clinical content, being in charge of students' education, and increasing personal knowledge. Involvement with the AANA and leadership positions also were identified as satisfying to the former program directors.

Dissatisfaction is a reason that faculty are lost from academia according to the literature. McCall et al⁴ identified responsibilities of program directors that were least satisfying. Finding time to do everything and long hours were the top 2 issues causing dissatisfaction. Similar findings were documented in an article by Mastropietro.⁵ These articles revealed that educators face workload issues that are not often recognized and can lead to job dissatisfaction.

In addition to workload, areas of dissatisfaction and stress included motivating faculty to teach, troubleshooting, loss of control over the program, relationships with anesthesiologists, communication problems, and motivating students to learn.⁴ Unfortunately, McCall et al⁴ and

Martin-Sheridan⁶ cited lack of clinicians' support for education as a factor in program directors leaving their jobs or in placing programs at risk for closures. Economics also created dissatisfaction because CRNAs can usually make more money in clinical practice than in education.³

Materials and Methods

This study was nonexperimental, descriptive, and used interviews to obtain data. Approval was given by the Institutional Review Board, Office of Research and Sponsored Programs at Midwestern University, Glendale, Arizona, an employer of one of the authors. Permission was granted for research involving interview procedures where subjects could not be identified.

Twenty-five CRNA program directors were interviewed by telephone or in person by 2 of the authors during 2005 and 2006 (Table 1). Written, informed consent was obtained from all subjects for voice recordings. The subjects' names were selected from the June 1990 and December 1990 *List of Recognized Educational Programs by Council on Accreditation of Nurse Anesthesia Educational Programs*.⁷ The sole selection criterion for inclusion in the study was that the individual was still a program director in 2005. The authors postulated that the subjects, because of their long-term status as program directors, would provide valid information to fulfill the purpose of the study.

Qualitative analysis techniques were used to manage the data. Transcripts were typed verbatim from audiotapes, data were coded into categories, and themes were identified. The authors interpreted the final results in 2006.

Results

Every individual (25 individuals or 100%) who was invited

Questions

1. Why did you become a nurse anesthesia educator?
 - a. What is it about being a nurse anesthesia educator that you like?
 - b. What is it about being a nurse anesthesia educator that you don't like?
2. Tell me about your experience as a program director in 1990. What was it like?
3. How does your experience in 1990 compare with your experience today?
 - a. How are things similar?
 - b. How are they different?
4. Why have you stayed in your position so long?
5. What advice do you have for the next generation of nurse anesthesia educators?
6. Do you have any other comments you wish to make?

Table 1. Interview Guide

for an interview agreed to participate. Of the 25 program directors interviewed, 11 were male and 14 were female. Their years of experience in education ranged from 17 to 38 years (1968-1989) with an average of 26 years.

Six themes emerged from the interviews, including reasons for becoming an educator, positive and negative aspects of the job, changes over time, reasons for longevity in the job, and advice to new educators.

Theme 1. CRNAs became educators because someone asked them to, they had prior experiences in education, or it was a job expectation.

Theme 2. The highest reward for being an educator, above any other personal reward, was seeing students learn and develop manual skills.

Theme 3. Workload and multiple job demands were the least desirable aspects of an educator's job.

Theme 4. The responsibilities of program directors have changed over time.

Theme 5. Program directors stayed in their positions for a long time when the work was personally rewarding and they had effective support systems.

Theme 6. Mentoring was highly valued, and experienced program directors were generous in giving advice to less experienced program directors.

Theme 1. Reasons for Becoming an Anesthesia Educator

The program directors gave many reasons for becoming anesthesia educators (Table 2). The most frequent reason was simply that someone asked them to teach some classes or take an educator's position. Individuals were appointed by a superior or employer, interviewed for a clinical position but offered the program director's position, recruited as a student or alumnus of a nurse anesthesia program, or mentored by a program director. As described by one program director, "...two days before I was to graduate, the department chairman called me and he wanted to know how much I was being offered at ... Hospital. Well, this is 1973 and I was being offered \$15,000; that was a lot of money back then. He offered me \$30,000."

The influence of family, teachers, or mentors often encouraged individuals to seek careers in education. Previous experience in education was also a significant factor. Some program directors identified specific incidents in their

- Asked to teach
- Influenced by a mentor
- Prior experience as an educator
- Expectation of job

Table 2. Reasons for Becoming an Educator

Items are listed in descending order from most to least frequently cited

backgrounds, such as involvement in continuing education programs, experience as a teacher in public or private schools, and experience as a clinical instructor.

Job expectations, such as the requirement to be involved with students, exposed some CRNAs to roles as clinical instructors and eventually led them to positions as program directors. Accreditation requirements also resulted in some CRNAs acquiring jobs as program directors. One program director said, "I was considered the education coordinator until the Council on Accreditation decided an anesthesiologist could no longer be a program director. At that time, I became the program director because I met the qualification of being a CRNA."

Theme 2. Positive Aspects of Being an Educator

There were many positive aspects of being an educator as depicted in Table 3 and described below.

- *Seeing Students Grow.* The overwhelming personal reward for being an educator was seeing the growth in students as they acquired new knowledge and clinical skills. "You're in an environment that is stimulating, multifaceted, multifactorial; there's never a day that's like another. It's an environment in which you get a chance to influence the growth and development of people who are going to be smarter than you." The enthusiasm exhibited by new students every year also was rewarding to the program directors. "I love the freshness of students, the questions they bring, the vitality they bring to a group."

- *Flexible Hours and Autonomy.* The nature and characteristics of the job were viewed positively. Having a significant amount of control over work schedules strongly influenced a feeling of autonomy and job satisfaction. The authority to plan their own schedules and flexible hours were identified by program directors as top positive job characteristics.

- *Acquisition of Knowledge.* Teaching students was valued for its ability to keep instructors up to date. Debating and examining all sides of an issue and talking about new ideas were seen as job benefits. These activities

- Seeing students grow
- Flexible hours
- Autonomy of position
- Acquisition of knowledge
- Variety of work
- Challenge of work
- Involvement in committees and outside organizations
- Camaraderie among faculty

Table 3. Positive Aspects of Being an Educator

Items are listed in descending order from most to least frequently cited.

provided opportunities for creativity, increased personal knowledge, and stimulation beyond clinical practice.

- *Variety of Work.* Flexible hours allowed program directors to engage in a wide variety of work, in clinical areas, professional organizations, and the classroom. A program director exclaimed, "I really love it! The challenge of running the program, of maintaining a clinical practice, of trying to do some research, of trying to put out students that are sought after. I'm not sure that you can have more fun than that because your days are so varied."

- *Challenge of Work.* Even challenging aspects of their jobs, such as making the best use of resources, was perceived as enjoyable. One program director confirmed this perception by stating "I like the challenge even after 25 years as a program director."

- *Involvement in Committees and Outside Organizations.* Involvement in professional activities was expected and seen as beneficial to personal growth by the program directors. Their positions provided them with opportunities to be active in professional activities that were less likely to be available to clinicians. Examples were memberships or leadership positions with accrediting organizations, state boards of nursing, management staffs at medical centers, and university committees.

- *Camaraderie Among Faculty.* Support systems offered long-term satisfaction to program directors. One program director described the camaraderie among his faculty members by saying, "We made a lot of transitions together as a faculty and we're all friends. We enjoy what we do and we help each other. I think that's one of the biggest reasons I've stayed in this: because of the folks I've worked with."

Theme 3. Negative Aspects of Being an Educator

Program directors reported that there were negative as well as positive aspects of being an educator. These findings are reported in Table 4 and described below.

- *Multiple Demands on Time and Workload.* Program directors cited multiple demands on their time and workload as the most negative aspects of being an educator.

- Multiple demands on time
- Workload
- Politics
- Attitudes of some students and faculties
- Financial issues
- Faculty image
- Student failures

Table 4. Negative Aspects of Being an Educator

Items are listed in descending order from most to least frequently cited.

Instruction Didactic Clinical Faculty development	Patient care Direct care Clinical supervision of students
Instructional preparation Preparing lectures Preparing instructional aids Curriculum development Student evaluation	Multiple clinical sites Development Monitoring and evaluation Travel
Administration Committee meetings, university and hospital Inquires and interviews Administrative documentation Budget preparation Record keeping Faculty evaluation	External agencies Program accreditation and certification University accreditation Grant applications and administration
Progression of students Recruitment Interviews Processing applicants Selection of students Admissions Graduation	Professional development Publications Presentations Literature review Academic course work for degree Professional organizations
Research Independent Student Thesis supervision Review of research projects	Service to community (Expectation of faculty in higher education)

Table 5. Categories of Committed Time

Sample position descriptions from 2 nurse anesthesia programs.
(Adapted with permission from Mastropietro.⁵)

Further, the amount of work and time commitment required to manage a program was often underestimated by superiors. Activities comprising the workload of the administrative faculty in many nurse anesthesia programs are displayed in Table 5. According to interviews, the program director is often primarily responsible for the tasks, with help from the assistant program director and sometimes other faculty members.

Some negative workload factors included being available 24 hours a day, long hours, accreditation requirements, and the amount of paperwork required in the job. Multiple demands from universities, hospitals, and anesthesiologists often resulted in too little time to meet all commitments and the need to take work home. Time limitations made it difficult to please so many people, keep up clinical skills, find time to seek doctoral degrees, and follow up on details of various issues.

- *Politics.* Some program directors mentioned that they disliked situations in which institutional, regulatory,

or organizational politics had an impact on their programs. Political issues could originate within the university, with an anesthesiology residency program, in relationships with anesthesiologists, and from state and federal regulations.

- *Attitudes of Some Students and Faculty.* Attitudes of some students and faculty members were seen as negative factors affecting program leadership. Occasionally, students were identified as “high maintenance” or problematic, while a few students, referred to as “mini-docs,” failed to socialize appropriately into the role of nurse anesthetist. One program director explained that “You have a really good year with a great class and it kind of sparks your interest again and then you have a class that is really difficult and complains about everything. It can be really tough. If I had a whole string of those in a row, I probably wouldn’t still be here.”

Interactions with some CRNAs and anesthesiologists could also be troublesome. CRNAs and anesthesiologists

who did not want to work with students were given as a specific example. In addition, CRNAs and anesthesiologists who were willing to work with students were not always willing to document performance that needed remediation, which created difficulties in dealing with students who failed to progress satisfactorily.

- *Financial Issues.* Funding of programs, including salaries, was cited by some program directors as problematic. Fighting for pay raises for faculty, receiving lower pay than other jobs in anesthesia, and needing to work in clinical areas to keep salaries comparable with clinical CRNAs were noted. Salary issues appeared to contribute to the faculty shortage in some institutions. Conversely, the salary issues were insignificant to other program directors, depending on their employment (ie, university, hospital, or other). For example, several program directors in hospital-operated programs were paid the same as other clinical leadership positions in their institutions.

- *Faculty Image.* Lower pay was coupled with a perception that the image of faculty needed improvement. Specifically, respondents stated that the roles of didactic and administrative faculties were not respected or valued as “real work” by clinicians.

- *Student Failures.* The procedural and legal issues involved in dismissing students were a necessary responsibility that program directors found undesirable. According to one program director, “I don’t like seeing students fail. Nurse anesthesia is a difficult specialty. It’s not for everyone. There are a lot of life events that keep them [students] from devoting 100% to their studies and at times that leads to failure. And sometimes they don’t make good ethical choices. I can’t control that and don’t enjoy that part of it.”

Theme 4. Changes Over Time

Every program director interviewed said that his or her job had changed significantly over time. Larger programs with more students had generated greater administrative work at the expense of clinical and classroom teaching. “When I first started as an educator, I was still doing a fair bit of clinical, even taking call and working some nights or weekends. It was almost like the program director job was sort of a secondary thing. Many times I’d get up at 3:30 in the morning to prepare my teaching load for that day because I also had a clinical load at work and I knew I wasn’t going to get the chance to devote time [to preparing for teaching]. That has just sort of gradually changed over the many years to where I do probably about 20% of my practice as clinical, and that’s usually giving breaks to my seniors.”

Today, program directors find that they need to commit more time to the program than in the past. Some program directors expressed a need to narrow the focus of their work. “I don’t have time to do it all. I like clinical

work, classroom teaching, and administration, but you can’t do all three and be good at it.” This situation resulted in a change in the type of work for many educators. For example, increased responsibilities from affiliating with universities was said to result in little or no time for clinical instruction or practice.

Other changes over time included less involvement of anesthesiologists in programs, increased numbers of dedicated faculty members and support staff, and tremendous growth in clinical sites. Changes in the locus of control of many programs from hospital anesthesia departments to universities or joint partnerships with universities also resulted in significant changes. One program director noted that her program had evolved from an “on the job training mentality” to running the program like a business with its own cost center operating at a profit. The program had become increasingly more fiscally accountable and independent throughout the years.

A great deal of change was seen in instruction, with changes in teaching methods, improved classroom instruction, and stronger curricula. A program director explained that in the past, “Classes were taught by CRNAs anecdotally, kind of this is what I do. And classes would get cancelled sometimes if clinical work dictated it and teaching was more haphazard. We still rely on our clinical CRNAs to teach principles, but they are master’s degree prepared and expose students to evidenced based practice. Classes are much better now that we are separate from the hospital.”

Program directors also reported personal changes over the years. As examples, program directors noted that they had become very involved with state and national organizations, improved their negotiation skills, and proved themselves as capable administrators.

Theme 5. Reasons for Longevity in Positions

Three top reasons were given for why the program directors stayed in their positions so long (Table 6). The first reason was that the work was personally rewarding. The second reason was that effective support systems were in place. The third reason was a flexible work schedule. Interaction with others, the variety of work, and challenging aspects of the job were important parts of these top reasons.

- *Personal Rewards.* Some program directors found that their personal values fit with the mission of their program or they felt a moral obligation to contribute to the future of the profession. Many program directors declared that they loved their jobs. One individual explained why she had stayed in her position so long, “Well, I think it’s a passion. I also think, if I can be a little spiritual, I think it is my calling.” Job satisfaction from contributing to the education of students was expressed well by one program director who said, “I really love what I do. It gives me a great sense of satisfaction to watch students move through

- Personal satisfaction
- Effective support systems
- Flexible work schedules
- Interaction with others
- Variety of work
- Challenging work

Table 6. Reasons for Longevity as a Program Director
Items are listed in descending order from most to least frequently cited.

the program. It's not just seeing them learn to be good clinicians; it's watching them develop presentation skills in the classroom and watching them get caught up in the [professional] association. If I had it to do, I'd choose to do my job all over again!"

- *Support Systems.* Support came from various sources including coworkers, other program directors, university administration, and employers. One program director commented that "I have more support from anesthesiologists now. I have more autonomy with the program and less clinical time. I actually have a secretary now so I do not have to do all my own secretarial work." Another example was when a program director said she was determined to keep her program open when a new anesthesiologist wanted it closed many years ago. She was able to rely on fellow CRNAs for support in preventing its closure.

- *Flexible Schedules.* Flexible hours and having control over one's schedule were seen as very attractive and worked well for educators raising families. As explained by one program director, "I'm given the time I need to do my job. It gives me flexibility. It makes it easier to raise children by myself on that sort of schedule." Another program director agreed: "This job gives me flexibility with my family because I'm not in the operating room every day and don't compete with everybody else on the schedule for time off."

Flexible schedules also were seen as providing opportunities to be involved in a variety of interesting activities. "My job as an educator gives me a jumping off point for some other things in my career I like to do. I've gotten involved as a [accreditation] site visitor and I do some speaking for a couple of pharmaceutical companies. They approached me because I'm a program director. My job has given me the opportunity to expand the role [of nurse anesthetist] and branch out and try other things."

- *Challenging Work.* Challenges were not always seen as negative influences. "In clinical anesthesia, the challenge is related to the patient and somewhat to the department. But in education the challenges can be so unusual you don't really know where they are going to come from. I've always found my rewards in overcoming the difficulties." Another program director presented a slightly different view by stating, "There are things I don't

like about being in education, such as never having a sense of closure to the day. In this position, there's no handing off [of responsibility] and it's very easy to be consumed 24/7 by issues that can surface from any number of places. But these challenges are largely outweighed by the flexibility that the position gives me."

Theme 6. Advice to the Next Generation

The experienced program directors were generous in giving advice to the next generation of program directors. Serving as an advocate for one's program, seeking to improve its quality, and setting high standards for students were at the top of the list of recommendations. Honing good interpersonal skills was seen as necessary to do this well. New program directors were advised to strive for effective relationships with personnel at universities and clinical sites, students, and faculties.

Professionalism was also highly valued by program directors, who advised new educators to seek opportunities for their own professional growth and to encourage it in faculty members and students. Mentoring young educators was taken seriously as a professional responsibility and was valued as a mark of professionalism. Young educators were encouraged to learn from experienced teachers and to become mentors themselves. "When I started as an educator, I had 8 or 9 experienced program directors that I could call on for advice and counsel. Young educators should not be afraid to ask for help." One experienced program director noted that mentoring was one way to learn about the business aspects of education, which was considered essential knowledge for today's program directors.

Instilling value in being an educator was seen as a necessity by the program directors. "Education is the future of our profession and if we don't have people step up to be educators, then we are not going to survive as a profession. We need to tell the younger generation that if we want to survive as a profession, then it is part of our job as nurse anesthetists for some of us to become educators at least on a part-time basis." This sentiment was echoed by another program director who said, "The rewards far outweigh the hard parts of the job. I always tell my students that to teach is to touch a life forever. And long after you're gone, people will pass on what you have taught them."

Being flexible, willing to change, and realizing that you are part of a bigger system were identified as keys to success in education. Maintaining a balance between work and personal life was identified as a key to longevity in the job. A program director advised new educators, "To make sure to keep things in perspective because the job can become so all consuming that it can really throw a lot of life out of kilter, and that is family life, your personal life, your spiritual life, your everything. You can become so involved and the job can become so overpower-

ering that you just lose yourself to it. You can't afford to do that to yourself."

In addition to offering advice to new faculty, program directors offered advice on correcting the current faculty shortage. Several individuals urged program directors to identify and groom their future replacements. Other suggestions included getting CRNAs and students interested in education by taking them to the Assembly of School Faculty, offering teaching experiences to students, recruiting excellent students as educators, and creating formal internships with experienced educators for new program directors.⁴

Discussion

It might be assumed that long-time program directors would view a career in education quite differently than those who had left their jobs, but this was not always the case. Surprisingly, both long-time program directors participating in this study and former program directors in the McCall et al⁴ study identified many of the same positive and negative job factors. Both groups truly enjoyed teaching students, seeing them learn, and master new clinical skills.

An important difference between the 2 groups, however, was that long-time program directors did not express concern about losing control or authority over their programs, which was a concern with former program directors. In addition, long-time program directors reported enjoying effective support systems and camaraderie among their faculties. Neither of these factors were identified as being available to former program directors.

Other differences between the 2 groups were that long-time program directors enjoyed the flexible hours, job autonomy, and the support of colleagues. In contrast, former program directors did not identify these factors as benefits of their jobs. These differences suggest that inflexible hours, lack of job autonomy, and lack of adequate support systems may have contributed to job dissatisfaction and resulted in program directors leaving their positions. In this study, many long-time program directors felt that the image of didactic and administrative faculties needed to be improved among clinicians to garner their support.

The results of this study also support the findings of McCall et al⁴ and Mastropietro⁵ that a heavy workload is a negative job factor. This became evident when the categories of committed time that Mastropietro described in 1993 were compared to categories of committed time for today's program directors in 2006. Three full categories had to be added, plus the category "subsections on instruction and administration" had to be expanded to cover the responsibilities of current program directors. The 3 new categories of committed time were managing multiple clinical sites, commitments to external agencies including accreditation, and providing community service. Details of all categories of committed time are listed in Table 5.

Our study raised a question about why program directors find the variety of work enjoyable but find that multiple demands on their time unenjoyable. This could simply be that they found the variety of work enjoyable up to a breaking point—ie, where additional duties required too much time to manage effectively and resulted in a work overload. It appears that expanding programs by increasing the number of students and number of clinical sites and movement into universities have made time an increasingly important commodity for the administrative faculty in nurse anesthesia programs.

Finally, the salaries of educators are an issue when nurse anesthesia faculties earn more than other university faculty members but less than new graduates accepting clinical anesthesia positions. Competitive salaries are an important issue that needs to be addressed by institutions wanting to attract and retain educators. Also, doctoral degrees are being encouraged for program directors by the profession, and some may not want to pursue the degree if they don't see a financial payoff.

Conclusion

Conducting interviews with 25 long-time nurse anesthesia program directors produced a substantial amount of information about what it is like to be a career educator. This included reasons for becoming an anesthesia educator, positive and negative aspects of the job, changes over time, and reasons for remaining in the position.

Nurse anesthesia program directors stay in their positions for a long time when they find the work personally rewarding. One of their greatest personal rewards is to see students acquire new knowledge and develop into competent anesthetists. The presence of an effective support system, including other faculty and administration, also contributed to job satisfaction and longevity as educators. Other factors contributing to retention were the challenging nature of the work, variety of activities, and flexible work schedules.

Based on the results of this study, employers wanting to increase the retention rate of faculty may wish to evaluate the work environment of their faculty to see if the factors contributing to job longevity are in place. Employers also may want to examine the workload of CRNA faculties and their financial reimbursement to be sure they are not disincentives to retention.

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