

## Professional Attributes of the Nurse Anesthetist

### Practice Considerations

#### Introduction

Certified registered nurse anesthetists (CRNA) begin their anesthesia careers as registered nurses entering nurse anesthesia education programs and transition into various practice roles as clinicians, educators, researchers and administrators over a career.<sup>1</sup> Nurse anesthetists continue to improve professionally through self-assessment and peer-review of clinical and non-clinical skills to effectively transition to new practice roles and evolve in their careers.

*Professional Attributes of the Nurse Anesthetist* provides a framework of non-clinical attributes for the nurse anesthetist to reference to support successful transitions. These non-clinical attributes are relevant for all roles and settings when working with patients, colleagues and teams.

#### Professional Attributes

Professional attributes are the non-clinical knowledge, skills, attitudes and judgments that are fundamental for success.<sup>1-3</sup> In addition to formal nurse anesthesia education and practice experience, these professional attributes serve as the foundation for ongoing professional development, personal satisfaction and career engagement. Certified registered nurse anesthetists and student registered nurse anesthetists (SRNA) are devoted to professional excellence, and acquire additional skills and attributes specific to their area of interest.

<b>I. Collaborative<sup>3-9</sup></b>
<i>The nurse anesthetist works with others to develop shared solutions.</i>
<b>Attributes:</b>
<ul style="list-style-type: none"> <li>• Articulates thoughts and ideas clearly</li> <li>• Regulates emotions</li> <li>• Shows respect for other team member's positions and ideas</li> <li>• Implements innovative problem solving strategies</li> </ul>
<b>II. Culturally Competent<sup>10-17</sup></b>
<i>The nurse anesthetist respectfully interacts with others, regardless of their culture, to achieve a shared vision.</i>
<b>Attributes:</b>
<ul style="list-style-type: none"> <li>• Aware of own biases</li> <li>• Understands and values cultural differences</li> <li>• Communicates across customs and language barriers</li> </ul>
<b>III. Evidence Based Practice<sup>3,18-22</sup></b>
<i>The nurse anesthetist evaluates and integrates scientific research, expert opinion, patient preferences and other metrics to improve processes and outcomes.</i>
<b>Attributes:</b>
<ul style="list-style-type: none"> <li>• Exhibits intellectual curiosity</li> <li>• Searches for relevant information, evaluates, ranks and synthesizes best evidence</li> <li>• Integrates scientific evidence with practice experience to improve processes and outcomes</li> </ul>

<b>IV. Leader<sup>23-31</sup></b>
<i>The nurse anesthetist creates and articulates clear direction and vision to engage others to accomplish shared goals.</i>
<b>Attributes</b>
<ul style="list-style-type: none"> <li>• Mentors and empowers diverse individuals and teams</li> <li>• Demonstrates transparency, engagement and adaptability</li> <li>• Assesses own and team performance for quality assurance and improvement activities</li> </ul>
<b>V. Professionally Engaged<sup>3,9,32</sup></b>
<i>The nurse anesthetist advances and advocates for the nurse anesthesia specialty.</i>
<b>Attributes</b>
<ul style="list-style-type: none"> <li>• Represents and advances the mission, vision and values of the nurse anesthesia profession</li> </ul>
<b>VI. Situationally Aware<sup>9,33,34</sup></b>
<i>The nurse anesthetist uses knowledge, experience and perception to identify critical elements to make a decision.</i>
<b>Attributes</b>
<ul style="list-style-type: none"> <li>• Applies critical thought, experiences, and best evidence to each unique situation</li> <li>• Seeks additional resources as necessary to inform decision-making prior to taking action</li> <li>• Manages emotions</li> <li>• Demonstrates accountability for decisions</li> </ul>
<b>VII. Teacher<sup>1,35-38</sup></b>
<i>The nurse anesthetist fosters an environment that encourages successful learning and understanding of information for patients and others.</i>
<b>Attributes:</b>
<ul style="list-style-type: none"> <li>• Assesses learning styles and preferences of the learner</li> <li>• Communicates knowledge and assess learner's understanding</li> <li>• Evaluates learning to provide feedback</li> </ul>
<b>VIII. Well<sup>39-44</sup></b>
<i>The nurse anesthetist makes lifestyle choices that promote the positive and healthy balance of personal and professional environments.</i>
<b>Attributes:</b>
<ul style="list-style-type: none"> <li>• Seeks appropriate help or support</li> <li>• Demonstrates adaptability and resiliency</li> <li>• Develops and uses appropriate coping skills</li> </ul>

## References

1. Benner P. From novice to expert. *Am J Nurs*. Mar 1982;82(3):402-407.
2. Moran KM, Harris IB, Valenta AL. Competencies for Patient Safety and Quality Improvement: A Synthesis of Recommendations in Influential Position Papers. *Jt Comm J Qual Patient Saf*. Apr 2016;42(4):162-169.
3. *Nursing: Scope and Standards of Practice*. 2nd ed: American Nurses Association; 2010.
4. Emotional Intelligence and Relationship Management. <http://www.free-management-ebooks.com/fagpp/developing-05.htm>. Accessed August 7, 2015.
5. Huber D. *Leadership and Nursing Care Management*.
6. Takahashi S, Brissette S, Thorstad K. Different roles, same goal: students learn about interprofessional practice in a clinical setting. *Nurs Leadersh (Tor Ont)*. Mar 2010;23(1):32-39.
7. Patient-Centered Care: CRNAs and the Interprofessional Team. Park Ridge, IL: American Association of Nurse Anesthetists; 2012.
8. Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC: Interprofessional Education Collaborative, 2011.
9. Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, Aschenbrener CA. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Acad Med*. Aug 2013;88(8):1088-1094.
10. Chong N, Elisha SM, Maglalang M, Koh K. A successful partnership to help reduce health disparities at kaiser permanente: the institute for culturally competent care and the kaiser permanente school of anesthesia. *Perm J*. Spring 2006;10(1):53-55.
11. Elisha S, Nagelhout J, Gupte S, Koh K, Maglalang M, Chong N. A successful partnership to help reduce health disparities: the Institute for Culturally Competent Care and the Kaiser Permanente School of Anesthesia/California State University Fullerton. *AANA J*. Dec 2008;76(6):437-442.
12. Giger JN, Davidhizar RE, Fordham P. Multi-cultural and multi-ethnic considerations and advanced directives: developing cultural competency. *J Cult Divers*. Spring 2006;13(1):3-9.
13. National Education Association. Why Cultural Competence? <http://www.nea.org/home/39783.htm>. Accessed August 10, 2015.
14. Dunn EW, Brackett MA, Ashton-James C, Schneiderman E, Salovey P. On emotionally intelligent time travel: individual differences in affective forecasting ability. *Pers Soc Psychol Bull*. Jan 2007;33(1):85-93.
15. Goleman D. *Emotional Intelligence*. New York, New York: Bantam Dell; 1994.
16. Goleman D. What makes a leader? *Harv Bus Rev*. Nov-Dec 1998;76(6):93-102.
17. American Association of Nurse Anesthetists. Diversity, Inclusion and Equity. Park Ridge, IL. 2016.
18. Pellegrini JE. Using evidence-based practice in nurse anesthesia programs. *AANA J*. Aug 2006;74(4):269-273.
19. Kremer MJ, Faut-Callahan M. Outcomes assessment in nurse anesthesia. In: Kleinpell, R. eds. Outcome Assessment in Advanced Practice Nursing. Second edition. New York: Springer Publishing Company; 2009:255-276.
20. Lifelong Learning. <http://www.skillsyouneed.com/learn/lifelong-learning.html>. Accessed August 7, 2015.
21. Watson, L. (2003) Lifelong Learning in Australia, Canberra, Department of Education, Science and Training.

22. Lifelong Learning Council Queensland. What is lifelong learning? [http://www.llcq.org.au/01\\_cms/details.asp?ID=12](http://www.llcq.org.au/01_cms/details.asp?ID=12). Accessed August 7, 2015.
23. Finstuen K, Mangelsdorff AD. Executive competencies in healthcare administration: preceptors of the Army-Baylor University Graduate Program. *J Health Adm Educ*. Spring 2006;23(2):199-215.
24. Stefl ME. Common competencies for all healthcare managers: the Healthcare Leadership Alliance model. *J Healthc Manag*. Nov-Dec 2008;53(6):360-373; discussion 374.
25. Calhoun JG, Dollett L, Siniotis ME, et al. Development of an interprofessional competency model for healthcare leadership. *J Healthc Manag*. Nov-Dec 2008;53(6):375-389; discussion 390-371.
26. Harper J. Clinical leadership--bridging theory and practice. *Nurse Educ*. May-Jun 1995;20(3):11-12.
27. Lickerman, A. How to be a Leader, Redux. <https://www.psychologytoday.com/blog/happiness-in-world/201304/how-be-leader-redux>. Accessed August 7, 2015.
28. Accenture. Leadership imperatives for an agile business. [https://www.accenture.com/us-en/insight-leadership-imperatives-agile-business?c=str\\_ustandoldrppsgs&n=Leadership-US&KW\\_ID=s5RUax7Ne\\_dclpcrid|74898703878](https://www.accenture.com/us-en/insight-leadership-imperatives-agile-business?c=str_ustandoldrppsgs&n=Leadership-US&KW_ID=s5RUax7Ne_dclpcrid|74898703878). Accessed August 7, 2015.
29. Huber D. Leadership and nursing care management. 5th ed. Philadelphia, PA: Saunders; 2014.
30. Goleman D. The emotionally competent leader. *Healthc Forum J*. Mar-Apr 1998;41(2):36, 38, 76.
31. Goleman D. What makes a leader? *Clin Lab Manage Rev*. May-Jun 1999;13(3):123-131.
32. Bakker AB, Schaufeli WB. Positive organizational behavior: Engaged employees in flourishing organizations. *Journal of Organizational Behavior*. 2008;29:147-154.
33. Wright SM, Fallacaro MD. Predictors of situation awareness in student registered nurse anesthetists. *AANA J*. Dec 2011;79(6):484-490.
34. Royal Aeronautical Society. Summary of the various definitions of Situation Awareness. <http://www.raes-hfq.com/crm/reports/sa-defns.pdf>. Accessed August 7, 2015.
35. Armstrong G, Headrick L, Madigosky W, Ogrinc G. Designing education to improve care. *Jt Comm J Qual Patient Saf*. Jan 2012;38(1):5-14.
36. Hartland W, Jr., Londoner CA. Perceived importance of clinical teaching characteristics for nurse anesthesia clinical faculty. *AANA J*. Dec 1997;65(6):547-551.
37. Tweed WA, Donen N. The experiential curriculum: an alternate model for anaesthesia education. *Can J Anaesth*. Dec 1994;41(12):1227-1233.
38. Baron RB, Davis NL, Davis DA, Headrick LA. Teaching for quality: where do we go from here? *Am J Med Qual*. May-Jun 2014;29(3):256-258.
39. Phillips JK. Exploring student nurse anesthetist stressors and coping using grounded theory methodology. *AANA J*. Dec 2010;78(6):474-482.
40. American Holistic Nurses Association. What is Holistic Nursing? <http://www.ahna.org/About-Us/What-is-Holistic-Nursing>. Accessed August 10, 2015.
41. Health & Wellness and Peer Assistance. Park Ridge, IL: American Association of Nurse Anesthetists.
42. Alves SL. A study of occupational stress, scope of practice, and collaboration in nurse anesthetists practicing in anesthesia care team settings. *AANA J*. Dec 2005;73(6):443-452.

43. Kompier M. Job design and well-being. In: Schabracq MJ, Winnubst, J.A.M. and Cooper, C.L. (Eds), ed. *The Handbook of Work and Health Psychology*. 2 ed. Chichester 2003 429-454.
44. Tunajek SK, Quinlan DS. Promoting Professional Wellness. In: Foster ST, Callahan MF, eds. *A Professional Study and Resource Guide for the CRNA*. Park Ridge, IL2011.

---

Adopted by AANA Board of Directors September 2016.

© Copyright 2016