The purpose of this article is to raise the awareness of nurse anesthetists about skills and behaviors that tend to promote healthful life styles among nurses. These skills include personal management tools to enhance stress control, increase interpersonal communication, and emphasize problem solving skills that decrease burnout potential and increase well-being. This article will be presented in two parts.

Every population has individuals or sets of individuals who have reduced morbidity or apparent immunity from manifesting illness, while other individuals may be on the other end of the morbidity spectrum. The field that studies these populations is called the epidemiology of well-being. The epidemiology of well-being seeks to determine "immune" factors in populations that do not manifest specific or general pathology. Since the field of epidemiology has traditionally concentrated on factors associated with morbidity, we may even ask ourselves, can those techniques be adapted to identifying healthy populations that are "immune" from pathology? There are no randomized or controlled studies on the epidemiological factors associated with healthy nurse anesthetists. It is logical to assume that if preventive factors for distress in nurse anesthetists were known, and if they were positively rewarded within the culture of the nurse anesthesia profession, we would be practicing "preventive medicine."

Evidence affirming the legitimacy of using epidemiology to determine "immune" factors is derived from two major studies. Berkman and Symes studied 4,725 residents of Alameda County, California and concluded that people who had a close-knit network of intimate ties with other people seem to be able to avoid disease, maintain higher levels of health, and in general deal more successfully with life's difficulties than people who lack social support systems. Drawing on these studies, Pfifferling in studying pharmacists incorporated and expanded epidemiology to include suggestions for promoting well-being.

Since there are no publications on the epidemiological factors associated with healthy nurse anesthetists, the literature on well-being may be considered to be applicable to nurse anesthetists. Each nurse anesthetist must interpret the factors of stress and respond to them within the context of personal experience and environment. Table I lists the most common individual factors associated with personal well-being and places them into an anesthesia context.

The important consideration is promoting well-being in the face of a stressful profession and work environment. Many stressors in the nurse anesthetists environment can be changed only by concerted group effort and are not in the individual nurse anesthetist's control. Constant feelings of being out of control are triggers for distress. One way of regularly reducing these stressors is by participating in efforts to clarify the goals, philosophy, and specific needs for practicing professionals. The advantage of defining and organizing your practice...
with regard to your group’s defined professional values is that you have a system for dealing with the barrage of seemingly conflicting demands on the practice. A “principles of practice” document can help to achieve this goal.

**Principles of practice**

Developing a defined set of principles of practice helps affirm the quality of nurse anesthesia care provided by each professional. Sharing these principles with other members of the anesthesia profession reduces unrealistic expectations within the profession and the work environment. When peers, patients, and other health care workers clearly understand these principles of practice, demands for actions and behaviors which are not congruent with the ideals of the practice may be reduced. Fostering realistic expectations among the nurse anesthetists, staff, and patients affirms dignity and helps create stability.

In 1970, Bjorn and Cross, two students of Lawrence Weed, MD, wrote down their personal rules of behavior related to areas of their medical practice, calling these rules “principles of practice.” Subsequent conferences led more problem-oriented physicians to develop principles of practice documents for themselves. These dynamic documents helped to clarify philosophy, approach, relationships, fees, audit, principles of action concerning patient care, and the like. A lengthy article outlining the first conference on the principles of practice concept was published in 1973 by Charles Burger, MD, John Bjorn, MD and Harold Cross, MD. In the article the authors reviewed why developing a set of principles of practice to define goals and rules for governing one’s approach to patient care is important. The impetus to the development of such a document was Weed’s aphorism, “morale is achievement and achievement is clearly defined goals.”

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### Table I

**Personal Principles of Practice**

1. Accuracy and thoroughness should never be sacrificed for convenience.
2. There should be respect for my individualism and a tolerance of different ideas and ways of doing things.
3. Patients have a right to any information about their anesthesia.
4. It is my responsibility to let the patient know what I can do for him or her and not wait to be asked.
5. It is important to decrease costs when possible, to benefit both patients and society, but never at the expense of increased risk to the patient.
6. I will treat patients as human beings, and not as “something” to plug into all my high technology.
7. I will be actively involved as a mentor for anesthesia students and respect them as my future peers.
8. I realize that in order to function optimally as a professional I must have outside interests also.
9. Other people in my life, away from anesthesia, also have a right to make demands upon my time.
10. I will treat my peers with respect.
11. I will remain current in my chosen profession of nurse anesthesia.
12. I will participate in my state and national organizations to maintain a professional support network.

### Table II

**Organizational Principles of Practice**

1. Computers should be incorporated into anesthesia practice where possible to decrease time utilized with paperwork.
2. Staff members’ ideas, goals and frustrations will be actively considered before making decisions.
3. Outpatient anesthesia will be conducted as quickly as possible, but a short waiting time will not take priority over the standard of care.
4. Continuing education will be offered every week for staff anesthetists.
5. On-call duty will be rotated equally among all staff members.
6. A thorough and up-to-date library will be maintained in the hospital.
7. Vacation schedules will be determined according to written protocol of the department. Exceptions will be handled on an individual basis.
8. A peer assistance program is available through the hospital.
9. Merit salary increases will be granted according to an established tool of the department and hospital administration.
10. Pre- and post-operative anesthesia history will be made by CRNAs and student nurse anesthetists.
11. CRNAs are expected to be recertified in order to remain employed.
12. Up-to-date anesthesia techniques are encouraged, as is clinical research.
A "principles of practice" is a written (either formal or informal) dynamic statement of the goals, strategies, beliefs and activities that define one's practice of anesthesia. The CRNA author of this article has developed personal principles of practice that overlap with other CRNAs' rules of practice. The process of sharing principles of practice is a natural evolution towards establishing "real world" operational standards.

A principles of practice document clarifies professional goals and values in an affirmative effort that supports self esteem and recognizes uniqueness. It helps reduce or eliminate many recurrent stressors in practice because it establishes expectations about services, roles, and responsibilities.

The pre-anesthetic visit is a perfect opportunity to share with patients one's personal principles of practice. Patients benefit by clearly hearing (or reading) the nurse anesthetist's position as a professional regarding a legitimate patient fear. For example, the CRNA author believes that one of the things a patient fears the most is having his or her privacy invaded during a surgical procedure. During the pre-operative visit, she reassures the patient by sharing her principle of practice that she will act as the patient's advocate during this anxious period. The colleagues of a nurse anesthetist who has a defined set of principles of practice gain by knowing that many grey areas, often left unaddressed, will be addressed when they work with that nurse anesthetist.

The nurse anesthesia profession benefits because CRNAs can define their professionalism as they articulate the behavioral principles governing CRNA actions. As more CRNAs develop principles of practice, individual "reality-tested" principles can form a blueprint for regional or national standards.

The majority of users indicate that developing a principles of practice helped them spell out what they believe in as professionals. They feel less intimidated and less ambiguous about their professional beliefs. By writing down what they believe in, nurse anesthetists affirm their own professionalism. Others who read these principles perceive their author as a leader. Other health care professionals who understand the CRNA's professional strengths and how he or she proposes to deliver them tend not to demand inappropriate tasks. Thus, the CRNA's principles of practice is an attempt to clarify roles in the health care maze, while allowing each professional to understand his or her place within the system.

The most common items in a principles of practice document include both generalities and specifics about: (1) The working environment; (2) Assignment of responsibilities; (3) Opportunities for continuing education; (4) Training of staff; (5) Research efforts; (6) Philosophy about patient care and education; (7) Audit and assessment of quality care; (8) Expectations for participation in decision-making policy; (9) Financial relationships; and (10) Tour of duty, on call, vacation, and supervision/consultation.

The principles of practice concept and its use in a practice affirm the unique assets of a particular style or environment and demonstrate commitment to clear communication.

A principles of practice document is not a legal document, but an understanding of the premises that generate behavior in the workplace. It not only organizes a workplace, but serves to add prestige to the professionals employed there, and to recruit others who value honesty and clear communication. Thus, a principles of practice serves as a self-fulfilling prophecy. When conflicts in health care practice arise, the clarity of nurse anesthetists' principles of practice reduces the general ambiguity of hospital professionalism.

Feedback on quality of nurse anesthesia practice

A natural extension of the principles concept that can be addressed either separately or within the document is a feedback system on practice performance. It is recognized that a key component to a positive quality of work life is the availability of regular and positive feedback.

Nurse anesthetists who are at high risk for burnout are usually intensely self-critical, compulsive, and perfectionistic. If they are put into an environment where there is no feedback on their performance, or if it is primarily negative, they will devour themselves with self-criticism and hostility. A combination of self-criticism, perfectionism, and an environment with inadequate or negative feedback can easily produce a distressed nurse anesthetist.

Feedback systems may be as simple as regularly scheduled meetings to randomly review performance, or HELP systems where problem-areas anonymously identified are stored for analysis of quality and timely intervention.

The key to feedback systems is that the nurse anesthetists ask for feedback, the supervisors jointly design the mechanism and it is regularly activated. The data fed into the system are actual practice decisions, not personality conflicts or territorial constraints, and outside reviewers or rotating internal reviewers audit random or chosen target subjects.
When deficiencies are identified, the weight of regular positive feedback will act as a buffer to serious self-doubt and enable the nurse anesthetist to receive the feedback in a constructive manner. Part II of this article will focus on specific skills that the individual nurse anesthetist can take to increase his/her own coping and stress management skills. Our intention is to reinforce the positive, energizing aspects of the nurse anesthetist contribution to societal health. When nurse anesthetists enjoy patient care, scientific activities, and their personal lives, our professional prestige and society's needs are met.

Conclusion
All principles of practice are evolving, dynamic documents and ideas. Because they are written they serve as clarifying material for objective discussions. Part of the difficulty in modern health care results from chaos in boundary definitions. Clear attempts at articulating what a professional and his or her profession affirms is a major contribution to coherent patient care and communication. Some people developing a principles of practice may require and outside facilitator to foster the objective, neutral and collegial environment needed for drafting the document. In addition once the initial document is developed, a regular date should be set for updating and revising the document.

REFERENCES

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