

## Discoveries of Distinction

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### Perceptions of Acupuncture and Acupressure by Anesthesia Providers: A Quantitative Descriptive Study



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This study assessed U.S. anesthesia providers' perceptions of acupuncture and acupressure. After institutional review board approval, 96 anesthesiology departments stratified by geographic region (Northeast, South, West, and Midwest) and institution type (university medical centers, community hospitals, children's hospitals, and veterans affairs hospitals) were

selected for participation in an anonymous, pretested, online survey. Spearman's correlation coefficient revealed a statistically significant correlation between acupuncture and geographic region, with the West having the highest predisposition toward acupuncture use ( $r_s = 0.159$ ,

$p = 0.007$ ). Seventy-six percent of respondents would like acupuncture education and 74% would like acupressure education (SDs of 0.43 and 0.44, respectively). While most of the U.S. anesthesia providers in this study have not used these modalities, they nevertheless report a favorable perception of acupuncture/acupressure's role as part of an anesthetic. These positive perceptions have the potential to impact CRNA researchers, academicians, and clinicians. This research was published, April 2016, in *Medical Acupuncture*. ■

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## The Aftermath of Perioperative Catastrophes: A National Study of Nurse Anesthetists



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This study examined student nurse anesthetists' and nurse anesthetists' experiences with a catastrophic perioperative memorable event, including their perceptions of the emotional and cognitive impact, the coping strategies used, and their perceptions of institutional support and institutional response to the event following a catastrophic perioperative memorable event. The study provided evidence that student nurse anesthetists

and nurse anesthetists are exposed to perioperative memorable catastrophic events and that the emotional and functional sequelae to these events can be significant and disruptive both in the immediate and long-term aftermath.

In this study, the three emotional impact items with the highest frequency rates reported by nurse anesthetists after a perioperative catastrophic memorable event were reliving of the event (72%), guilt (70%), and anxiety (67%). Differences in mean scores on anger was significant at .003 level, and depression, excessive sleepiness and perceived loss of reputation were significant at .05

level for CRNAs with less than five years of nurse anesthesia practice compared to CRNAs with five-years or more of nurse anesthesia practice. Male CRNAs had a statistically significant higher percentage (93.6% vs. 85.3%;  $p=.009$ ) of providing care to other patients in the first 24 hours after the catastrophic perioperative memorable event compared to female CRNAs as did CRNAs with five years or more of nurse anesthesia practice (90.9% vs. 80.9%;  $p=.034$ ) compared to CRNAs with less than five years of nurse anesthesia practice. The ability to provide safe anesthesia care to subsequent patients following a perioperative memorable catastrophic event is perceived to be compromised by student nurse anesthetists and nurse anesthetists, particularly in the first four hours following a catastrophic event. The study's findings reinforce the previously reporting research findings and affirm the view that student nurse anesthetists and nurse anesthetists need support following a perioperative memorable catastrophic event.

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