Operating Room Personnel's Perceptions Of
Certified Registered Nurse Anesthetists
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Background

While the Institute of Medicine (2010) has called for nurses to practice to the fullest extent of their training and education, little is known about what perceptions exist towards Certified Registered Nurse Anesthetists (CRNAs) among other team members working in the operating room. The purpose of this study is to explore patterns of attitudes among physicians, nurses, and technicians who work with CRNAs.

Methods

Background

While the Institute of Medicine (2010) has called for nurses to practice to the fullest extent of their training and education, little is known about what perceptions exist towards Certified Registered Nurse Anesthetists (CRNAs) among other team members working in the operating room. The purpose of this study is to explore patterns of attitudes among physicians, nurses, and technicians who work with CRNAs.

Discussion

Future Opportunities

1. More research is needed on how to develop workplace attitudes that support autonomous CRNA practice.
2. Further research is also needed to understand perceptions preferring restricted practice in team members other than that of anesthesiologists.
3. Future researchers may develop interventions to help eradicate existing barriers against CRNAs, enhancing their autonomy and allowing them to practice to the fullest extent of their education and training.
4. Further investigation into CRNA and operating room technician relations is warranted for patient safety.

Data for this Q-methodology study were collected in the Fall of 2014. Statements for sorting were obtained through online blogs, focus groups, and practicing anesthetists. A purposeful sample of 24 operating room personnel from 4 different Midwestern institutions was recruited. Participants received a packet including: statements for sorting (Q deck), a sorting sheet, sorting instructions, a demographic profile, and a self-addressed envelope.

Participants rank-ordered statements they agreed and disagreed with most and provided explanations for those they identified with the strongest. Data analysis was done using PQMethod. Procedures included correlating the subject profiles, performing factor analysis and varimax rotation, and finally calculating factor scores (Brown, 1980).

Three Factors Emerged:
1. Favoring Unrestricted Practice for CRNAs
2. Favoring Supervised Practice for CRNAs
3. Favoring Anesthesiologist Practice

References