

***Past Event: 2024 NCSBN Scientific Symposium - Substance Use: Nurse Anesthetists and Substance Use: Gathering Critical Information for Targeted Interventions Video Transcript***

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**Event**

2024 NCSBN Scientific Symposium

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**Presenter**

Karen J. Foli, PhD, RN, FAAN, Professor, Purdue University School of Nursing

- [Karen] So being an educator, at the end of this presentation, I'd like for you to know a little bit about why CRNAs, certified registered nurse anesthetists, are a high-risk group for substance use disorders. I will talk a little bit about what they do, and what has happened to them during COVID. This is technically a mixed method study, so I'm going to talk about themes that we derive from a simple content analysis from open-ended questions on an online survey.

I know there's some discussions about, "Well, is it really mixed method if you take opening items on an online survey?" And I think the question is it depends on the richness of the data, and what your analysis entails. We're also going to talk about the American Association of Nurse Anesthetists, and how they were pivotal in this study.

I had two consultants on this. As well as really they have done an amazing amount in addressing substance use. Again, this is a very high-risk subgroup of nurses. Then we're going to talk about some discrepancies, not really associations, between some of the strategies recommended by the AANA, and what the working CRNAs believe are effective of those strategies.

And then we'll kind of merge it all together, and talk about some takeaway points. I want to really acknowledge my study team. These are people who obviously I couldn't have done this study by myself. And this is kind of the first part of this study. The second part has more to do with specific risk patterns as substances used. I tend to use a very







compounded by work environment, weak leadership, system-level breakdowns, as well as personal

And then the stark contrast between the respondents' ratings of the strategy implementation and effectiveness provides evidence that organizational changes to discourage SU diversion would be supported by CRNAs. In other words, if they implemented those strategies, aside from the last item, I think the CRNAs would feel, I think, it's like a safety net.

That there are those things being implemented in their organizations that would help them, or discourage them from that initiation of substance use. The limitations of the study are that these are self-reported on a sensitive topic. So this is substance use, so you can never really be 100% assured that those responses are accurate.

However, that being said, I found online surveys are a good way to do that, that they have anonymity, and that they can answer those in as candid a way as they feel comfortable. The low response rate was probably due to COVID, and also that they were greatly impacted. How many elective surgeries were being done in COVID?

They may have been redeployed to areas like ICU or other areas, but we don't know. And their income could have taken a big hit. So my conclusions are that the qualitative findings provide evidence for personal, professional, and environmental stressors facing CRNAs.

There are significant differences that we've talked about between implemented and perceived

