



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Nursing Accountability to Society

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Over the past six months, we have looked at the relationship between professional potential and professional accountability by exploring key provisions of the American Nurses Association's Code of Ethics and ASPAN's Perianesthesia Standards for Ethical Practice. Provision 9 of the Code states, "The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy."¹

Professional associations such as ASPAN continue to develop methods to spell out nursing's accountability to society and maintain the specialty organization's integrity. ASPAN's perianesthesia nursing standards, ethical standards, specialty certification and the development of perianesthesia nursing knowledge through education, research and clinical practice serve as a "contract" with the public domain. Our patients and their families expect nurses to provide the best care possible and act as patient advocates. Standards for ethical practice call on nurses to "promote the welfare, health and safety of the patients we serve, and to advocate on the patient's behalf whenever necessary."²

Change Agent Nurses

We can work as individuals or groups to create change within our community, state, or at the national level. The September/October 2010 Breathline edition shared a story about the success of one ASPAN component in bringing about a needed change in the Illinois Department of Public Health ruling on Phase I PACU visitation for adult patients. The initial work began following a 2003 ASPAN Representative Assembly vote to approve a Phase I PACU visitation position statement. After realizing that Illinois was the only state in the union upholding a ruling in opposition to ASPAN's position, members of the Illinois Society of PeriAnesthesia Nurses (ILSPAN) Board of Directors began discussing steps to have the rule changed. They then took action. An informal survey of component members indicated that although visitation of adult patients was prohibited, many facilities allowed it, thus jeopardizing the necessary license to operate. Some roadblocks were encountered along the way, but through perseverance and the collective work of previous and current ILSPAN Board members, nurses met and educated the right people in the right places and change was accomplished!

At the national level, ASPAN is one of 55 organizations comprising the Nursing Community, a forum for nursing and healthcare-related organizations committed to improving the nation's healthcare. The Nursing Community's goal is to assist the government with transformation of the healthcare system "into a patient-centered environment in which all individuals have access to high-quality, cost-effective care."³

Nurses represent the nation's largest group of healthcare providers;⁴ therefore, nursing's collective voice should speak up about healthcare policy, its effect on vulnerable individuals, and the impact policy will have on nurses. Nursing roles and responsibilities may change appreciably resulting from an increased demand for care created by the Patient Protection and Affordable Care Act (H.R. 3590). The national health system has not seen such far-reaching changes since the creation of the Medicare and Medicaid programs in 1965.

Shaping the Future

I am struck by the timeliness of a discussion about nursing's accountability to society after the latest consensus report published by the Institute of Medicine and Robert Wood Johnson Foundation. The *Future of Nursing: Leading Change, Advancing Health*⁴ describes four key messages and offers recommendations that serve as a blueprint for change. The first key message is that a nurse should be allowed to practice to the full extent of his/her education and training. This could be accomplished by eliminating scope-of-practice barriers and focusing on nurse residency programs to ease the transition from school to practice for new graduates who are currently fleeing the profession in large numbers.

The second key message stresses that the nursing education system should be improved to better support nurses attaining higher levels of education and training. Nursing is unique in that multiple educational pathways lead to entry-level positions. A seamless progression should exist from a licensed practical nursing program through master's and doctoral degree levels. The group recommends an 80 percent increase in baccalaureate prepared nurses and doubling of the PhD/DNP nurses by 2020. It also calls on nurses to engage in lifelong learning. This reinforces Florence Nightingale's assertion that no endpoint exists in the potential for everyday learning. She believed that nurses were perpetual learners and responsible for teaching themselves.⁵

Thirdly, in order to realize the vision of a transformed healthcare system, nurses should be full partners with other health professionals in the redesign and policy formation process. This requires a personal responsibility to develop strong nursing leadership skills and competencies. The report calls for expanded opportunities to prepare and enable nurses to lead change and disseminate collaborative improvement efforts. The final key message holds that effective workforce planning and policy-making require better data collection and an improved information infrastructure. This can be achieved by building an infrastructure that can collect and analyze healthcare workforce data along with coordination among state licensing boards to develop a standardized data set to determine healthcare worker numbers, skill mix and geographic location to ascertain regional needs.⁴

Will You Invest?

Nursing is on the cusp of major changes to the traditional image of the profession. It is our duty to our patients and the profession to practice at the highest possible level and work toward achieving professional potential, not only at the bedside but within society. Nurses must have a voice in decision-making and health policy. We can choose to see this situation as something to be influenced, rather than something that happens to us. Power exists in the collective voice of nursing. The ways in which nurses respond to healthcare reform challenges over the next 10-20 years has great potential to show the public that nurses are valuable change agents.

REFERENCES

1. American Nurses Association. Code of Ethics for nurses with interpretive statements. Washington DC: American Nurses Publishing; 2001, 24.
2. American Society of PeriAnesthesia Nurses. *Perianesthesia Nursing Standards and Practice Recommendations 2010 – 2012*. Cherry Hill, NJ: ASPAN; 2010, 12.
3. The Nursing Community. Health Reform. Available at <http://www.thenursingcommunity.org/#/health-reform/4542347781>. Accessed December 20, 2010.
4. Institute of Medicine. The future of nursing: Leading change, advancing health. Available at <http://www.iom.edu/~media/Files/ReportFiles/2010/The-Future-of-Nursing/FutureofNursing20100ReportBrief.pdf>. Accessed December 2, 2010.
5. Nightingale F. Notes on nursing: What it is, and what it is not (Commemorative ed.). Philadelphia: JB Lippincott Company; 1992.