



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

A Vision for Us All

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It was a working breakfast, a world away from the PACU in which I practice. We were discussing how ASPAN can best develop financial support from our many friends in industry to initiate the activities ASPAN committees have proposed. And believe me, the committees have been ambitious. At one point in the conversation I was asked what I would say if someone wanted to know what ASPAN's vision was. I thought for a moment (something you do when you don't have an immediate answer) and then answered with a question of my own, "What do you mean vision...my vision...a collective vision...whose vision?" My friend spoke "It's ASPAN's collective vision that's important...it defines who you are and gives purpose to your being." I pondered this for a while and promised I'd get back with a vision...post-haste.

A week later I was back in Portland. It was the evening tour and I was sharing it with one other nurse. Between the two of us, we had three patients, two with spinals in their first hour following TURPs and one who had undergone bowel surgery and had an epidural that was not working. We received report from the OR that two rooms were bringing patients to us almost simultaneously; one, an aorta-bifem bypass and the other a carotid endarterectomy. It was at this time I began to have a vision.

Most of you reading this are familiar with ASPAN's Standards of Perianesthesia Nursing Practice and the Resource about Patient Classification. We were about to exceed our limit for what ASPAN considers the minimal nursing staff to meet the individual needs of the patient. Unfortunately, at that time it was inconvenient to open the discussion of lack of personnel; there were none. In the past two years we had gone from a staff of thirteen nurses to eight, three of whom were new and working strictly in the new phase II unit we had recently opened. Yes, our hospital, like yours probably, had undergone a change, a downsizing.

To make a long story short, we survived our evening, patients and nurses alike. To be fair, evenings like the above don't occur often, but they do seem to be coming around more frequently. What options exist for the staff nurse who finds herself in this situation? You could complain, indeed, you could refuse. Even though the nurse's license supports the right to refuse assignment to unsafe duty assignments, it is important to understand that the employer could discipline, or even fire, the nurse. In general, labor and employment laws will not protect employees who have been insubordinate. Other options exist such as completing an "assignment despite objection" form (ADO's) available through state nurses associations (SNAs) or the American Nurses Association. The ADO documents the nurse's concerns about the potentially unsafe conditions. Although the nurse is not refusing to provide care, documentation of professional concern exists and these forms can be collected by the SNA or local unions to build cases for reporting of unsafe staffing to appropriate regulatory or federal agencies. The bottom line is that there are many ways to address these issues. You have to make those decisions for yourself, and do what you feel is right. But for now, I want to get back to this discussion of vision.

That evening my "vision" was not pleasant. I am a firm believer in striving for the positive so my experience was not something I was enjoying. It would have been easy to accept the experience, to become apathetic and indifferent. Like a drug, indifference can be used to mask our discomfort. And like a drug, indifference can become habit forming and lead us to believe that there is no route out. I've been in that mode before so I can recognize it. It's not much fun and doesn't do anyone or anything any good. So reject the temptation to take the easy compliant path because you'll soon come to realize what a vicious cycle that road leads to. Instead, hold firm to what you know is right and actively participate in the

challenges that we need to embrace to make this a better place to practice our own unique nursing practice.

Vision is partially defined as something that is or has been seen, an intelligent foresight. It can be the manner in which one sees or conceives of something. It is often associated with a dream. The Native Americans utilized vision quests to discover themselves as individuals. They would spend a period of time in the wilderness in solitude during which time they would seek a vision. Often the vision came as a dream, a very powerful and real experience to the dreamer. The youth would return to the people and assume a new name to match the identity the vision had given.

So then, how do organizations find a collective vision, one that matches the demographics of an organization that includes pre-anesthesia screening, phase 1 and phase 2 or ambulatory nurses? I asked this question of a friend who gave me a wonderful Will Rogers type of answer in his warm Oklahoma drawl, "Terry, your vision is what you want to be when you grow up," I could relate to this because every day I see ASPAN growing and changing.

So I came up with a vision for ASPAN. I realize that it's my vision so I take responsibility for it, but I hope that you, the reader, can buy into it and see it as a vision you can share. My vision for ASPAN is that it become a model organization, comprising, knowledgeable and respected professional nurses who work together to ensure that the perianesthesia patient receives the safest and most advanced care possible. ASPAN's mission statement outlines why we exist; our vision tells who we are: our identify. Won't you join with me and share this vision. For to make it a reality, we must engage our colleagues and convince them to also share our vision for a better tomorrow.