

Message from the President

NURSES are the Difference!

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Wanted: A Few Good Nurses - A resounding petition heard across the country. The nursing shortage is very real and there appears to be no immediate quick fix. This shortage is unlike any other as our present nursing population has aged and a new generation of nurses is not on the horizon. Over the past 20 years the diversity in career choices for women and men has narrowed the number of persons entering nursing as a primary first choice profession. Nursing has became part of the litany of career opportunities seen by today's entry level college student. Technology reigns. High salaries in other fields have attracted people away from the health science careers. While most of us in today's retiring population of nurses did not consider salary when we entered nursing, today's entry level worker is very focused on money and control of their time and destiny. Financial importance is a factor that has forced a generation to make other career choices as nursing has struggled to sustain financial security and advancement. This is just one of the issues in the forefront of the shortage.

Most of the nurses in today's work force have dedicated years to establishing a career and making sure a professional nurse is available to direct and plan the necessary care for patients throughout our hospitals, clinics, and community health programs. Are we to be the first generation of patients that will have less than the professional standard we have created? The answer to the question must be a resounding NO! Nurses everywhere need to get involved. Many individuals will be denied care as there are fewer of us to deliver it. Closing services is not a solution and only a palliative means of controlling potential outcomes. We need more nurses to enter and remain in the workforce. How will this happen?

Now is the time to use our collective voice and participate in meaningful dialogue to compel the public to take notice of our issues and our challenges. Let it be said by all nurses, "I am a nurse. I have experience, strong clinical skills, and leadership ability. I work in hospitals, free-standing clinics, military bases, office practices, and rural clinics. I am committed and dedicated to my profession. I am intelligent and critically think through life threatening situations with caring intentions and demonstrated competence. I have the courage and a willingness to make a difference in the lives of all I encounter. I have great patience and my patients know I am a trusted and respected leader of their healthcare team. I am diverse as I have skills that demonstrate my ability to balance my family and a career. Managing multi-system processes and teams is second nature to my being. I am an educator, a researcher, and a clinical expert. I am techno savvy and I am challenged by advances in bedside technology. I have a voice and I have much to contribute to the crisis we are facing. I am proud of who I am and the career I enjoy. I am part of the solution; let my voice be heard."

Making a difference today depends on all nurses taking responsibility for defining the practice settings of tomorrow. The standards and care we deliver cannot be less. Our challenges for delivering that care will become greater and greater. We must participate in the decision making process and the WE includes YOU. Can you articulate the issues of today with clarity and purpose? Can you create vision and direction for future nursing practitioners? Do you care enough to get involved? Do you belong to a clinical specialty professional society or local nursing organization? There is work to be done and much you can do in your area of nursing practice to identify the issues and work for solutions.

As I travel around the country representing ASPAN there are themes that echo a common concern for perianesthesia practitioners. The desire to promote safe and competent staffing ratios seems a primary

concern as Phase 1 PACUs are stretched beyond the limits of post anesthesia care and encounter a high population of long term ICU overflow patients. Phase I PACU often becomes the overflow or holding area for many patients long past meeting discharge criteria and thereby potentially jeopardizing the safety of those yet to flow from the operating room in need of the more acute observation and care. Patients sometimes bypass important levels of care in order to quickly move through our system and make room for others. Nurses are working long hours, on-call, and mandatory overtime in many institutions. Patient acuity is high and government and provider regulations require sicker patients to enter our system through outpatient facilities. Phase II care is challenged with overflow of patients needing transfer to inpatient beds as discharge criteria for home is difficult to meet for some surgical procedures and patient acuity.

ASPAN Standards of Perianesthesia Nursing Practice 2000 serve as a valuable resource in these trying times. This document defines safe practice for Phase I, II, III perianesthesia care. Position statements for Minimum Staffing, ICU Overflow, Fast Tracking, On-Call Work Schedules, and use of Unlicensed Assistive Personnel serve as a resource to help answer your questions and guide your clinical practice. This document should be available in all perianesthesia care areas and may be purchased through the ASPAN web site at www.aspan.org.

ASPAN is working for you to understand the challenges we all face. We need you to be part of our team. We need you to help compose our voice, to establish high clinical standards, guarantee patient safety, and most of all, to let the world know nurses are working to preserve the legacy and integrity of our profession by making a difference today for tomorrow's patient.