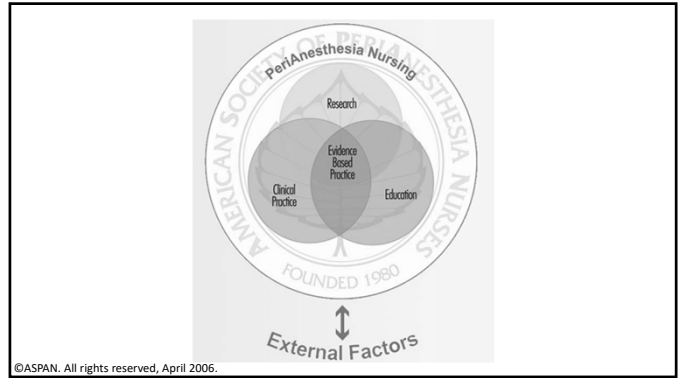## Slide 1

The State of the Science: 2021
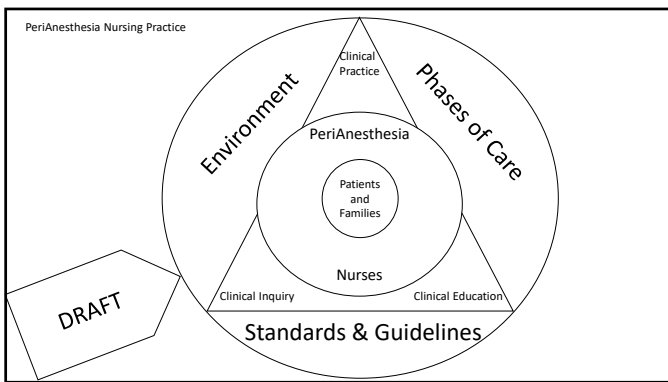
Margaret M. McNeill, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FCNS, FAAN

Daphne Stannard, PhD, RN, CNS, NPD-BC, FCCM

1

Slide 2

2

Slide 3

PeriAnesthesia Nursing Practice

Clinical Practice · Environment · Phases of Care · PeriAnesthesia · Patients and Families · Nurses · Clinical Inquiry · Clinical Education · Standards & Guidelines · DRAFT

3

Slide 4

Framework for Appraisal:

ASPAN JBI Tools

4

Slide 5

JBI FAME Scale

5

Slide 6

Nurses · Nursing · PeriAnesthesia Nursing · Pediatric PeriAnesthesia Nursing

6

Jankus L, Friesen MA, Barnett SD, Tibbetts J, Faunda M, Swamidoss Douglas C.

Selection of Screening Tool for Sleep-Disordered Breathing or Obstructive Sleep Apnea in Pediatric Patients in the Perianesthesia Setting.

7

Background

- OSA and Sleep Disordered Breathing present differently in Peds
- Common cause in Peds - adenotonsillar hypertrophy
- Snoring – a prevalent symptom of OSA
- OSA in children unlikely if no snoring

- STOP BANG – Adults
- What should we use in Peds?

8

Purpose

- Explain needs assessment – what are requirements for Peds?
- Screening tools reviewed
- Selection process
- Research – Which tool should we use?

9

Needs Assessment

- Pediatric patients have unique needs
  - Often premedicated with sedatives
- OSA
  - Opioid-sparing and sedative-sparing anesthesia recommended
  - Extended monitoring for complications
    - $ETCO_2$ and SpO_2

10

Question

- PSG gold standards for diagnosis of OSA
  - Rarely done is peds patients

- What is the best method to assess risk of OSA in children?

11

Methods

- Literature review of existing tools
- 5 identified
  - Pediatric ST(1)OP-BANG
  - Adolescent STOP-BANG
  - STBUR
  - 17 Q tool
  - 3 Q tool

- 2 selected

12

Research Hypothesis

- There is no difference between the Pediatric ST(1)OP-BANG and STBUR in assessing pediatric patients for risk of postoperative respiratory adverse events.

13

Design

- Retrospective record review
  - Tools – results
  - Patients – Adverse events
- Nurses
  - Surveys on tools
    - Ease of use
    - Time to complete

14

Methods

- Setting – Pediatric PACU, 923-bed medical center
  - Postcardiac bypass patients not admitted to PACU
- Sample- peds patient 6 months – 18 years, elective surgery
  - Exclusions:
    - Pts w OSA diagnosis
    - Emergency, craniofacial/CNS surgery

15

Methods

- Procedure
  - Preop nurses completed 2 tools concurrently
    - Training provided
    - Survey – Likert scale + open ended comments
      - At pilot initiation, after 1 week of use, at conclusion of study
  - Score > 3 – PACU RN /anesthesia notified
  - Postop care per standards
  - Retrospective case review
    - Adverse respiratory events in PACU and as inpatient

16

Results

- 300 patients enrolled
- Tools correlated well; r = 0.73
- 96% specificity to screen for little or no OSA risk
- STBUR predicted events 37%; ST(1)OP-BANG was 22.%; (p < .35)

- Surveys (n=6):
  - Nurses - same time, ease
  - Parents found STBUR questions easier

17

Limitations

- Large academic Medical Center – generalizable?
- Small sample of nurses
- Retrospective – relies on accurate charting/extraction

18

Slide 19

Conclusions

- Tool selection challenging; infants and adolescents
- STBUR Selected:
  - Increase compliance with 1 tool, ease of use
  - OSA is readily screened out
  - - Screen does not = no adverse events

19

Slide 20

Implications

- Standardized assessments, standardized care
  - Planning: Communication, $ETCO_2$, anesthesia, staffing
- Parents involvement critical
- Nurses engaged in practice change and research

20

Slide 21

Appraisal Questions - Quantitative	Yes	No	Unclear	NA
Is the problem statement or purpose fully described?	x			
Is the conceptual framework aligned with the nature of the question?				x
Is the conceptual framework integrated fully throughout the methods, analysis, and discussion sections?				x
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Do the articles cited in the review of literature relate to the problem statement or purpose?	x			
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Are the sampling procedures adequately described?	x			
Are the sampling procedures robust?	x			
Are the data collection methods adequately described?	x			
Are the instruments used validated tools?		x		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?	x			

21

Slide 22

Appraisal Questions	Yes	No	Unclear	NA
Are the findings statistically significant?	x			
Are the findings clinically significant?	x			
Are data presented clearly and factually?	x			
Can some or all of the findings be applied to your practice setting?	x			
Does the discussion address how the findings of the current study align with previous research outlined in the review of literature?	x			
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Tables and Figures: Do they enhance what the text describes?	x			
Are the references current (within past 5 years) and varied (from different journals/disciplines) with the exception of sentinel references?	x			
Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E3c			

22

Slide 23

ASPAN — JBI FAME Scale

Level	Feasibility (F1-4)	Appropriateness (A1-4)	Meaningfulness (M1-4)	Effectiveness (E1-4)
1	Metasynthesis of research with unequivocal synthesized findings (F1)	Metasynthesis of research with unequivocal synthesized findings (A1)	Metasynthesis of research with unequivocal synthesized findings (M1)	Meta-analysis (with homogeneity) of experimental studies (e.g., RCT with concealed randomization) or one or more large experimental studies with narrow confidence intervals (E1)
2	Metasynthesis of research with credible synthesized findings (F2)	Metasynthesis of research with credible synthesized findings (A2)	Metasynthesis of research with credible synthesized findings (M2)	One or more smaller RCTs with wider confidence intervals OR quasi-experimental studies (without randomization) (E2)
3	a. Metasynthesis of text/opinion with credible synthesized findings (F3a) b. One or more single research studies of high quality (F3b)	a. Metasynthesis of text/opinion with credible synthesized findings (A3a) b. One or more single research studies of high quality (A3b)	a. Metasynthesis of text/opinion with credible synthesized findings (M3a) b. One or more single research studies of high quality (M3b)	a. Cohort studies (with control group) (E3a) b. Case-controlled (E3b) c. Observational studies (without control group) (E3c)
4	Expert opinion (F4)	Expert opinion (A4)	Expert opinion (M4)	Expert opinion, physiological bench research, or consensus (E4)

23

Slide 24

Dahlberg K, Brady JM, Jaensson M, Nilsson U, Odom-Forren J.

Education, Competence, and Role of the Nurse Working in the PACU: An International Survey.

24

Background

- Impact of surgery on patient functions:
  - Respiratory
  - Muscle
  - Temperature
  - Consciousness/mental status
  - Hemodynamics
  - PONV/Pain

25

Background

- PACU nurses need specialized training
- No international consensus
  - Education
  - Role
- ICPAN Meetings:
  - What are the competencies and training necessary to work in the PACU?
    - 2 areas identified:
      - Critical care training
      - Basic and advanced life support

26

Purpose

- To describe the education, competence, and role of nurses working in the PACU in 11 countries having established PA specialty nursing organizations and membership in ICPAN GAC

27

Methods

- Design
  - A descriptive international cross-sectional study
  - March to July 2019
- Web-based survey
  - Items developed from
    - Review of lit
    - Meeusen et al Q of non-physician tasks anesthesia team members
    - Consensus achieved on items/wording
    - Face validity evaluated by expert

28

Methods

Survey responses
- Likert scale
  - Never, in some PACUs, in most PACUs, in all PACUs
- Yes or no
- Under direct supervision, supervision on call, autonomous
- Free text

Survey sent to members of ICPAN GAC (n=11)
- To be completed by them or another expert
- All responded

29

Results from 11 Countries/Respondents

- Different titles used
- 6/11 - specialty recognized
- 8/11 – national guidelines/standards
- 10/11 – local guidelines/policies
- Education – 2, 3, 4 years
  - 3/11 have formal PA nurse program
  - Others have training of 4,5,7 weeks, or based on competence, facility, experience

30

Results from 11 Countries/Respondents

- Staffing
  - 2/11 – RNs only in PACU
  - Sweden - PA Nurses supervised other nsg personnel
  - 6/11 - Nursing assistants in all or some PACUs
  - 4/11 - Anesthesia provider in some or most PACUs
  - 4/11 – APNs in some or most PACUs
  - 11/11 – Anesthesia provider, surgeon, pharmacist available on call

31

Results from 11 Countries/Respondents

- Staffing
  - Nurse-to-patient ratios
    - Phase I - 2:1 to 1:3
    - Phase II - 1:3 or 4 commonly

- Pediatrics
  - Ireland did not care for infants (0-1 year)

32

Results from 11 Countries/Respondents

- Job tasks – 13 to 31 autonomously
  - Suctioning airways
  - Assessment of Temp, Pain, PONV
  - Monitoring of HR/ECG, NIBP, SPO_2
  - IV injection/insertion
  - IM injection

33

Results from 11 Countries/Respondents

- Job tasks – Never done by a PA nurse
  - CVC insertion (10/11)
  - Art line (10/11)
  - Pacemaker connecting/adjusting (6/11)
  - Patient on a vent (5/11)

34

Results from 11 Countries/Respondents

- Job tasks – Varied the most
  - Epidural injections
  - Removal of ETT
  - CPAP device
  - Patient on vent
  - Monitoring PCWP, ICP

35

Results from 11 Countries/Respondents

- Resuscitation - autonomous
  - Compressions (9/11)
  - Ventilation (8/11)
  - Defibrillation (5/11)
- Discharge from PACU – autonomously or with on call supervision
  - Phase I and II
- DC criteria
  - Phase I – Aldrete or Modified Aldrete (6/11)
  - Phase II – Local or National guidelines (6/11)
- Communication Handover tools – Used in 10/11 Countries

36

Conclusions

- Similarities and differences revealed
- PA nurses typically alone in PACUs – independent role
- Recommend a foundational PA nursing education program
  - International collaboration now informed by these results
- Communication tools reported by all
- Competence includes technical & non-technical skills

Implications

- Global nurse education standards remain elusive
- Standardization of PA nurse competencies still needed
- Evidence-based curriculum in development

Limitations

- Survey not evaluated for content validity
- Other education not asked
- Variations within a country might not be captured

Appraisal Questions - Quantitative	Yes	No	Unclear	NA
Is the problem statement or purpose fully described?	x			
Is the conceptual framework aligned with the nature of the question?				x
Is the conceptual framework integrated fully throughout the methods, analysis, and discussion sections?				x
Does the review of literature describe the significance of this research?	x			
Do the articles cited in the review of literature relate to the problem statement or purpose?	x			
In studies with hypothesis testing, is a hypothesis stated?				x
Was IRB approval obtained?	x			
Is the design of the study adequately and accurately described?	x			
Are the sampling procedures adequately described?	x			
Are the sampling procedures robust?				x
Are the data collection methods adequately described?	x			
Are the instruments used validated tools?		x		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?				x

Appraisal Questions	Yes	No	Unclear	NA
Are the findings statistically significant?				x
Are the findings clinically significant?				x
Are data presented clearly and factually?	x			
Can some or all of the findings be applied to your practice setting?	x			
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Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E3c or E4			

ASPAN

JBI FAME Scale

Level	Feasibility (F1-4)	Appropriateness (A1-4)	Meaningfulness (M1-4)	Effectiveness (E1-4)
1	Metasynthesis of research with unequivocal synthesized findings (F1)	Metasynthesis of research with unequivocal synthesized findings (A1)	Metasynthesis of research with unequivocal synthesized findings (M1)	Meta-analysis (with homogeneity) of experimental studies (e.g., RCT with concealed randomization) or one or more large experimental studies with narrow confidence intervals (E1)
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4	Expert opinion (F4)	Expert opinion (A4)	Expert opinion (M4)	Expert opinion, physiological bench research, or consensus (E4)

Card EB, Wells N, Mesko P, Eliades A, MacDonald R, Krenzischek DA.

Perianesthesia Nurses Pain Management Practices: Findings and Recommendations From a National Descriptive Study of Members of the American Society of Perianesthesia Nurses.

J Perianesth Nurs. 2021;36(2):128-135. doi:10.1016/j.jopan.2020.07.007

Background

- 17.1 M surgeries in 2014
- Setting or invasiveness does not predict pain

Background

- Pain assessment includes
  - Factors that increase or decrease pain
  - Intensity, quality, location, radiation, timing
- Should be documented throughout PACU stay
  - Accuracy critical for appropriate management
  - Helps to avoid complications of inadequate pain treatment

Purpose

- To identify current individual practice of PA nurses regarding assessment and documentation of pain

Methods

- Design: Descriptive cross-sectional using vignette technique

- Quantitative (checklist) and qualitative (free text) responses

- Participants – attendees of the 2017 ASPAN National Conference

Methods

- 2 Vignettes – assessment and documentation
  - Face validity – PACU experts
  - ASC/Hospital scenarios – appendectomy, tonsillectomy
  - "Check all items you would assess or document in your normal practice"
  - Write in additional assessments

Results

- 1680 nurses participated
- Descriptive statistics reported only

Vignette 1: 41% reported assessment of pain using 1 of 3 scales

- No option for location assessment: 0.7% wrote it in
- No option for quality: 0 wrote it in

Vignette 2: 37% reported documentation of pain assessment

- Option given: 16% reported they document location of pain
- Option given: 14% reported they document quality

Conclusions

- Assessment and documentation are critical in pain management
- Deficits in these likely mean deficits in management
- Pain assessment may not be the priority upon PACU admission
- Nurses assessed more than they documented
- PACU nurses are challenged by assessing and documenting all aspects of pain
  - Education
  - System barriers - EHR format, time

49

Limitations

- Survey bias – participation when interested
- Recollection
- No demographics
- Vignettes not tested beyond expert review and face validity

50

Appraisal Questions - Quantitative	Yes	No	Unclear	NA
Is the problem statement or purpose fully described?	x			
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Was IRB approval obtained?	x			
Is the design of the study adequately and accurately described?	x			
Are the sampling procedures adequately described?	x			
Are the sampling procedures robust?			x	
Are the data collection methods adequately described?	x			
Are the instruments used validated tools?		x		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?				x

51

Appraisal Questions	Yes	No	Unclear	NA
Are the findings statistically significant?				x
Are the findings clinically significant?	x			
Are data presented clearly and factually?	x			
Can some or all of the findings be applied to your practice setting?	x			
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Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E3c			

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ASPAN — JBI FAME Scale

53

Cyriax C, You E.

Developing and Implementing an Ambulatory Postanesthesia Care Unit Hand-Off Tool.

54

Background

- The transfer of patient information from one unit to another is a vital part of patient safety
- JC recommends use of a standard tool
- ASC/Preop to OR to PACU had tools
- The PACU back to the ASC hand-off needed a tool

Pt from PACU back to ASC → Pt arrives ASC → Pt interviewed by team members → Pt to OR; Info transferred → Pt to PACU; Report given →
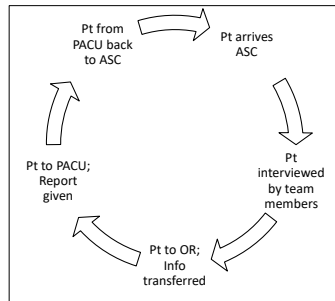
Purpose

- To improve communication and reduce critical information loss between the ambulatory PACU and ASC nurses by developing, piloting, and evaluating a hand-off communication tool

Methods

- Iowa model of EBP guided pilot project
- Literature review: 20 relevant articles found
- Hand-off tool developed from literature and including facility requirements for meeting JC standards and unit specific needs
- Research examined perceived performance of new tool

Methods

- 20/24 ASC nurses involved
- Characteristics: 1 male
                          age range 30-65
                          years experience range 5-45
- Setting: University hospital
  - 125 surgeries/week
  - Gyn, ENT, ortho, cosmetic, ophthalmic

Methods

- Phase I – Tool created; stakeholders engaged
- Phase II – PCU RNs recruited, education provided, tool evaluated, instruction on reasons and use
  - Likert scale (Strongly Agree to Strongly Disagree) on back of tool
- Phase III – Tool initiated at each hand-off, questionnaires after each use
  - Helpful
  - Easy to use
  - Communicates relevant data
-

Results – 98 responses

	Mean
• Helpful	4.2
• Easy to use	4.32
• Communicates relevant data	4.31

Slide 61

Conclusions

- ASC nurses found the tool helpful useful and relevant
- PACU nurses were not included

61

Slide 62

Appraisal Questions - Quantitative	Yes	No	Unclear	NA
Is the problem statement or purpose fully described?	x			
Is the conceptual framework aligned with the nature of the question?	x			x
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Are the sampling procedures robust?				x
Are the data collection methods adequately described?	x			
Are the instruments used validated tools?		x		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?	x			

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Slide 63

Appraisal Questions	Yes	No	Unclear	NA
Are the findings statistically significant?				x
Are the findings clinically significant?	x			
Are data presented clearly and factually?			x	
Can some or all of the findings be applied to your practice setting?	x			
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Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E3c			

63

Slide 64

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Slide 65

Kratzke IM, Rosenbaum ME, Cox C, Ollila DW, Kapadia MR.

Effect of Clear vs Standard Covered Masks on Communication With Patients During Surgical Clinic Encounters: A Randomized Clinical Trial.

JAMA Surg. 2021;156(4):372–378. doi:10.1001/jamasurg.2021.0836

65

Slide 66

Background

- Effective communication between physicians and patients
  - At the heart of the relationship
  - Crucial for
    - Developing trust
    - Explaining complex concepts
    - Engaging patients in shared decision-making

66

Background

- Effective communication between physicians and patients
  - Benefits
    - Improved patient understanding
    - Adherence to treatment
    - Superior outcomes
    - Satisfaction

67

Background

- Effective communication includes non-verbal aspects
  - Facial expressions
- Covid-19 and masks – potential barrier

68

Research Question

- What is the effect of clear and covered masks on communication in the surgeon-patient relationship?

69

Methods

- RCT (with qualitative thematic analysis)
- Surgeons recruited at academic med center
  - 15 surgeons randomized before each clinic day to clear vs covered mask for each patient
- Pts: spoke English, 18 or older, had capacity, not requiring N95
  - Pts recruited after visit
- Completed questionnaire adapted from CG-CAHPS
  - Clinical and Group Consumer Assessment of Healthcare Providers and Systems
  - Additional questions added on empathy & trust, and mask

70

Primary Outcomes Measured

- Perception of surgeon communication
- Trust in surgeon
- Assessment of mask
  - Quantitative
  - Qualitative

71

Results – Surgeon participants; n=15

- Specialty   n
  - GI   2
  - General   2
  - Plastic   1
  - Thoracic   3
  - Transplant   2
  - Vascular   2
- Women   6 (40%)
- Race
  - Black/African American 2
  - Asian   2
  - White   9
  - Hispanic   2
    - One withdrew

72

Enrollment and Follow-up

```
                  201 Patients
                    enrolled
                       |
                  201 Patients
                   randomized
                    /        \
          101 covered        100 clear
             mask               mask
               |                  |
        1 lost to FU         0 lost to FU
        1 declined               |
               |                  |
        100 included       100 included
         in analysis        in analysis
```

73

Primary Outcomes Measured

- Perception of surgeon communication
- Trust in surgeon
- Assessment of mask
  - Quantitative
  - Qualitative

74

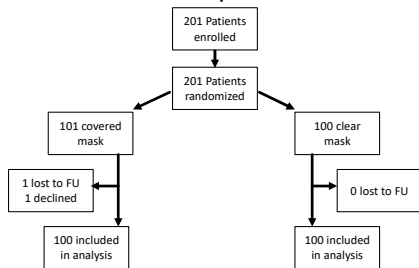## Results - Surgeon Communication and Trust

Clear Masks Group
- 93% of patients gave all positive answers
- The same or better than the covered mask group responses

Covered Mask Group
- Only 70-80% of the time were several questions answered positively

75

Results – Explain in a way that was easy to understand?

Clear Masks Group vs Covered Mask Group
- 95 vs 78; P < .001

Results – Knew important info about your history?

Clear Masks Group vs Covered Mask Group
- 100 vs 78; P < .001

Results – Empathy

Clear Masks Group vs Covered Mask Group
- 99 vs 85; P < .001

76

Results – Impression of surgeon mask

Clear Masks Group vs Covered Mask Group
- Positive Rating: 100 vs 72; P < .001

- Qualitative themes regarding clear masks
  - Opinion: "I liked the clear mask"
  - Communication factors: "I could hear better"
  - Visualization of the face: I could see her facial expressions and that was really important"
  - Utility: It looked like it protected better"

77

Results – Surgeon responses

- Only 47% responded favorably on likelihood to choose a clear mask
- 27% they would consider patient preference
- Several perceived less protective

78

Conclusions

- Masks cover non-verbal cues
- Clear masks allow patient to see facial expressions and lips
- Perception of empathy & trust was lower with a covered mask

- Healthcare workers must be aware of the barrier created by covering their face and find ways to overcome it.

79

Strengths
- Randomization to decrease bias
- No previous relationship
- Diverse surgeon and patient population

Limitations
- Mask type was not blinded
  - Could have influenced researchers and surgeons
  - Immediate patient responses may have been more positive in that moment than later

80

Appraisal Questions - Quantitative	Yes	No	Unclear	NA
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Are the sampling procedures robust?	x			
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Are the instruments used validated tools?		x		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?	x			

81

Appraisal Questions	Yes	No	Unclear	NA
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Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E2			

82

ASPAN — JBI FAME Scale

83

Pariseault CA, Copel LC, McKay MA.

Original Research: Nurses' Experiences of Caring for Patients and Families During the COVID-19 Pandemic: Communication Challenges.

84

Background

- COVID-19 pandemic has had profound implications on HC delivery
- Mitigation strategies include
  - Social or physical distancing
  - Social isolation/restricted visitation
  - PPE
- Impact of communication challenges have been felt by nurses

85

Purpose

- To gain an understanding of the perceptions and experiences of nurses caring for patients and families under the COVID-19 pandemic's socially restrictive practices and policies

86

Methods

- Design – Qualitative descriptive
- Conceptual framework – Watson's theory of human caring
- 17 RNs recruited via social media posts
- Demographic survey tool
- Interviews using qualitative descriptive inquiry
  - Interview guide
  - Via Zoom
  - Transcribed
  - Follow up with participants to verify themes

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Methods

- Thematic analysis
- Independent transcript review and coding
- Consensus

17 participants
- 16 female, all white, median age 41.5 years old
- Variety of specialties, all in hospitals
- Data saturation after 10 interviews

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Results

5 themes emerged
- Communication challenges and barriers
- Prioritization
- Integration of group communication
- Nurse self-reflection
- Acceptance of gratitude

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Results

- Nurses adapted and discovered ways to connect patients and loved ones
- Technology varied and was not always good for older population
- PPE – loss of touch, muffled speech, hearing loss magnified
- Closed doors – couldn't see patients
- Guilt – less time spent with patients, not allowing visitors
- Nurses worked to bring families into rounds, communication
- Patients and families expressed gratitude, which encouraged

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Conclusions

- Nurses adapted how they communicated with patients, families, providers
- Technology was invaluable
- Facilitation of communication with family was important
- Nurses understood heightened need for self-reflection and compassion given social isolation
- More research is needed to optimize virtual visits and see their impact

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Limitations

- Attempted to recruit a nationally representative sample
- Many may have been too overwhelmed to respond
- Sample was homogeneous of gender and race

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Appraisal Question - Qualitative & Mixed Method	Yes	No	Unclear	NA
Is the research purpose or aims fully described?	x			
Is the conceptual framework/philosophical approach aligned with the nature of the question?	x			
Is the conceptual framework/philosophical approach integrated fully throughout the methods, analysis, and discussion sections?	x			
Does the review of literature describe the significance of this research?	x			
Do the articles cited in the review of literature relate to the problem statement or purpose?	x			
Was IRB approval obtained?	x			
Is the design of the study adequately and accurately described?	x			
Are the sampling procedures adequately described?	x			
Are the sampling procedures robust?		x		
Are the data collection methods adequately described?	x			
If instruments were used, are they validated tools?				x
Are the research procedures clearly stated?	x			
If statistical tests were employed, are they appropriate?				x
Was the data analysis congruent with the conceptual framework/philosophical approach used?	x			

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Appraisal Questions	Yes	No	Unclear	NA
If mixed methods were used, are the findings statistically significant?				x
Are the findings clinically significant?	x			
Are data presented clearly and factually?	x			
Can some or all of the findings be applied to your practice setting?	x			
Does the discussion address how the findings of the current study align with previous research outlined in the review of literature?	x			
Does the discussion describe implications for practice, education, and/or future research?	x			
Are limitations of the study clearly described?	x			
Tables and Figures: Do they enhance what the text describes?	x			
Are the references current (within past 5 years) and varied (from different journals/disciplines with the exception of sentinel references?	x			
Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., M1-4)	M3b			

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ASPAN

JBI FAME Scale

Level	Feasibility (F1-4)	Appropriateness (A1-4)	Meaningfulness (M1-4)	Effectiveness (E1-4)
1	Metasynthesis of research with unequivocal synthesized findings (F1)	Metasynthesis of research with unequivocal synthesized findings (A1)	Metasynthesis of research with unequivocal synthesized findings (M1)	Meta-analysis (with homogeneity) of experimental studies (e.g., RCT with concealed randomization) or one or more large experimental studies with narrow confidence intervals (E1)
2	Metasynthesis of research with credible synthesized findings (F2)	Metasynthesis of research with credible synthesized findings (A2)	Metasynthesis of research with credible synthesized findings (M2)	One or more smaller RCTs with wider confidence intervals OR quasi-experimental studies (without randomization) (E2)
3	a. Metasynthesis of text/opinion with credible synthesized findings (F3a) b. One or more single research studies of high quality (F3b)	a. Metasynthesis of text/opinion with credible synthesized findings (A3a) b. One or more single research studies of high quality (A3b)	a. Metasynthesis of text/opinion with credible synthesized findings (M3a) b. One or more single research studies of high quality (M3b)	a. Cohort studies (with control group) (E3a) b. Case-controlled (E3b) c. Observational studies (without control group) (E3c)
4	Expert opinion (F4)	Expert opinion (A4)	Expert opinion (M4)	Expert opinion, physiological bench research, or consensus (E4)

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Kelsey E, West C, Cipriano P, et al.

Original Research: Suicidal Ideation and Attitudes Toward Help Seeking in U.S. Nurses Relative to the General Working Population.

AJN, American Journal of Nursing. 2021; 121 (11): 24-36. doi: 10.1097/01.NAJ.0000798056.73563.fa.

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Background

- Depression is a risk factor for suicide
- Nurses have been shown to have more depression than the general US population
- Other nurse studies show health problems, lower job satisfaction, job-related stress, lack of supervisor support and workplace violence are associated with higher risk of depression
- Stigma is associated with mental health issues

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Purpose

- To investigate the prevalence of suicidal ideation and attitudes toward help seeking among US nurses relative to other workers, and the extent to which personal and professional factors, including burnout, were related to suicidal ideation

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Methods

- Cross-sectional survey of random sample of nurses
  - 2017 ANA members
  - 86,858 invited
  - 500 also randomly mailed survey + $10 incentive, x 2

- Comparison – Other US workers randomly sampled
  - Probability-based data set of employed 29-65 year olds

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Measures

- Suicidal Ideation
  - During the past 12 months, have you had thoughts of taking your own life?
- Burnout
  - 22-item Maslach Burnout Inventory Human Services Survey
  - Emotional exhaustion (range 0-54) | + is >27
  - Depersonalization (range 0-30) | + is >10; or both
  - Low sense of personal accomplishment (range 0-48)

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Measures

- Depression
  - 2 items depression screening from Primary Care Evaluation of Mental Disorders
- Help seeking attitudes – willingness to seek mental health care
  - Affirmative – would definitely or probably go
  - Negative – would definitely or probably not go

- Demographics

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Results - Demographics

7378 nurses responded
- Median age - 51
- Female – 93%
- White - 87%
- Married or partnered - 74%
- Had children - 71%
- Youngest child older than 22 - 50%
- Median hours worked per week - 40

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Results

- Considered suicide within the past year - 403 (5.5%)
- Had at Least 1 symptom of burnout – 38%
- Emotional exhaustion mean score – 21.7
  - 34% were high levels
- Depersonalization – 20% had high levels
- Screened positive for depression symptoms – 43%

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Results

- Strongly associated with prevalence of suicidal ideation:
  - Burnout
  - Depressive symptoms
    - After controlling for other personal & professional characteristics
- Nurses with Burnout were almost 2X more likely to have recent ideation
- Nurses with Depressive symptoms were 11X more likely to have ideation

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Results

- Help-seeking attitudes
  - 84% indicated they would probably/definitely seek professional help

- If had suicidal ideation
  - 72% would probably/definitely seek professional help
- If no suicidal ideation
  - 85% would probably/definitely seek professional help

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Results

- Comparison to other workers – 5198 responded, age-matched to nurses
- Suicidal ideation: US workers 4.3% vs 5.8% nurses, p < .0001
- After controlling for several factors
  - Nurses had 38% higher odds of having suicidal ideation
  - For all: Burnout associated with almost 3X higher odds of suicidal ideation
- Nurses 2X higher odds; would probably/definitely seek professional help

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Limitations

- 8.5% response rate
- Are nurses with suicidal ideation more or less likely to complete the survey – unknown
- Limited evidence of reliability of measures of
  - Suicidal ideation
  - Help seeking
- Causal relationships cannot be inferred
- Study was before the pandemic

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Conclusions

- Those who need professional help are less willing to seek it
- Burnout is associated with suicidal ideation
  - Perhaps it is because Burnout increases the risk of depression
- What are the barriers to seeking help?
- Organizations need to address Burnout

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Appraisal Question - Quantitative	Yes	No	Unclear	NA
Is the problem statement or purpose fully described?	x			
Is the conceptual framework aligned with the nature of the question?				x
Is the conceptual framework integrated fully throughout the methods, analysis, and discussion sections?				x
Does the review of literature describe the significance of this research?	x			
Do the articles cited in the review of literature relate to the problem statement or purpose?	x			
In studies with hypothesis testing, is a hypothesis stated?				x
Was IRB approval obtained?	x			
Is the design of the study adequately and accurately described?	x			
Are the sampling procedures adequately described?	x			
Are the sampling procedures robust?	x			
Are the data collection methods adequately described?	x			
Are the instruments used validated tools?		X Not all		
Are the research procedures clearly stated?	x			
Were the appropriate statistical tests used?	x			

Criterion	Yes	No	Unclear	NA
Are the findings statistically significant?	x			
Are the findings clinically significant?	x			
Are data presented clearly and factually?	x			
Can some or all of the findings be applied to your practice setting?	x			
Does the discussion address how the findings of the current study align with previous research outlined in the review of literature?	x			
Does the discussion describe implications for practice, education, and/or future research?	x			
Are limitations of the study clearly described?	x			
Tables and Figures: Do they enhance what the text describes?	x			
Are the references current (within past 5 years) and varied (from different journals/disciplines with the exception of sentinel references?	x			
Does the title accurately reflect what the article describes?	x			
Does the abstract accurately represent the article?	x			
JBI FAME Scale Ranking (e.g., E1-4)	E3a			

ASPAN — JBI FAME Scale

Synopsis

- Reviewed studies specific to PA, and nursing as a whole
- Identifying patients at risk for complications/harm, and how to best provide care, continues to be a focus
  - OSA, Pain
- Communication, competence, and education are key to patient safety
- Covid-19 impacts our practice
  - Communication has been a challenge
- Nurse well-being should be a priority

Gaps

- What other innovative ideas can positively impact outcomes?
- How do we reduce burnout and increase nurse well-being?
- Question the status quo – what else should we study?

Calling for more research by PA nurses/teams!!!

1. Internationally, PACU nurses have the same education and training.

   a. True
   b. False

2. Research indicated pain is comprehensively documented and assessment by PACU nurses.

   a. True
   b. False

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3. Patients preferred communication from their surgeon wearing a clear mask.

   a. True
   b. False

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