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**From the Operating Room to the Front Lines: Shared Experiences of Nurse Anesthetists During the Coronavirus Pandemic**

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From the Operating Room to the Front Lines: Shared Experiences of Nurse Anesthetists During the Coronavirus Pandemic

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Introduction: The COVID-19 pandemic resulted in severe health, economic, social, and political consequences while thrusting CRNAs at the forefront of the battle. On March 30, 2020, the Centers for Medicare and Medicaid (CMS) announced sweeping regulatory changes allowing healthcare systems better flexibility in delivering services to meet the surge of patients during the pandemic. The CMS requirement for physician supervision of CRNAs and other advanced practice nurses was temporarily waived to ensure that providers could perform the functions they are qualified and licensed to carry out. Several state governors also issued executive orders removing barriers to CRNA practice by waiving requirements for physician supervision. The purpose of this study was to use personal and group interviews to determine the shared experiences of CRNAs who worked during the COVID-19 pandemic.

Methods: This study was deemed exempt and approved by the institutional review board of Webster University. A mixed-method study was conducted. The qualitative component of the study, a focused ethnography, employed personal and group interviews to determine the shared experiences of CRNAs who worked during the COVID-19 pandemic. Focused ethnography entails studying a specific issue with a specific culture that is familiar with the investigators. Purposeful and snowball sampling were used to recruit participants. A total of 29 participants were recruited, with six focus groups and three personal interviews scheduled. Interviews were audio recorded, transcribed verbatim, and checked for accuracy by reading the transcripts while listening to the audio recordings. Data saturation occurred when information was repeated, or no new information was revealed during interviews. Although data saturation occurred after the fourth focus group interview, all scheduled interviews were completed.

Results: Criteria used to test rigor in quantitative studies include exploring internal validity, external validity, reliability and objectivity. To address trustworthiness in qualitative research, analogs are used: credibility, transferability, confirmability, and dependability. Procedures used in this study included a process whereby data were collected by different investigators. Reliability was established by comparing responses from the six focus groups. Investigators independently analyzed transcripts for codes, patterns, and emerging themes and met weekly to discuss results and reach consensus on final themes. Trustworthiness of inferences was ensured by multiple coding and audit trail. Once final themes were established, the data and analysis were validated by an independent expert qualitative investigator. Six themes were identified: (1) CRNAs are part of the solution, (2) doing whatever it takes, (3) CRNAs are valued contributors, (4) removal of barriers promotes positive change, (5) trying times, and (6) expertise revealed.

Discussion: The roles of CRNAs were expanded during the pandemic. Many found themselves front and center of the crisis educating, developing protocols, acting as consultants and intensivists, leading incident command centers, and innovatively solving problems. The expertise, innovation, and leadership demonstrated by CRNAs was recognized and valued by interdisciplinary teams and administrative leaders across institutions. Temporary removal of scope-of-practice barriers resulted in increased patient access to care and eliminated unnecessary layers of supervision. Although it was common for the CRNAs interviewed to experience fear and anxiety while caring for countless patients infected with COVID-19, they unselfishly provided highly skilled care during a pivotal moment in our nation’s history. This study revealed that CRNAs can assume expanded roles and apply their knowledge and skills to...
provide expert clinical care in a multitude of settings both in and out of the operating room. The findings of this study may support permanent removal of scope-of-practice barriers. A limitation of this study is response bias. Participants may have hesitated to reveal something or may have conformed to other group participants’ responses even though they may not agree. Another is purposive and snowball sampling; therefore, the study results may not be transferable to the larger population of CRNAs.