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Purpose and Question
- Evaluate APRN title section 65-50 (c) of the Illinois Nurse Practice Act using a patient survey of DNP role confusion
- Is APRN title section 65-50 (c) of the Illinois Nurse Practice Act confusing to patients served by DNP APRNs?

APRN title section 65-50 (c)
- An APRN shall verbally identify himself or herself as an APRN, including specialty certification, to each patient.
- If an APRN has a doctorate degree, when identifying himself or herself as “doctor” in a clinical setting, the APRN must clearly state that his or her educational preparation is not in medicine and that he or she is not a medical doctor or physician (225 ILCS 65 § 65-50).

Background
- Physicians claim allowing nurses to use the title “doctor”: May confuse patients
  Jeopardize their safety
- Nurses assert:
  The title is common to many disciplines
  Nurses like other professionals should be trusted to identify their specialty
  (Chism, 2016)

Methodology
Sample
- Illinois adult residents treated by DNP APRNs
- Balanced to Illinois census (age and gender)
- Sample size n = 476

Tool
- Questionnaire partly modeled after AMA’s survey
- Pilot tested
- Anonymous responses gathered online

Analysis
- Descriptive
- Chi square goodness of fit test
- Significance level at 0.05

Framework
- Kingdon’s Multiple Streams Framework adapted for this project
- Describes complex process of policy making
- Critical to address title issues in all three streams to prepare for a policy window

Strengths and Limitations
Strengths
- Large sample size
- Sample of Illinois residents balanced to match census for age and gender
- Questionnaire partly modeled after the AMA survey

Limitations
- Respondents self-reported they were treated by a DNP APRN for healthcare

Summary of Results
- Introduction #1: “Hi, I’m Dr. Smith, the nurse practitioner taking care of you today.”
- Introduction #2: “Hi, I’m Dr. Smith, the nurse practitioner taking care of you today. I do not have a degree in medicine, and I am not a physician or medical doctor.”

Key Findings
- Role confusion is greater between DNP APRNs and physicians
  30.6% identify a nurse practitioner as a physician \( (\chi^2 (2, 481)=62.8, p<.001) \)
  41.5% identify a nurse practitioner with a DNP degree as a physician \( (\chi^2 (2, 480)=33.8, p<.001) \)

- The introduction required in APRN title section (c):
  * Does not reduce role confusion between DNP APRNs and physicians
    no statistically significant difference was found in the ability to correctly identify the APRN role \( (\chi^2 (2, 479)=439.9, p<.001) \)
  * Has a negative impact on the perception of Illinois DNP APRNs (42%)
    \( (\chi^2 (4, 480)=103.3, p<.001) \)

- 74% of patients prefer introduction #1 stating the nurse’s specialty
  \( (\chi^2 (1, 476)=107.3, p<.001) \)

- 53% of patients agree that DNP APRNs should be able to use the title “doctor” in clinical settings if they clearly identify their specialty. \( (\chi^2 (2, 479)=90.2, p<.001) \)
  27% are neutral, 20% disagree

Conclusion
- Results suggest the current APRN title regulation does not solve the problem of role confusion and may have an unintended negative impact on the perception of DNP APRNs
- There is value in re-evaluating the introduction requirements of the DNP APRN in the Nurse Practice Act

Selected References