

# Policy Analysis of the Illinois Nurse Practice Act (APRN Title Section 225 ILCS 65/65-50): Using a Patient Survey of DNP Role Confusion

Sara Kim, DNPc, JD

Jochebed Bea Ade-Oshifogun, PhD, RN-BC, CNE

Department of Nursing  
Andrews University



## 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
  - Destroy trust between patients and physicians
- 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

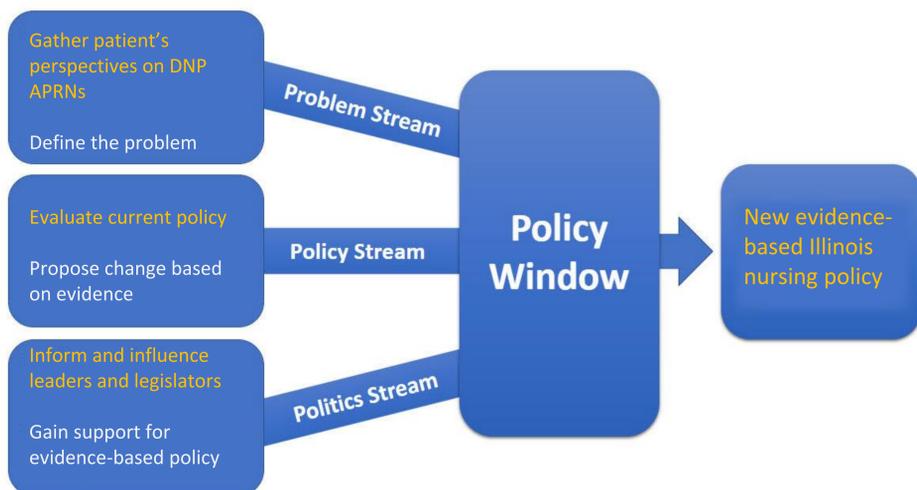
### Analysis

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

(AMA, 2018)

## 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



(Kingdon, 1984)

## 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

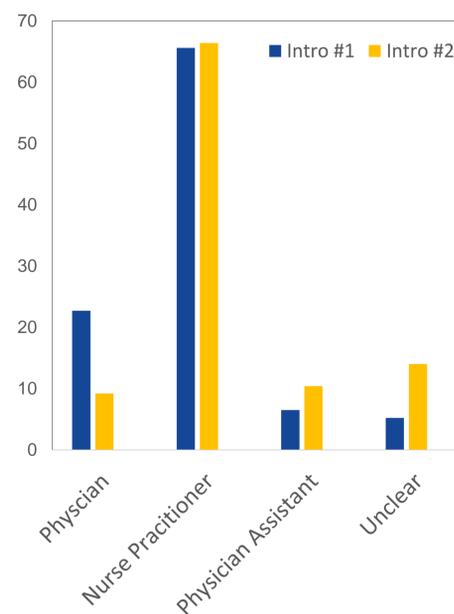
- Respondents self-reported they were treated by a DNP APRN for healthcare

## Summary of Results

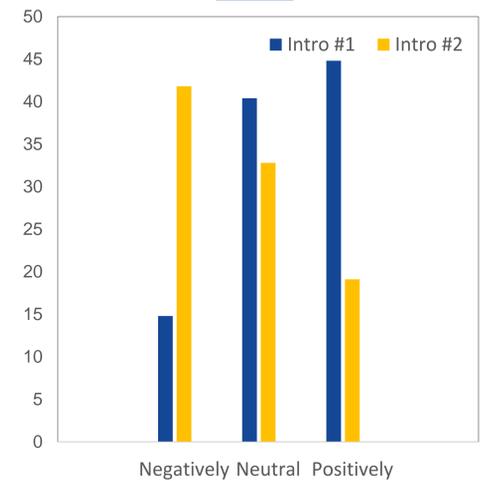
**Intro #1:** “Hi, I’m Dr. Smith, the nurse practitioner taking care of you today.”

**Intro #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.”

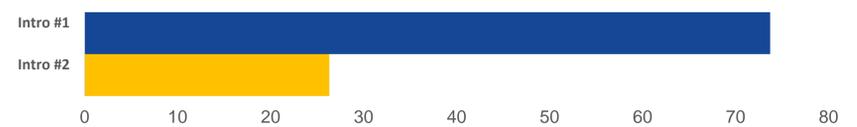
After reading the introduction what role is Dr. Smith acting in?



How does this introduction impact your perception of the APRN?



### Introduction Preference



## 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%)**
    - ( $\chi^2 (4, 480)=102.3, p<.001$ )
- 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

- American Medical Association. (2018). Truth in Advertising. <https://www.ama-assn.org/system/files/2020-10/truth-in-advertising-campaign-booklet.pdf>
- Chism, L. (2016). The doctor of nursing practice: A guidebook for role development and professional issues (4<sup>th</sup> ed.). Jones & Bartlett.
- Kingdon, J. (1984). Agendas, alternatives, and public policies. Little, Brown.
- Nurse Practice Act 225 ILCS 65 § 65-50 APRN title (2018).