

A Policy Development Analysis on Nurse Anesthetist Name Change

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Abstract

Problem & Purpose: In 2021, the American Association of Nurse Anesthetists (AANA) became the American Association of Nurse Anesthesiologists. Currently, six state associations have implemented the title “Nurse Anesthesiologist” and it is to be explored if the Mid-Atlantic nurse anesthesia state association should pursue the name change to “Nurse Anesthesiologist.” This policy development analysis aims to conduct a comprehensive assessment utilizing a standardized analytical tool regarding the decision to implement the name change. **Methods:** Data was collected utilizing the strengths, weakness, opportunities, and threats (SWOT) tool over 15 weeks in the Fall of 2022. The SWOT tool was utilized among members of the Mid-Atlantic State Board of Nursing. The responses from the Mid-Atlantic nursing members were placed into a private data collection service, REDCap, to make confidential the personal names of the interviewees. **Results:** The SWOT tool was completed by three former members of the Mid-Atlantic State Board of Nursing. Interviewees were asked what they believed the strengths were in keeping the current title, “nurse anesthetist.” The strengths identified in retaining the current name included the opinion that the term nurse anesthetist clearly distinguishes nurses from physicians, public familiarity with the name, honoring the history of the profession, and even the ease of pronunciation. Weaknesses identified in retaining the current name and not changing to “Nurse Anesthesiologist, included resistance to change that could lead to a lack of growth and the idea that a change is simply unnecessary. Opportunities identified in connection with making the name change included higher salaries, potential for advancement, and greater understanding and collaboration among healthcare professionals. Threats identified were patient confusion. **Conclusions:** The Mid-Atlantic state board of nursing members do not support the change in title to “Nurse Anesthesiologist.” The current title, “Nurse Anesthetist,” clearly identifies the profession’s role and scope. The data demonstrated common themes such as confusion and the lack of need for the name change from “Nurse Anesthetist” to “Nurse Anesthesiologist.”

Keywords: nurse anesthetists, nurse anesthesiologist, policy analysis, title change.

A Policy Development Analysis on Nurse Anesthetist Name Change

Nurse Anesthetists have been pioneers of anesthesia since the 19th century. In the 1800s, anesthesia was provided by medical students under the supervision of a surgeon. Unfortunately, many intraoperative patient deaths occurred at the hands of medical students, and, as a result, nurses began providing anesthesia to patients (Nagelhout & Elisha, 2018). Nurse anesthetists have continued to provide safe anesthesia for nearly one hundred and fifty years throughout the country. As advanced practice nurses, certified registered nurse anesthetists are the primary anesthesia providers in rural and underserved areas. As part of a rebranding initiative, the AANA has implemented the name change to nurse anesthesiologists to advance the science of nurse anesthesiology and advocate for Certified Registered Nurse Anesthetists (CRNA). While the AANA has applied the name at the national level, individual state CRNA associations must independently decide to pursue the name change at the state level.

The issue of a name change from “Nurse Anesthetist” to “Nurse Anesthesiologist” was presented to the Mid-Atlantic nurse anesthesia state association. The purpose of this policy development analysis was to conduct a comprehensive assessment utilizing a standardized analytical tool focusing on the Mid-Atlantic state board of nursing members’ views on the name change to “Nurse Anesthesiologist.”

Available Knowledge

An integrative literature review was conducted, focusing on name changes and rebranding. Evidence supporting the name change included one Level III, Quality B, observational study and two Level V, Quality A, case studies.

Evidence suggests rebranding provides limits confusion when titles are clearly defined. Taylor et al. (2021) conducted a patient and public involvement and engagement to identify interventions to decrease patient confusion on titles and roles of the newly branded physician associates. Taylor et al. (2021) concluded that a patient information leaflet was helpful to patients in understanding the physician associate role and was acceptable to both patients and physician

associates.

Certified registered nurse anesthetists are advanced practice nurses capable of applying anesthetics to various populations. According to Fredriksson et al. (2020), Certified Registered Nurse Anesthetists are members of the nursing profession and expert clinicians in anesthesiology, along with physician anesthesiologists, making these titles synonymous. Joseph et al. (2020) and Fredriksson et al. (2020) focused on rebranding and its reflection on the internal perspective of its employees and consumers. As stated by the evidence, rebranding creates a higher level of identification and engagement with the public. Rebranding the profession provides clarity to the public and increases awareness of the profession. The available evidence has consistent positive results on the importance of rebranding and name change (Tables 1 and 2).

Rationale

The Policy Framework Cycle was selected to address the policy change from Nurse Anesthetists to Nurse Anesthesiologists. This policy framework cycle focused on three stages: agenda-setting, formulation, and adoption. The first stage, agenda-setting, identifies the name change of Nurse Anesthetists to Nurse Anesthesiologists as an emerging issue. Formulation, the second stage, defined the structure of this policy. This step focused on impact assessments, goals of the policy, financial obligations, and stakeholder reactions to the effects of the change. The final stage, adoption, determines the next steps toward making the policy change. The final three stages are implementation, evaluation, and support. These stages were beyond the focus of the project (Figure 1).

Methods

This project, in particular, examined and surveyed the Mid-Atlantic state board of nursing. The Mid-Atlantic state board of nursing is an association implemented with the task of improving, standardizing, and regulating the scope of practice, improving the professional transition for advanced practice nurses, and highlighting safety as a motivator for national regulation (Ducklow, 2018). The Mid-Atlantic state board of nursing focuses on the licensure of advanced practice

registered nurses. This stakeholder was valuable because it represented its members' interests and addressed needs for state-level legislative actions and rulemaking. In addition, the Mid-Atlantic state board of nursing verifies that the advanced practice registered nurse has certification from the certifying body and education from a graduate program accredited by the Commission on Collegiate Nursing Education.

Over 15 weeks in the fall of 2022, the impact assessment implemented the strengths, weaknesses, opportunities, and threats (SWOT) tool. The SWOT analysis tool was utilized while interviewing previous Mid-Atlantic state board of nursing members. All interviews were conducted with a second interviewer to reduce recorder bias and enhance the reliability of data collection. During the interview, the first interviewer would ask the Mid-Atlantic state board of nursing members questions regarding each element of the SWOT tool. The second interviewer would record and log the answers for the project analysis. The Mid-Atlantic state board of nursing members considered the strengths and weaknesses of the current name, "Nurse Anesthetists." Further questions identified the opportunities the Mid-Atlantic members thought would accompany the name change to "Nurse Anesthesiologists," and the threats that a name change could bring.

This project was organized to show credibility for the proposal's acceptance by the Institutional Review Board (IRB) so that the information could be presented to the state board of nurse anesthetists. Sustainability measures included the state board of nurse anesthetists' decision to pursue the name change proposal to Nurse Anesthesiology.

Confidentiality and privacy were protected by deidentifying the personal names of the interviewees through a secure web application, RedCap. The interviewee's identification was not presented during the presentation to the nurse anesthetist state board association.

Before site implementation, initial strategies were employed to establish buy-in from the nurse anesthetist state board association to support the project. Initial strategies focused on formal commitment from the nurse anesthetist state board association president and that the association will support the project and review the final comprehensive analysis. Other implementation

strategies and tactics focused on identifying early adopters from the Mid-Atlantic state board of nursing to enhance stakeholder engagement and completion of the SWOT tool. Once early adopters were identified, stakeholders' buy-in was achieved by communicating current knowledge of the name change and education regarding the SWOT tool.

The measures chosen for the policy development analysis were the structure, process, and outcome measures. Structure measures utilized the SWOT tool to collect qualitative data from the previous Mid-Atlantic state board of nursing members. The process measure included 100% involvement from the Mid-Atlantic state board of nursing, in which all components of the SWOT tool were addressed. The outcome measure analyzed the qualitative data from the Mid-Atlantic state board of nursing, and recommendations on the name change were presented to the state board association of nurse anesthetists (Tables 3 and 4).

This comprehensive assessment utilized a thematic analysis. Utilizing a thematic analysis captured the frequency of ideas and concepts expressed by the Mid-Atlantic state board of nursing. This thematic analysis followed a four-level process utilizing the transcription of interview recordings and followed coding stages. The first level of analysis involved the transcription of interview responses to identify potential themes. The second level of analysis involved reviewing the initial codes' diversity while producing higher-level sub-themes. The third level of analysis identified quotes congruent with the overarching themes. In the fourth level of analysis, themes were reviewed prior to defining and naming them. Once themes were finalized, a comprehensive assessment was conducted.

Ethical considerations included confidentiality and privacy by deidentifying the organization's title and personal names of the interviewees during the presentation to the nurse anesthetist state board association. Survey results were collected and directly placed through a link in REDCap. The design of this policy development analysis was intended for the Mid-Atlantic nurse anesthetist state board association to either pursue or forgo the name change based on the recommendations provided. The outcomes were not generalizable to other settings/populations

because each state nurse anesthetist organization has its own governing body, and the state of Maryland must abide by practice regulations. Project outcomes were communicated to the nurse anesthetist state board association to present the impact assessment. Prior to intervention, non-human research determination was obtained from the Human Research Protections Office (HRPO). HRPO is a program that protects all human research participants and provides its users with up-to-date information on conducting research with human participants (Human Research Protection Program Plan, 2021).

Current Mid-Atlantic state board of nursing members were not interviewed for the policy development analysis. The Code of Maryland Regulations (COMAR) prevented current members from providing opinions on the title change. A meeting was conducted among all members of the current Mid-Atlantic state board of nursing to provide a cohesive response; unfortunately, current members declined to respond.

Results

A total of three previous Mid-Atlantic state board of nursing members completed every component of the SWOT analysis. Therefore, the process measures of 100% of the stakeholders engaging in all components of the SWOT analysis were successfully achieved.

At the end of the 8-week implementation phase, three interviews were conducted. A total of three previous board members completed every component of the SWOT analysis. Utilizing the SWOT tool, the strengths identified are that the current name, Nurse Anesthetist, clearly distinguishes between nurses and physicians. Weaknesses are that the name Nurse Anesthesiologists brings a problematic change in the workplace and to the public. Opportunities identified were additional responsibility for the Nurse Anesthetist and a higher salary. Threats identified were confusion between Nurse Anesthetist and Nurse Anesthesiologist titles and public confusion between the titles of Anesthesiologist and Nurse Anesthesiologist. Common themes analyzed were confusion and disagreement on the name change from “Nurse Anesthetist” to “Nurse Anesthesiologist.” Based on the responses and common themes from the SWOT analysis,

the outcome goal of synthesis and recommendations to a state nurse organization was achieved in the implementation phase (Figure 2).

During the 8-week implementation phase, a barrier was identified and mitigated to improve SWOT analysis responses from board members. Current and former board members' personal information, such as email and telephone numbers, was unachievable through the board of nursing website. Mitigation was attempted by purchasing a "LinkedIn" business account to engage with the current Mid-Atlantic state board of nursing. Of the 14 current board members, nine emails were sent to the current member's accounts, and only five responded to the emails. Two current board members completed all the components of the SWOT tool, and three board members refused due to personal reasons or declined due to the violation of The Code of Maryland Regulations (COMAR). Due to the COMAR regulations, responses to the SWOT tool from the current board of nursing members were not applied during the presentation to the Mid-Atlantic nurse anesthetist state board association.

Discussion

This policy development analysis provides initial support regarding implementing the policy cycle framework of changing the name "Nurse Anesthetist" to "Nurse Anesthesiologist" to the Mid-Atlantic nurse anesthetist state board association. The AANA has changed its name from Nurse Anesthetist to Nurse Anesthesiologist; it is to be explored whether the Mid-Atlantic nurse anesthetists state board association should adopt the name change. Utilizing the SWOT tool, interviews were conducted among current Mid-Atlantic state board of nursing members to provide responses to the Mid-Atlantic nurse anesthetist state board association. Mid-Atlantic state board of nursing members found that the name Nurse Anesthetist provides a clear role between medical doctors and nurses, and the name Nurse Anesthesiologist brings a problematic change to the workplace. The title, Nurse Anesthesiologist, will require additional responsibility, and the title will confuse the general public. If the policy change is pursued by the Mid-Atlantic nurse anesthetist state board association, implementation, evaluation, and support will proceed beyond

the focus of this policy development.

An integrative literature review was conducted, focusing on name changes and rebranding. Rebranding creates higher identification and engagement with the public (Joseph et al., 2020; Fredriksson et al., 2020). However, the former Mid-Atlantic state board of nursing members found the title “Nurse Anesthesiologist” confusing to the public and disagreed with the rebranding.

Collaboration with the clinical site representative (CSR) was a crucial facilitator in implementing the policy development analysis. Collaboration with the CSR allowed the impact assessment to flourish despite obstacles that ensued. Access to current Mid-Atlantic board of nursing members was burdensome, and despite the challenges, the CSR was able to obtain a meeting with the Mid-Atlantic state board of nursing members. Unfortunately, despite multiple efforts, the current Mid-Atlantic state board of nursing members declined to respond to the SWOT tool, which may be attributed to the perceived COMAR violation.

Responses from three previous Mid-Atlantic state board of nursing members were attained. The process goal of achieving 100% of stakeholders completing each component of the SWOT analysis tool was achieved. The outcome goal of providing a synthesis and recommendation to the state nurse organization was achieved.

Limitations that might have limited internal validity included previous Mid-Atlantic state board of nursing members’ bias against completing the SWOT tool. Mitigation was attempted by reassuring the members that names were deidentified utilizing a secure web application, RedCap. Once members were reassured, 100% completion of the SWOT tool was achieved.

Conclusion

Previous Mid-Atlantic state board members of nursing do not support the title “Nurse Anesthesiologist.” The current title, Nurse Anesthetist, clearly identifies the profession’s role and scope of practice. Strengths of the project included utilizing the policy cycle framework to sustain the potential for future replication of the project development analysis. This policy development focused on the first three stages of agenda setting, formulation, and adoption. If the Mid-Atlantic

nurse anesthetist state board association decides to forgo the name change, implementation, evaluation, and support will be the last stages of the project development. The next step of the policy development analysis will include if the Mid-Atlantic nurse anesthetist state board associations decide to go or not to forgo the name change from Nurse Anesthetist to Nurse Anesthesiologist.

References

- Benzaghta, M. A., Elwalda, A., Mousa, M. M., Erkan, I., & Rahman, M. (2021). SWOT analysis applications: An integrative literature review. *Journal of Global Business Insights*, 6(1), 55-73. <https://digitalcommons.usf.edu/cgi/viewcontent.cgi?article=1148&context=globe>
- Ducklow, P. A. (2018). ADVANCED PRACTICE WITHIN A NURSING PARADIGM. *Advanced Practice Nursing Roles: Core Concepts for Professional Development*, 29. https://www.google.com/books/edition/_/vV5WDwAAQBAJ?hl=en&gbpv=1&pg=PA29&dq=lance+nursing+model
- Fredriksson, S., Ellis, H., Hartzell, A., Hester, A., & Szlachta, J. (2020, July). Preface to Proposed 2020 AANA Resolution. Retrieved from [https://www.aana.com/docs/default-source/exec-unit-my-aana-web-documents-\(members-only\)/goverance-docs/master-2020-resolutions-final---July-10-2020.pdf?sfvrsn=6a9c268d_6](https://www.aana.com/docs/default-source/exec-unit-my-aana-web-documents-(members-only)/goverance-docs/master-2020-resolutions-final---July-10-2020.pdf?sfvrsn=6a9c268d_6)
- Human Research Protection Program Plan*. University of Maryland Baltimore. (2021, April). Retrieved April 19, 2023, from <https://www.umaryland.edu/media/umb/oaa/hrp/documents/HRP-101---HRPP-Plan.pdf>
- Joseph, A., Gupta, S., Wang, Y., & Schoefer, K. (2021). Corporate rebranding: An internal perspective. *Journal of Business Research*, 130, 709-723. <http://survey.hshsl.umaryland.edu/?url=https://search-ebshost-com.proxy-hs.researchport.umd.edu/login.aspx?direct=true&db=edselp&AN=S0148296320302368&site=eds-live>
- Nagelhout, J. J., & Elisha, S. (2018). *Nurse anesthesia*. Elsevier.
- Taylor, F., Ogidi, J., Chauhan, R., Ladya, Z., Brearlet, S., & Drennan, V.M. (2021). Introducing physician associates to hospital patients: Development and feasibility testing of a patient experience-based intervention. *Health Expectations*, 24(1), 77-86. <https://doi-org.proxy->

hs.researchport.umd.edu/10.1111/hex.13149

Appendix A

Table 1

Evidence Review Table

Citation: Joseph, A., Gupta, S., Wang, Y., & Schoefer, K. (2021). Corporate rebranding: An internal perspective. <i>Journal of Business Research</i> , 130, 709-723. http://survey.hshsl.umaryland.edu/?url=https://search-ebsohost-com.proxy-hs.researchport.umd.edu/login.aspx?direct=true&db=edselp&AN=S0148296320302368&site=eds-live					Level and Quality V, A
Purpose/ Hypothesis	Type of Evidence Research Design	Sample – Population, Size, Setting	Intervention/Procedures	Primary Outcome/Measures	Results/Conclusions
Corporate rebranding is essential for internal stakeholders such as their employees. The employees are essential in communicating the corporate brand to consumers.	Case study approach with semi-structured in-depth interviews	Sampling Technique: Convenience sampling # eligible: Six participants # accepted: Six participants	Control: Participants were based on length of service and if they were present before and after rebranding. <u>Intervention fidelity</u> (describe the protocol): Interviews were conducted face-to-face and on a one-to-one basis. Each individual was asked open-ended questions on four themes: internal branding, employee engagement, corporate brand identification, and post-rebranding buy-in. The interviewer then collected the data, and the information was reviewed with other experts to avoid bias and maintain internal validity.	DV: Internal branding is essential to establish internal stakeholder buy-in. Internal corporate communication and training align employees’ understanding of their roles, attitudes, and behaviors toward customers/ State the instrument, reliability, and measurement procedure: The semi-structured interviews conducted with the employees were recorded and then transcribed. These interviews were then converted into summary notes used for data analysis. Within this data analysis, four key themes needed to be examined, incorporating rebranding from an internal stakeholders’ perspective. The four themes are internal branding, employee engagement, corporate brand identification, and post-re-branding buy-in.	Conclusions: The rebranding process created a positive impact on the employees. The rebranding gave employees a higher level of identification and engagement.

<p>Citation: Taylor, F., Ogidi, J., Chauhan, R., Ladya, Z., Brearlet, S., & Drennan, V.M. (2021). Introducing physician associates to hospital patients: Development and feasibility testing of a patient experience-based intervention. <i>Health Expectations</i>, 24(1), 77-86. https://doi-org.proxy-hs.researchport.umd.edu/10.1111/hex.13149</p>					<p>Level and Quality</p> <p>III, B</p>
Purpose/ Hypothesis	Type of Evidence Research Design	Sample – Population, Size, Setting	Intervention/Procedures	Primary Outcome/Measures	Results/Conclusions
<p>Develop a patient and public involvement and engagement for introducing physician associates to hospital patients and test the feasibility.</p>	<p>An experienced-based co-design approach was conducted. There were two phases. Phase one was intervention development that focused on interviewing patients and introducing the patients to physician associates. Phase two was feasibility testing interviews with patients and physician associates.</p>	<p>Sampling Technique: Convenience</p> <p># eligible: Patient and Public involvement and engagement representatives=19 Physician Associates=23</p> <p># accepted: Patient and Public involvement and engagement =13, PA=3</p> <p>Excluded: Patients who are not clinically well enough or cannot give informed consent.</p>	<p>Control: Six ideas for introducing Physician Associates to patients were written down. Bias was avoided by rotating ideas to participants.</p> <p>Intervention: Semi-structured interviews were conducted among Physician Associates and hospital patients.</p> <p><u>Intervention fidelity</u> (describe the protocol): In Phase one, emergent data was analyzed by the researcher. In Phase two, data were analyzed using thematic analysis. Two frameworks were used, one for patient data and the other for PA data.</p>	<p>DV: Hospital patients’ understanding of the PA role in semi-structured interviews.</p> <p>State the instrument, reliability, and measurement procedure: A framework approach was conducted to code and categorize the interview data. Researchers placed verbatim the patient’s responses into the coding framework. The researcher conducted the process, and a consensus of categories was established in collaboration with the principal investigator.</p>	<p>Conclusions: It was determined that patients preferred the method of PA’s being introduced with a small information leaflet and a personal verbal explanation</p>

Citation: Fredriksson, S., Ellis, H., Hartzell, A., Hester, A., & Szlachta, J. (2020, July). Preface to Proposed 2020 AANA Resolution. Retrieved from https://www.aana.com/docs/default-source/exec-unit-my-aana-web-documents-(members-only)/governance-docs/master-2020-resolutions-final---july-10-2020.pdf?sfvrsn=6a9c268d_6					Level and Quality V, C
Purpose/ Hypothesis	Type of Evidence Research Design	Sample – Population, Size, Setting	Intervention/Procedures	Primary Outcome/Measures	Results/Conclusions
The American Association of Nurse Anesthesiology conducted a membership-driven resolution regarding rebranding the profession. The resolution process is for the members to express their issues regarding the profession and impact national leadership on the member's preferences.	Research or Practice: Survey	Members of the American Association of Nurse Anesthesiology	The American Association of Nurse Anesthesiology will approve experts on the history of anesthesiology and deliver in-person CEU content at the Annual Congress and State Association Meeting to fully educate the members for the next 1-3 years. The American Association of Nurse Anesthesiology will change its documents for members and the public through public and electronic communications describing the title nurse anesthesiologist. The board will then submit a Doing Business As within one month of the Resolution passing.	American Association of Nurse Anesthesiology will approve or disapprove of the rebranding of the profession.	Members of the American Association of Nurse Anesthetists support the nurse anesthesiologist concept as a synonymous title to nurse anesthetists, a complimentary descriptor, and as a way to communicate to the public that certified registered nurse anesthetists are members of the nursing profession and expert clinicians in anesthesiology.

Table 2
Evidence Synthesis

Category (Level Type)	Total Number of Sources/Level	Overall Quality Rating	Synthesis of Findings
Level I - Experimental study · Randomized Controlled Trial (RCT) · Systematic review of RCTs with or without meta-analysis			
Level II · Quasi-experimental studies · Systematic review of a combination of RCTs and quasi-experimental studies, or quasi-experimental studies only, with or without meta-analysis.			
Level III · Non-experimental study · Systematic review of a combination of RCTs, quasi-experimental, and non-experimental studies, or non-experimental studies only, with or without meta-analysis · Qualitative research or systematic review of qualitative studies with or without meta-synthesis	One observational study	B	Taylor et al. (2021) found that patients responded well to physician associates and trusted that they provided quality care once they fully understood their title and description of their job. .
Level IV · Opinion of respected authorities and reports of nationally recognized expert committees/consensus panels based on scientific evidence			
Level V · Evidence obtained from literature reviews, quality improvement, program evaluation, financial evaluation, or case reports · Opinion of nationally recognized expert(s) based on experiential evidence.	One case study One opinion of experts	A	Joseph et al. (2021) found that the rebranding process positively impacted. Rebranding communication made the employees have a higher level of identification and engagement. AANA (2020) finds that CRNAs agree with the rebranding of the name Nurse Anesthesiology
Recommendations Based on Evidence Synthesis: Consistent evidence to support a name change for Nurse Anesthetists.			

Table 3

Measures

Structure Measures	Process Measures	Outcome Measures
1. SWOT analysis tool	1. 100% of the stakeholders engaging in all components of the SWOT analysis	1. Synthesis and recommendations to a state nurse anesthesia organization.

Table 4*Measurement Plan*

Identify stakeholders and assess needs.
Conduct a literature review related to the problem of interest.
Research of validated survey tools
Create an appropriate interview tool about the targeted population and policy of interest.
Find a sample group of CRNAs and SRNAs within the region – convenience sampling.
Ensure willingness to participate and ethical standards are upheld.
Schedule and conduct interviews beginning with a brief introduction to self and policy problem
Conduct interview questions and conduct focus groups related to feelings on strengths and weaknesses in both anesthesia titles.
Conclude interviewing with a non-identifying demographic survey.
Review and analyze obtained data to establish a final impact assessment.
Present findings to state nurse anesthesia organization

Appendix B

Figure 1

Policy Cycle Framework



Figure 2

SWOT Diagram

<p>Strengths: What do you believe are the strengths in keeping the current title, “Nurse Anesthetist.”</p> <ul style="list-style-type: none"> • The name “Nurse Anesthetist ” defines a clear role between medical doctors and nurses. • An anesthesiologist is a doctor, and Nurse Anesthetist is a nurse who underwent extensive training. • Keeping the current title aligns with public familiarity. 	<p>Weakness: Nurse Anesthetists are viewed in high regard in the nursing and anesthesia profession; what are the weaknesses of maintaining the title “Nurse Anesthetist”?</p> <ul style="list-style-type: none"> • "Nurse Anesthetist" is a known name. There are not any weaknesses in the current name. • Resistance to change could lead to a lack of growth.
<p>Opportunities: What opportunities do you see will come from changing the title from “Nurse Anesthetist” to “Nurse Anesthesiologist</p> <ul style="list-style-type: none"> • The title "Nurse Anesthesiologist" will require additional responsibility. • A Nurse Anesthesiologist's salary should be the same as an Anesthesiologist • Growth and advancement in education, practice, and business 	<p>Threats: What downsides or issues do you see arising from changing the name “Nurse Anesthetist” to “Nurse Anesthesiologists.”</p> <ul style="list-style-type: none"> • The name "Nurse Anesthesiologist" will confuse the general public. • Confusion between the names of “Nurse Anesthesiologist” and “Anesthesiologist” • Confusion to the American public.

