Strategic Planning and Policy Impact Analysis: Nurse Anesthetist Descriptor Change

By

Nicole M. Cornelius

Under Supervision of

Dr. Veronica Amos

Second Reader

Dr. Andrea Brassard

A DNP Project Manuscript
Submitted in Partial Fulfillment of the Requirements for the
Doctor of Nursing Practice Degree

University of Maryland, Baltimore School of Nursing

May 2023

Abstract

Problem: In 2021, the national organization for Certified Registered Nurse Anesthetists (CRNAs) changed their organizational title to include Anesthesiology. This led to six other state organizations also changing their title to include Anesthesiologist or Anesthesiology. A mid-Atlantic state organization requested a policy analysis to understand the impacts of an organizational name change and professional descriptor change. **Purpose:** The aim of this proposal is to provide the mid-Atlantic state nurse anesthesia organization with an impact assessment regarding an organizational name change and a professional descriptor change. These changes aid in providing clarity about the profession to the public, patients and other members of the healthcare team. **Methods:** Information regarding the policy impact assessment was obtained from the American Association of Nurse Anesthesiology (AANA) and the American Academy of Physician Associates (AAPA). These groups have been chosen due to their recent rebranding efforts on the national level. Interviews utilizing a Strength, Weakness, Opportunity, and Threat (SWOT) analysis tool were conducted to obtain information. A scribe was present to aid in note taking and data collection. This information was then transcribed into RedCap. **Results:** Five interviews were conducted. Strengths included clarity in the professional role. Weaknesses included the change being contentious amongst membership. Opportunities included the ability to rebrand and educate on the professional role. Threats included high costs associated with the name change and concern with opening Medicare legislation to change the descriptor of Nurse Anesthetist to Nurse Anesthesiologist. **Conclusions:** The AANA concluded that a rebranding of the organization can be a costly measure. Organizations with many needs may want to determine their highest priorities prior to implementing a name change. The change also needs to be supported by members who are passionate about the project. Consideration must be given before introducing legislation that may allow for changes to be made to

current laws. This could ultimately change the way that CRNAs are able to practice within the United States.

Strategic Planning and Policy Impact Analysis: Nurse Anesthetist Descriptor Change

Name changes and rebranding are tasks that companies take on when they have changes in leadership, culture, or public opinion. These rebranding moments may be simple changes to font or color schemes. They can also be used to realign company values or better convey their messaging. Over the history of marketing there have been many successful rebranding efforts, along with many that have failed. Re-branding CRNA organizations from Nurse Anesthetist to Nurse Anesthesiology and adding the descriptor of Nurse Anesthesiologist is a change focused on creating the most accurate title and ensuring that patients understand who is caring for them during a vulnerable time in their lives.

Anesthesia is a robust profession with thousands of practitioners across the country and world. These providers include physicians, doctorate and masters prepared registered nurses, and masters prepared anesthesiology assistants. The title of anesthesiologist has often been reserved for physicians, however the suffix -ologist signifies an expert in a field and is not exclusive to medical doctors. Considering the advanced education of CRNAs, they should also be acknowledged as experts in the field.

Available Knowledge

An evidence review was completed to identify available knowledge regarding the subject. In a survey, it was found that 57% of respondents felt that anesthesiologist was the appropriate term for an expert. 53% also stated that they were able to identify that a Nurse Anesthesiologist was a part of the nursing profession and that a Physician Anesthesiologist was a Medical Doctor (Ascend, 2019). When CRNAs are utilized appropriately, they can improve access to care

especially in underserved and rural areas. During the COVID-19 pandemic, CMS lifted supervision requirements for CRNAs and saw an increase in availability of care and no change in patient outcomes (Vitale, 2021). Five states have now changed their state organization name to match the national organization. By including anesthetist and anesthesiologist in literature, it allows for members to identify themselves as they feel appropriate and helps to reduce confusion about professional titles (AANA, 2021). Rebranding in service and goods-based industries was found to decrease trust in an organization. Trust was maintained when the rebrand remained similar to the original brand (Collange, 2014) (Table 3 and 4).

Rationale

The framework chosen to develop the impact analysis was the Policy Cycle. This included agenda setting, policy formulation, policy adoption, policy implementation and policy evaluation. There are several points throughout the cycle where revisions can be made to improve the policy. This framework guided the creation of a successful policy in several ways. First, it created a flow to the progression and identified the order in which to best create change. Secondly, it allowed for revisions throughout the process to improve the policy over time and as new information comes forward. Finally, this framework was successful because it provides a cyclical and systematic way of moving through the policy life cycle to produce sustainable change. The Policy Cycle guided policy development of this analysis by providing guidance and the ability to revise as additional information is obtained (figure 1).

Methods

Context

The AANA is the professional organization and advocacy body for 59,000 CRNAs across the United States. The AANA provides advocacy through a CRNA-political action

committee, education by hosting seminars and annual meetings, promotion of well-being and professional development. AANA was founded in 1931 as the National Association of Nurse Anesthetists. In 1939 the organization rebranded to its current title. The AANA was chosen for this assessment due to their recent organizational name change to include Anesthesiology (AANA, 2023).

The American Academy of Physician Associates (AAPA) is the national organization for Physician Assistants/Associates that has undergone a recent rebranding effort. The national organization moved to include associate as an acceptable descriptor in 2021. The AAPA was founded in 1968 and represents more than 150,000 Physician Associates (PA). The organization states that their goal is to advocate and educate for the profession and patients they serve. They aim to develop professional growth, personal excellence, and recognition of PAs (AAPA, 2023).

Valuable voices for this analysis included organizers who worked on the AANA name change, members focused on growth within the organization and members of AANA who witnessed the proposal progression in real time. A member from AAPA who witnessed the change was interviewed to assist with strategic planning of this implementation.

Intervention

The intervention for this project was a strengths, weaknesses, opportunities, and threats (SWOT) analysis of key stakeholders within AANA and AAPA. SWOT analysis allows for systematic identification of how a process works, could be improved and what is preventing change. Strategic planning can be done by analyzing themes from interview results.

Best practices for SWOT analysis include creating a welcoming and calm environment, encouraging candor, and supporting various ways of communicating ideas for all participants. For example, some interviewees may feel more comfortable writing down their answers,

especially in a group setting. It is also important to synthesize and narrow down ideas to what was relevant within an organization and to focus on the most important ideas. Emotion should be eliminated from the conversation as much as possible. It is important to educate interviewees on giving answers that are based in fact and not let emotions guide answers. Having a scribe available to assist with note taking can be helpful and improve reliability of the conversation (Gurel, 2017).

The SWOT assessment is qualitative in nature. This allows for discussion to be had regarding the process change, which can reveal valuable information that would not be discerned through a question-and-answer survey. However, it can be difficult to obtain results that are repeatable. This is due to the candid setting of interviewing stakeholders and the varying environment that can be created. Therefore, it is important to conduct interviews in a standardized fashion to increase reliability of the answers obtained (Figure 4). Results can sometimes be too narrow in focus and not truly identify accurate strengths and weaknesses of an organization. The SWOT provides a structured way of interviewing stakeholders that can be repeated over time with appropriate considerations taken (Gurel, 2017).

Methods to ensure completeness included developing standardized questions for each portion of the SWOT tool, as well as interviewing participants with a scribe to record data gathered, which allows for thorough documentation of the interviews. Thematic analysis was utilized to understand data. The analysis identified relevant information that can be disseminated to the mid-Atlantic state organization.

The measures identified for this project included structure, process, and outcome. The structure measure was the SWOT analysis tool. The process measure was 100% utilization of all

parts of the SWOT tool during interviews. The outcome measure was an analysis of the SWOT data to present to the mid-Atlantic state organization (Figure 2 and 3).

All information was entered and stored in REDCap, a secure website that is password-protected and encrypted. The interview information was collected, analyzed, and accessed only by authorized users from a password-protected computer in a private location. The policy impact assessment was to provide information on the title change only to the state of Maryland. The project findings are not generalizable to other states because each state has a different policy process. Each state makes its own determination regarding the professional name of the CRNAs. Therefore, the conclusions and recommendations made by the organization will not affect other state nurse anesthesia associations. Information obtained from the SWOT analysis results was presented to the organization as a presentation, and information will be disseminated outside of the organization only with their consent. There are no conflicts of interest to report. Institutional Review Board approval was completed with the University of Maryland, Baltimore and project was approved by the state organization.

Results

Three interviews were conducted with leaders of AANA. These interviews yielded results specific to the anesthesia profession. It was stated that strengths of the descriptors included clarifying to patients the role of who was caring for them and defining that CRNAs have a similar scope of practice compared to physician anesthesiologists. Participants also stated that the execution of the name change went well. There were organizational members that were opposed to the change due to aligning their professional identity with anesthetist. However, the AANA interviewees stated that over time comfort will grow with the new professional

descriptor. Weaknesses of the name change include the fact that only about 6,000 members of the 59,000 members of AANA participated in the voting measure. This meant that a very small portion of CRNAs made their voice heard regarding the change, and it is unclear whether the majority of the organization agreed with the change. Opportunities in the name change included the ability to rebrand the organization at the same time as the name change, as well as an opportunity to educate the public on what the CRNA's role is during the perioperative period. Threats to the name change included physician organizations, such as the American Society of Anesthesiologists, opposition to the change citing that it creates more confusion to patients. It was also noted that changing the professional descriptor could lead to conflict with billing practices. Certified Registered Nurse Anesthetists are often specifically named in billing documents. If this change occurred, it would need to be rectified in these documents to ensure correct billing is completed.

The interview with the AAPA leader yielded similar results. The AAPA leader stated that the strengths included that the change more clearly defined the role of PAs, and that the change was well communicated to the healthcare community. Weaknesses stated by the leader included that many PAs are somewhat apathetic about the name change and do not find it to be an important change to make. Opportunities included utilizing this name change and rebranding as a time to educate patients on the role of PAs, and how they function within the care team. One threat mentioned was that people who may currently understand the role of the Physician Assistant may be more confused by the term associate. There were no major organizations that opposed the change and no billing issues that were created with the name change due to their practicing in collaboration with a physician. Only one AAPA leader was available for an interview (Figure 5).

Discussion

Key findings from the interviews included clarifying the professional role and responsibilities, an opportunity for education of the public and other healthcare workers and high financial costs associated with the name change. The term anesthesiologist is a familiar term to the public and makes the title of CRNA more accessible to patients. It clearly identifies that it is a nurse who is providing their anesthesia but one who is specifically trained as an expert in anesthesia. When this rebranding occurs, this is a great opportunity for the state association to develop an educational event that advertises the skills and scope of practice of CRNAs. The cost of the name change is a value that would need to be estimated by the state association in order to change their name change in their documents, advertising and websites. Members of the AANA stated that it was a very costly change citing millions of dollars but did not give an exact figure of the cost for the national organization. This cost would likely be significantly lower for a smaller state organization. This cost needs to be weighed with the ranking of importance of the name change along with the other issues that the state organization may be facing at this time. Based on current research there are no other publications that have looked at the impact of a name change on a state organization. Anticipated outcomes included full support of the AANA in this name change. While they did not state that they disagreed with the proposition, they advised caution in changing the name due to outside factors such as cost and creating contention with other political adversaries in the anesthesia field.

Factors that may have had an impact on results was utilizing an interview technique to obtain data. This style of data collection results in non-standardized answers and can create difficulty in comparing answers from different parties. A small sample size can have a large impact on data. Only five individuals were interviewed and four were related to the AANA and

only one from the AAPA. Efforts were made to identify additional members from the AAPA for interview but unfortunately there was limited response from the state or national organization.

Conclusions

This policy analysis aims to provide an impact assessment for a state organization regarding a name change. Ideally this project structure could be extrapolated to be utilized to analyze a policy change within an organization. This could allow for more guidance to be created on developing standardized interviewing questions or a novel way to gather data from interviews. Strengths of the project include interviews with high level members within the AANA related to the organizational name change and the current interest within the CRNA community regarding a professional descriptor change which leads to increased overall buy in.

Developing sustainability includes providing all evidence gathered to the state organizations and continuing to understand the complexities of this policy change. It is also important to remain available to the organization regarding questions about the interviews. These state organizations provide incredible support to the local CRNAs and should be supported in their endeavors to pursue changes that are desired by their member body. Implications of this project include a possible name change as well as utilizing Doctorate of Nursing Practice students to investigate the strengths, weaknesses, opportunities and threats of additional policy changes. This allows for an organization to ensure that all factors related to the change are being considered.

References

AANA Announces Major Rebrand and Moves Forward as the American Association of Nurse Anesthesiology. Aana.com. (n.d.). Retrieved January 30, 2022, from https://www.aana.com/news/press-releases/2021/08/14/aana-announces-major-rebrand-and-moves-forward-as-the-american-association-of-nurse-anesthesiology

American Academy of Physician Associates. (2023). History of AAPA. https://www.aapa.org/about/history/

American Association of Nurse Anesthesiologists. (2021). Preface to Proposed 2021 AANA Resolutions. https://www.coacrna.org/wp-content/uploads/2021/08/2021-proposed-resolutions-final.pdf

American Association of Nurse Anesthesiologists. (2023). AANA History. https://www.aana.com/about-us/aana-archives-library/our-history

Ascend Perspectives. (2019). *National CRNA Survey.* https://static1.squarespace.com/static/5c61d4138155120325aebc52/t/5cba74be4192025ce45d9a2d/1555723456293/CRNA_NationalSurvey_Ascend_Revised_190404.pdf

Collange, V.(2015). Consumer reaction to service rebranding (2014). *Journal of Retailing and Consumer Services*, (178-186). http://dx.doi.org/10.1016/j.jretconser.2014.07.003 0969-6989/

Gurel, E. (2017). SWOT Analysis: A Theoretical Review. *The Journal of International Social Research, 10 (51).* http://dx.doi.org/10.17719/jisr.2017.1832

Lester, J., Cho, Y., Lochmiller, C. (2020). Learning to Do Qualitative Data Analysis: A Starting Point. *Sage Journals, 19 (1)*. https://doi.org/10.1177/1534484320903890

Vitale, C., Lyons, K. (2021). The State of Nurse Anesthetist Practice and Policy: An Integrative Review. *AANA Journal, 89,5* (403-412)

Figure 1
Policy Cycle

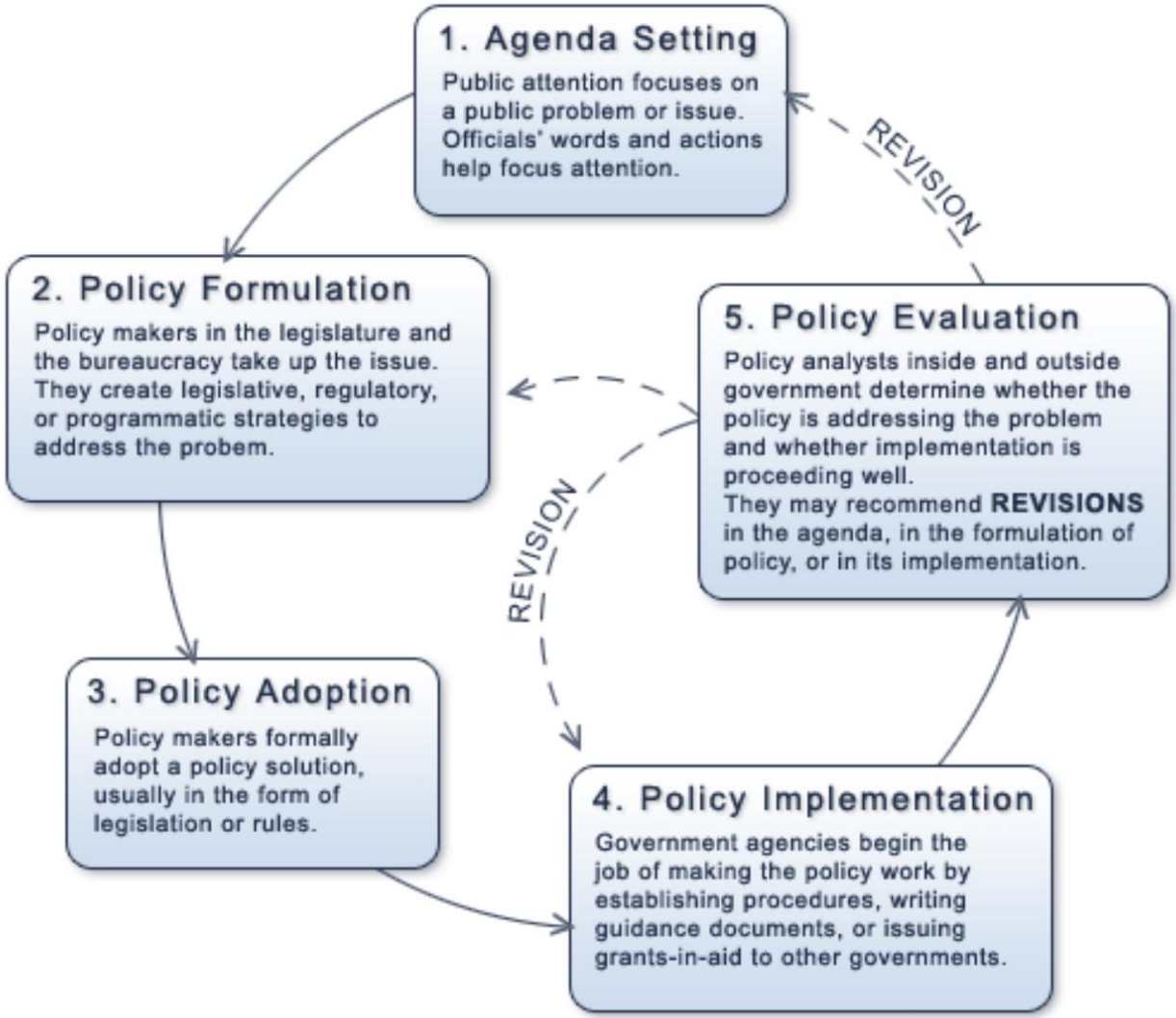

Figure 2
Measures Table

Structure Measures	**Process Measures**	**Outcome Measures**
Utilization of SWOT analysis tool	100% of all stakeholders to be involved in procurement of information	Analysis and recommendations to a state nurse anesthesia organization.

Figure 3
Measurement Plan

• Identify stakeholders and assess needs
• Conduct literature review related to problem of interest
• Research of validated survey tools
• Create appropriate interview tool in relation to targeted population and policy of interest
• Find relevant members involved in policy within AANA and AAPA
• Ensure willingness to participate and ethical standards upheld
• Schedule and conduct interviews beginning with brief introduction to self and policy problem
• Conduct interview questions and/or conduct focus groups related to feelings on strengths and weaknesses in both anesthesia titles
• Conclude interviewing with non-identifying demographic survey
• Review and analyze obtained data to establish final impact assessment
• Present findings to state nurse anesthesia organization

Figure 4
SWOT Analysis Tool

Please select a title	◯ CRNA ◯ MDA ◯ PA ◯ Other
highest level of education	◯ High School ◯ Bachelors Degree ◯ Masters Degree ◯ Doctorate/PhD
What strengths exist for the current descriptor of Nurse Anesthesiologist versus Nurse Anesthetist? When developing the rebranding plan, what parts of the plan went particularly well?	_____
What weaknesses exist for the descriptors Nurse Anesthesiologist versus Nurse Anesthetist? Were there any parts of the rebranding effort that struggled and needed to be reworked?	_____
How could this plan have been improved if it were being repeated?	_____
What situations arose that created difficulties in creating this change? Were there any specific organizations that created challenges and how were those issues mitigated?	_____

Figure 5
Results

Strengths	Weakness
• Aids in clarifying professional role • Terminology more fully encompasses scope of practice • Physicians began using the addition of physician to anesthesiologist when other professions did the same (dental, veterinarian), nursing deserves the same descriptor	• Some members are slow to adopt • Decision for name change from AANA was extremely polarizing • Terminology could confuse patients due to similarities • Do not want to be seen as misleading or risk losing trust
Opportunities	**Threats**
• Time for patient education regarding professional role and responsibilities • Can rebrand entire organization • Must take into consideration locality differences, can this change be reasonably implemented in different states/regions • Use this name change to highlight profession	• Competing organizations that do not want name to change • Costly measure to change • Potential legal ramifications for changing legislation for reimbursement • Only 6,000 of 59,000 AANA members voted for name change

Table 1

University of Maryland
Evidence Review Table

Citation: Ascend Perspectives. (2019). *National CRNA Survey*. https://static1.squarespace.com/static/5c61d4138155120325aebc52/t/5cba74be4192025ce45d9a2d/1555723456293/					**Level and Quality VB**
Purpose/ Hypothesis	**Type of Evidence Research Design**	**Sample – Population, Size, Setting**	**Intervention/Procedures**	**Primary Outcome/Measures**	**Results/Conclusions**
Gather survey information regarding language around nurses providing anesthesia	Survey Observational Cross-sectional study	Sampling Technique: quota-based sampling # eligible: registered voters # accepted: n=4028 Power analysis: not reported Group Homogeneity: results were analyzed to ensure representative sample	Intervention: Participants were asked questions describing their understanding of terminology regarding anesthesia providers along with demographic questions Intervention fidelity: Interactive voice response calls made to landlines and live calls to cell phones.	DV: responses to survey questions regarding demographics and anesthesia provider related terminology State the instrument, reliability, and measurement procedure: Survey was completed from March 28th to April 1st, 2019	Statistical Results: Respondents stated that they felt a nurse who provided anesthesia was best referred to as an anesthesiologist (43%) versus an anesthetist (23%). Throughout all education levels, respondents stated that they related the term Anesthesiologist to be associated with a nurse who provides anesthesia. Respondents also stated that they felt an expert in the field of anesthesia is an Anesthesiologist (57%) versus an Anesthetist (16%). They also stated that they did identify (53%) that a Nurse Anesthesiologist as part of the nursing profession and a Physician Anesthesiologist as a medical doctor whereas 18% stated they did not make that differentiation. Conclusions: Respondents do not identify an Anesthesiologist as solely being a physician and they feel the term Anesthesiologist is an expert in anesthesia

University of Maryland
Evidence Review Table

Citation: Collange, V. (2014). Consumer reaction to service rebranding. *Journal of Retailing and Consumer Services,* (178-186)					**Level and Quality IIIB**
Purpose/ Hypothesis	**Type of Evidence Research Design**	**Sample – Population, Size, Setting**	**Intervention/Procedures**	**Primary Outcome/Measures**	**Results/Conclusions**
Gain better understanding of customer reaction to rebranding	Quantitative study	Sampling Technique: # eligible: customers who had shopped at the brand # accepted: 320, 40 per brand studied Power analysis: not reported Group Homogeneity: There is no control and intervention group but demographics of the study were reported. 78% of respondents were women. 54% between the ages of 18 and 34.	Intervention: Intervention fidelity (describe the protocol): a seven point Likert scale was used to make answers uniform. Respondents were asked questions comparing the original brand to the rebranded company. Questions related to quality of the brand, trust and familiarity.	DV: A score of 1-7 based on social attachment, physical attachment and personal attachment to the service place and brand State the instrument, reliability, and measurement procedure: Likert scale utilized for respondents to answer questions comparing brand name changes.	Statistical Results: Confirmatory factor analysis was used to evaluate construct validity of the measurements. The evaluation of service by a brand prior to rebranding was rated as a 5.21/7. After rebranding, service was seen as a 3.96/7. Conclusions: Evaluation of service declined after brand name change. However, the study identified that if name changes were similar to the original brand, favorability did not change significantly by the consumer. Also, attachment to the brand is seen as more significant in industries containing good compared to service industries. Future research could look at other stakeholders of the brand including current and future employees, creditors and investors.

University of Maryland
Evidence Review Table

Citation: Vitale, C., Lyons, K. (2021). The State of Nurse Anesthetist Practice and Policy: An Integrative Review. *AANA Journal, 89,5* (403-412)					**Level and Quality IVA**
Purpose/ Hypothesis	**Type of Evidence Research Design**	**Sample – Population, Size, Setting**	**Intervention/Procedures**	**Primary Outcome/Measures**	**Results/Conclusions**
Examine CRNA practice and policy by evaluating published research	Integrative Review	Sampling Technique: a search was conducted using two databases to find articles about CRNAs and policy. Excluded: 653 studies, not in US, not involving CRNAs or policy change Accepted: 10 studies Power analysis: not reported	Intervention: research was found from 2010-2020 that studied the current state of CRNA practice in the United States. The studies included qualitative, quantitative, and mixed methods design.	DV: patient complications and mortality rate outcomes	Conclusions: Studying CRNAs in states where they have full scope of practice can allow for better understanding of influence on policy and patient outcomes. CRNAs must continue to be leaders and understand nuance of the profession. Allowing CRNAs to practice at their full scope of practice will increase access to care for patients around the US. When utilized at their full scope of practice, CRNAs can meet the needs of vulnerable populations in the US. The COVID-19 pandemic led to lifting of CMS restrictions on physician supervision which allowed improved access to care to increase the volume of providers for critically ill patients. Objective measures of outcomes helps to develop the argument to allow CRNAs to practice at their full scope.

University of Maryland
Evidence Review Table

Citation: American Association of Nurse Anesthesiologists. (2021). Preface to Proposed 2021 AANA Resolutions. https://www.coacrna.org/wp-content/uploads/2021/08/2021-proposed-resolutions-final.pdf					**Level and Quality VC**
Purpose/ Hypothesis	**Type of Evidence Research Design**	**Sample – Population, Size, Setting**	**Intervention/Procedures**	**Primary Outcome/Measures**	**Results/Conclusions**
AANA Resolutions from 2021 regarding name change and tasks moving forward	AANA proposed resolutions	Sampling Technique: CRNA members of AANA voting on resolution proposals	Intervention: proposals were made to encourage including 'anesthesiologist' as acceptable nomenclature by NBCRNA and COA.	DV: Resolutions were passed to require the NBCRNA and COA to change their literature to include Nurse Anesthesiologist and refer to physicians who provide anesthesia as Physician Anesthesiologists.	Conclusions: Five states including New Hampshire, Florida, Arizona, Alaska and Idaho have accepted the title change to Nurse Anesthesiologist. As this term becomes more widely used, the NBCRNA and COA need to change their language to include this and specify between Nurses and Physicians who deliver anesthesia care. This allows for acceptance of both titles during this time of various recognition for the same roll.

Table 2

University of Maryland School of Nursing
Evidence Synthesis

Category (Level Type)	Total Number of Sources/Level	Overall Quality Rating	Synthesis of Findings
Level 1 - 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	1	B	Evaluation of services is seen to decline by consumers after a brand change. It was not seen as overly significant in this study, but when extrapolated to larger data that can lead to a high number of dissatisfied customers.
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 study or systematic review of qualitative studies with or without meta-synthesis	1	B	The public (consumer) of anesthesia services believed that a nurse who provided anesthesia was best referred to as an anesthesiologist and that meant that they were an expert in their field. They did however identify that they believed an anesthesiologist was often a physician. This leads to a disagreement of opinions and may identify a knowledge gap in public opinion of anesthesia providers and could be a good place for education.
Level IV · Opinion of respected authorities and/or 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	2	B/C	Having full scope of practice allows for improved work satisfaction and access to care by the rural public. This cannot be accomplished without advocacy at the state level which is most often where restrictions on scope are put into place. Allowing APRNs to practice at their full scope improves most aspects of their practice and work environment except for relationships with physicians is seen as stagnant and unchanged. Changing nomenclature will allow for decreased confusion as name changes occur throughout the profession. The national organization and five state organizations have made the change so requiring credentialing agencies to change their accepted titles improves understanding of rolls.
Recommendations Based on Evidence Synthesis: Creating change at the state level is a reasonable way to accomplish change in the practice of APRNs. There is a large opportunity for education of the consumers of anesthesia so that they understand who is providing their anesthesia and what their qualifications are. There is good but			

conflicting evidence for this policy change, while it may improve the quality of work satisfaction, it may cause confusion amongst the consumer and strained relationships between physician counterparts.