Guest Editorial About Nurses’ Titles Garners Appreciation

Thank you so much for your opinion piece about title terminology in a recent issue of the Oncology Nursing Forum (Boyle, 2011). I could not agree with you more about the distress that comes from mislabeling nurse practitioners as mid-level providers (MLPs) or physician extenders. Frankly, it bothers me to type the words! However, I would like to suggest that the reason social workers and pharmacists do not suffer the same inequity of position or title is that neither could be considered a primary care provider. In our current and future healthcare environment, it is not only possible for NPs to serve as independent primary care providers, it is likely they (we) will. This is disconcerting at best for our physician colleagues.

I would also like to respectfully point out that while you very eloquently made your case about inequitable healthcare titles, you did so with an (unintentional, I’m sure) insulting cultural reference. Specifically, you said, “As an MLP then, you are about halfway there on the totem pole of importance.” While I very much appreciate your point of view, it seems to me that as we defend our own nursing culture, we should not do so to the detriment of someone else.

Sandra Burke, PhD, APRN, BC, FAAN
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I agree with your sentiments on this subject. I recently received an invitation in the mail from a drug company to attend a continuing education session on Parkinson’s disease. The invitation, in large letters, indicated that this program was directed toward mid-level provider anesthesia at all. I like to think that as a nurse, I provide anesthesia at the same level as an anesthesiologist, with the added benefit of simultaneously providing great nursing care.

Donald Wood, ARNP, CRNA
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Reference

The Author Responds
I would like to thank the respondents to my recent editorial. However, I am a bit confused by Dr. Burke’s concern about a potential cultural transgression inferred from the piece. The use of the reference to totem poles was meant to provide an analogy to a commonly applied perception about interpersonal relationships.

In the absence of a written language, totem poles were historically a form of communication for Native Americans in the Pacific Northwest. Totem poles are symbolic arrangements of images whose purpose is to convey a story, share a legend, reflect kinship, or recount clan lineage. The vertical order of the symbols on the totem pole are thought to be representative of importance, with the higher figures being the most highly regarded (hence the common phrase “low man on the totem pole”). The use of this analogy within the context of the editorial on the advanced practice nurse role was intended to demonstrate hierarchical, rather than complementary and reciprocal, role relationships, and in no way inferred any cultural insignificance.

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