

Rebrand Nurses

What's in a name?
Your health, and
possibly more.

BY JAY HEINRICHS

A COUPLE MONTHS AGO, my daughter and I were talking about how the nursing profession could help solve the health care crisis. I had just finished a less-than-salubrious martini and was feeling especially smart. "What if we could brand our way out of the problem?" I suggested.

Dorothy gave me a look that said, "I can't believe I inherited your genes."

"I mean it," I said. "Nurses provide one of the most cost-effective forms of health care, right?"

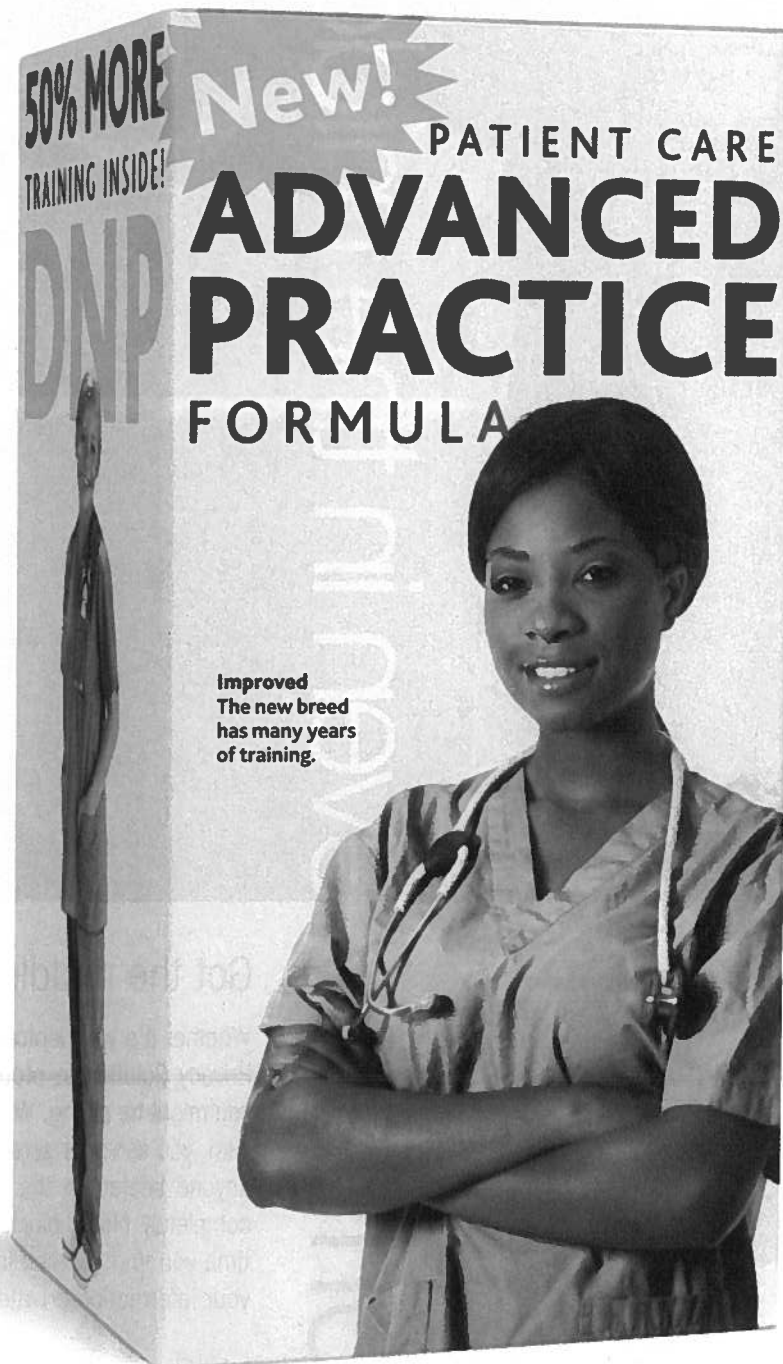
She nodded her head vigorously. Dorothy is a nursing student beginning her second year of a two-year bachelor's-degree program at Villanova, so she tends to agree with anything that compliments her chosen field.

"And yet," I continued, "half of humanity refuses to even consider becoming a nurse."

"What half?"

"The male half," I said.

"Most of them, anyway. They don't want to have to put 'male' in front of 'nurse' when somebody asks what they do."



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“That’s not so true anymore,” Dorothy said.

“Then why are nursing schools filled with females?” I retorted. Back when she was applying, she and I had discovered that men make up less than 10 percent of the students in nursing schools.

“So how would rebranding help?”

“Hopefully by replacing ‘nurse’ with a less feminine word,” I said with less certainty.

Which leads to this month’s Business Idea. Actually, it’s more of a Business Hypothesis: If you rebranded nursing, more people would presumably become nurses. With more nurses, you’d alleviate the nursing shortage and provide more health care. Voila: more healthy Americans. Great idea, right? Nursing provides an ideal experiment in the power of branding. If a great brand can give nurses their props and help solve the whole health care crisis, think what a savvy title change could do for your own career.

As usually happens with journalistic hypotheses, however, mine turns out to be a lot more problematic than it seemed. For one thing, there isn’t much of a nursing shortage at the moment, thanks to the recession. Nor do we lack people who want to become nurses. Applications to nursing schools are soaring; Nearly 50,000 qualified applicants were turned away last year. What’s more, nurses already have their props. They regularly top the Gallup Poll’s list of professionals Americans most respect for honesty and ethics.

“It doesn’t matter what we call ourselves,” says Dr. Greer Glazer, dean of nursing and health sciences at the University of Massachusetts in Boston. “We’re patient advocates. That’s what we’re for, and people recognize that.”

So much for a need to rebrand.

But look more closely, and the rebranding idea gets more interesting. It may be fine to continue calling nurses “nurses”; but calling all of them nothing but “nurses” may cause harmful side effects. Bear with me. We’re

talking health care here, so it’s complicated. But it boils down to this: Using the same title for someone with a two-year associate’s degree as for a Ph.D. with more than eight years of intensive medical training could be bad for our health.

WHILE AMERICA needs to produce a whole lot more nurses—experts predict that demand could exceed supply by 340,000 in 2020—America already faces a critical shortage of those with the most training. These super-nurses help provide the kind of primary care that used to be the sole domain of the old-time family doctor. With only 2 percent of med students entering the field, communities increasingly lack trained professionals who can diagnose a case of bronchitis or an ear infection and prescribe antibiotics. Over the next decade, your odds of getting a doctor to diagnose your sniffles will continue to decline. So who exactly takes their place? And what should we call this new breed of medico?

“The market has responded with retail clinics which are mostly staffed by nurse practitioners,” reports Benjamin Isgur, director of Pricewa-

The namers of

Verizon combined

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Latin for truth, with

‘horizon’—corporatese

for ‘cool metaphor.’

terhouseCoopers’ Health Research Institute. A nurse practitioner—that is, a nurse with experience and a master’s degree who has taken a certifying exam—can diagnose illnesses and prescribe drugs, consulting with the doctor on more complicated cases. Though state laws vary in how much an NP is allowed to do, “advanced practice nurses,” as they tend to call themselves, diagnose everything from

sprained ankles to diabetes. They interpret X-rays, give prenatal care, provide regular checkups, and, in hospitals, insert arterial lines and pulmonary artery catheters. Studies in the U.K. show that "patients are more satisfied with care from a nurse practitioner than from a doctor, with no difference in health outcomes."

Let us review: This country suffers

a critical shortage of general medical practitioners. Advanced practice nurses are helping to fill the gap. But state licensing boards differ widely in what they allow these nurses to do, and most people have no clue what an advanced practice nurse is. If that isn't a branding problem, then I don't know what is.

And that problem is getting even more complicated. Nurse practitio-

ners are beginning to move beyond the master's degree to a doctorate of nurse practice, or DNP. More than 90 nursing schools offer the degree, up from 53 in 2007, according to the American Association of Colleges of Nursing. Besides a degree, DNPs must take part of the same medical licensing exam that doctors undergo. The first prospective DNPs took the rigorous test last fall, and half of them passed. "By 2015, the DNP will be the standard for advanced practice nursing," says Dr. Glazer, who helped develop the degree.

Besides nurse practitioners, the degree is open to nurse anesthetists, clinical nurse specialists, and nurse midwives, who, DNP hanging proudly on the wall, will call themselves...what? "Doctor"?

M.D.'s don't seem thrilled with the prospect. "It's very important the delineation between nursing degrees and physician degrees is not obscured and patients aren't misled," Roger A. Moore, president of the American Society of Anesthesiologists, told the American Medical Association's member newsletter last June.

"What's wrong with saying 'I'm Dr. Greer Glazer, and I'll be your nurse today?'" counters, um, Dr. Greer Glazer. She has used the title with patients, "and I never got a single objection. Never." Besides, she notes, state licensing boards determine how much medicine an advanced practice nurse can practice, regardless of what she calls herself.

Personally, I'd rather skip the formality and just call doctors and nurses by their names. I get annoyed when some whippersnapper physician half my age introduces himself saying, "Hi, Jay, I'm Dr. Groinspector." The "M.D." on his name tag already tells me what he is. I'm inclined to reply, "Nice to meet you, John," or whatever the tag says his first name is.

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But if a "Dr. Ratched" introduced herself as my nurse, I'm not sure how I would respond. On the other hand, if a nurse licensed as a DNP simply said, "I'm Nurse Ratched," what's to distinguish her from a registered nurse with nothing more than an associate's degree? Maybe she can introduce herself as my "nurse practitioner." But an informal survey of my friends produced a recognition factor of about 50 percent; half thought a nurse practitioner was a physician's assistant—who needs four years' less education than an NP. "Nurse practitioner" is inside-baseball terminology," agrees Price-WaterhouseCoopers' Benjamin Isgur.

While lots of people don't know what a nurse practitioner is, "advanced practice nurse" is even more inside-baseball. As a result, patients are putting their health in the hands of people whose training is a mystery to them. And as any doctor will tell you, trust is a powerful healer. We need an instantly

These elevated nurses are filling a crucial role in healing the sick and enabling the well.

Wouldn't it be nice if we knew what to call them?

recognizable shortcut that tells us just how advanced our nurse is. In other words, we need an effective brand. So I sought help from one of the world's biggest branding agencies, Landor Associates.

"Naming is one of the toughest things that firms like ours do," said Hayes Roth, Landor's chief marketing officer. "And everybody thinks they can."

He was right, of course. The stupid names people give their pets makes me glad the poor creatures can't talk.

"But names can make all the difference," Roth continued. "Look at the Geek Squad. If they showed up at your house to fix your computer, you'd feel good about it, wouldn't you? The name 'Geek Squad' elevated what

used to be lampooned."

"By lampooning it," I said.

"Still, you knew what I meant by 'Geek Squad.' It gives you a comfort level, which any good name should do."

"But 'nurse' already gives me a comfort level," I replied. "Aren't we talking about a way to distinguish advanced practice nurses from ordinary nurses?"

"The closest analogy for advanced practice nurses is the CPA," Roth said, explaining that the title distinguishes the advanced practice accountant from a plain vanilla one. The hard part is finding the nurse equivalent of a CPA. That's what makes naming so tough. "Most of the descriptive terms you might consider have been used,

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and all acronyms of four letters or less have been taken. And acronyms themselves aren't usually very good branding because they're inherently meaningless. Unless you're an IBM or an AT&T, who have invested billions of marketing dollars to explain them."

But the naming part actually comes at the end of a long process. If advanced practice nurses were to hire Landor to rebrand themselves, Roth's crew would conduct extensive interviews with the nurses' governing body. "We need to know what is the promise of advanced practice nursing and what do they have to achieve to get the title, and what do I get as a consumer," he said.

Next, Landor would study the target audiences—the medical professions, insurance companies, government agencies, us consumers—to determine their understanding and expectations of nursing care.

"We'd distill all that learning into a simple set of words, or even pictures or symbols" that sum up what the group stands for, Roth said. "We call this the 'brand driver.'" FedEx's brand driver, for instance, is "universal reliability," which is reflected in their slogan ("brand line" in branding parlance), "the world on time." Panasonic's brand driver, "pragmatic visionaries," became "ideas for life."

But those companies had names to start with. For advanced practice nurses, naming would be the last part of the process. That's when Landor would bring in its crack team of "namers."

"It's hard to know that the profession exists, even if you're suited for it," conceded Landor naming and writing specialist Christian Turner. "We had a hard time naming the naming group."

I sat across from him, along with the director of naming and writing, Tom Sepanski, in a company conference room in Manhattan's Flatiron

district. Namers are a brainy lot, with backgrounds in linguistics, writing, ancient languages. Sepanski was an English major who had worked as a graphic designer before coming to Landor. Turner was an English major who was always making up names as a kid.

Making up names comprises a namer's most glamorous assignment—glamorous for a namer, at any rate. The namers who devised Verizon combined veritas, which is Latin for truth, with "horizon"—corporate for "cool metaphor." Häagen-Dazs, an ice cream brand born in the Bronx and owned by General Mills, qualifies as a naming tour de force—two fake names that sound vaguely northern European but don't exist anywhere in Europe. "A brilliant name," Roth told me at an earlier meeting. "Americans associate Europe with quality ice cream."

Yet, the clever Landor namers with me in the conference room proved surprisingly reluctant to make up a name for advance practice nurses. "Renaming 'nurse' would take a significant investment," Sepanski said. "Confusion is your enemy. Unless the new term is fully supported, it's hard to move away from 'nurse.'"

"I like the 'advanced practice,'" Turner put in. "It's descriptive. It already elevates the discussion."

But weren't these hotshots itching to come up with something awesome? I had encountered no such reluctance from Troy Hitch, co-owner of Big Fat Brain, a marketing agency in Covington, Kentucky. (I wrote about Big Fat Brain in the June 2007 issue of this magazine.) Within five minutes of my asking him—and with the right side of his brain completely ignoring the left side—Hitch came up with Health Facilitators, Wellness Providers, Noctors ("your caretaker at night when the doctor's sleeping"), Extreme Sick Stoppers, and Well-



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ness Buddies. The boys at Landor, on the other hand, were loath to reinvent the linguistic wheel. "Tom and I talk about that," Turner said. "We ask each other, 'Can we beat that?'"

Sepanski nodded. "The first thing we ask is, what's wrong with your existing name?"

If they did decide the name needed changing, the duo would come up with many choices and vet them past colleagues in Landor's 23 offices around the world, to make sure none of the terms connoted something disastrous like "sudden death." Landor would ask the client to choose up to half a dozen; the firm's lawyers would then eliminate most of them to avoid trademark infringement. Even then, a name change might be a mistake. "A name change promises a change," said Sepanski. "And we're not talking about that, are we?"

Which brings us back to advanced practice nurse. "If APN is already an industry standard, you still have a lot of work to do," he continued. "You have to do some intensive messaging with the public, reinforcing the brand."

Of course, somebody would have to pay for this. Indeed, Johnson and Johnson had done just that for nursing in 2002, when it launched a multi-year, \$30 million advertising campaign to enhance the profession's reputation. Whether a corporate angel would be willing to sink a similar amount into advanced practice nursing seems doubtful, especially in these times.

But it wouldn't be such a bad idea. These elevated nurses are filling a crucial role in healing the sick and enabling the well. Wouldn't it be nice if we knew what to call them?

Jay Heinrichs is the editorial director of Spirit.