Perceptions of Neonatal Nurse Practitioners and Work Toward Collaborative Practice
Teresa Bailey, MSN, APRN, NNP-BC, Brittany Christiansen, DNP, APRN, CPNP-PC/AC, FNP-C, AE-C, Jane Champion, PhD, DNP, FNP, FAAN, FAANP

Background:
APRN authority and autonomy
States where Advance Practice Registered Nurse (APRN) practice is less restrictive have an increase in available healthcare providers, however not all APRNs are interested in increased practice autonomy. APRNs who perceive greater levels of physician oversight felt more empowered than APRNs with little or no physician oversight. The majority of this literature involves primary outpatient care practice.

NNP authority and autonomy
NNPs are educated and trained to care for level II patients autonomously. There is little literature specifically regarding NNP roles in neonatology practice coverage models, neonatologist oversight of NNP practice, or NNP perceptions and readiness for autonomous practice.

Methods:
After IRB approval and consent were obtained, interviews from an individual neonatology practice in a restricted APRN practice state were conducted in Fall 2018. Neonatologist and NNP perceptions on rounding practices and NNP autonomy were explored. Interviews were recorded, transcribed and analyzed for saturation of themes.

Results:
NNPs consistently manage a team and are involved in patient care models. “NNPs likely have access to transfer patients to fit an appropriate level.”

Conclusions:
Rounding practice perceptions
Patient rounding practices are the same regardless of patient acuity, however physician oversight of NNP practice varies. State or institutional restrictions require daily in-house rounding on every patient. There is an obligation to comply with state and institutional regulations in rounding practices. Neonatologists feel the NNP will consult the neonatologist appropriately when needed; NNPs safely care for infants autonomously in a level II site.

NNP practice perceptions
NNP practice authority and autonomy is regulated by the neonatologist.
NNP autonomy varies by site and by neonatologist.

Future Implications for Research:
Would NNPs and neonatologists have different or improved understanding of APRN practice regulations in a less restrictive environment? How do family and staff perceive NNP practice regulation and autonomy in a restrictive environment?

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