

## Creating Healthy Work Environments 2019

### Perceptions of Neonatal Nurse Practitioners and Work Toward Collaborative Practice

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#### **Background**

A shortage of health care providers effects access in all areas of care, including neonatal intensive care units (NICUs) (Staebler & Bissinger, 2017; Dall, West, Chakrabarti, & Iacobucci, 2016). According to a recent neonatal nurse practitioner (NNP) workforce survey, 73% of NNP coordinators report shortages in practice, 34% of practices reported 5 or more vacancies in practice, and 83% reported feeling there will not be enough NNPs to meet practice needs in the next 10 years (Staebler & Bissinger, 2017). The majority of NNPs report rotating between day and night shifts or working 24-hour shifts, while 1 in 5 NNPs report working mandatory overtime or “on-call” (Staebler & Bissinger, 2017). Shortages in NNP practice lead to overtime hours, unsafe patient loads, decreased time for professional development, mentoring students and new NNPs, accumulated NNP sleep deprivation, fatigue and burnout (Dye & Wells, 2017; Kaminski, Meier, & Staebler, 2015; Keels 2016). Additional layers of regulation and restriction on advanced practice registered nurses’ (APRN) practice exacerbates this shortage and decreases access to care (National Council of State Boards of Nursing, 2015).

Both the National Organization of Nurse Practitioner Faculties and National Association of Neonatal Nurse Practitioners provide that NNPs can independently care for level II NICU patients and are cost effective (National Association of Neonatal Nurse Practitioners, 2014; National Organization of Nurse Practitioner Faculties, 2013; Staebler, Meier, Bagwell & Conway-Orgel, 2016; Bissinger, Allred, Arford & Bellig, 1997) A recent study noted that NNPs using telemedicine connection to a consulting neonatologist deliver quality of care equal to care in collaboration with in house neonatologists (McCoy, Makkar, Foulks & Legako, 2014). Decreasing practice restrictions will reduce practice costs, and improve NNP satisfaction, potentially motivating more neonatal nurses to pursue advanced practice as NNPs (Bosque, 2015; Sheldon, Bissinger, Kenner & Staebler, 2017; Staebler, et. al., 2016).

Evidence from states where Advance Practice Registered Nurse (APRN) practice is less restrictive demonstrates an increase in available healthcare providers, however not all APRNs are interested in autonomous practice (Reagan & Salsberry, 2013; Wallace Kazer, O’Sullivan, & Leonard, 2018). Studies focused on exploring physician oversight in APRN autonomy and empowerment found that APRNs who perceive greater levels of physician oversight, whether required by regulations or otherwise, felt more empowered than APRNs with little or no physician oversight (Peterson, Keller, Way, & Borges, 2015; Peterson & Way, 2017). This was contrary to what the authors expected to find, and it is possible the feelings of empowerment in APRNs arises from the collaboration with physicians in an otherwise restrictive environment (Peterson, Keller, Way, & Borges, 2015; Peterson & Way, 2017). 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.

#### **Purpose**

This project assesses neonatologist and NNP desire for more autonomous NNP practice.

#### **Methods**

Qualitative interviews from an individual neonatology practice will be held in fall 2018 to explore neonatologist and NNP perceptions on expertise and desire for more autonomous practice. Patricia Benner's (2001) *From Novice to Expert* provides the theoretical framework for this project. NANNP domains and core competencies of neonatal nurse practitioners will guide the structure of questions pertaining to physician oversight and NNP autonomy in patient care rounds (NANNP, 2014). NNP and neonatologist volunteers will be interviewed until data saturation for identified themes is achieved.

## Outcomes

Results of this project will inform feasibility of a practice coverage model change to alleviate staffing strain and provide better access to neonatal care. It is anticipated that this will increase NNP autonomy and job satisfaction.

## Future applications

Findings from the analysis of the qualitative interviews will be used to create an electronic survey tool. This tool will be distributed to a larger group of NNPs to assess perceptions of the expertise of the NNP population, practice coverage models, autonomy in practice, and institutional barriers to autonomy in practice. Project results will be disseminated to inform NNPs and neonatologists about neonatology practice coverage, NNP roles and expertise.

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### Title:

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### Keywords:

collaborative practice, neonatal nurse practitioners and practice autonomy

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### **Abstract Summary:**

It is important to understand perceptions and readiness for neonatal nurse practitioner autonomous practice when planning for change in neonatal intensive care unit patient care coverage. The purpose of this project is to assess perceptions of the potential for increased neonatal nurse practitioner autonomy in a restricted practice setting.

### **Content Outline:**

- **Background**
  - Neonatal Intensive Care Units are facing a shortage of healthcare providers
  - State and institutional over-regulation of APRNs lead to increased cost and decreased access to care.
    - Evidence shows Neonatal Nurse Practitioners are educated and trained to provide cost-effective care to neonatal intensive care patients but may not desire autonomous practice.
- **Objective**

- This project aims to assess neonatologist and neonatal nurse practitioner perceptions of expertise and desire for more autonomous practice
- **Methods**
  - Conceptual framework of Patricia Benner's *From Novice to Expert* theory will guide qualitative semi-structured interviews among approximately 30 neonatal nurse practitioners and neonatologists
  - Content analysis will be used to identify themes relating to perceptions of neonatal nurse practitioner expertise and desire for more autonomous practice
- **Outcomes**
  - Findings will inform practice change to increase NNP satisfaction and autonomy, and may be used to create a survey tool to assess neonatal nurse practitioner desire for and barriers to increased autonomy in practice

First Primary Presenting Author

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**Professional Experience:** Experienced board-certified Neonatal Nurse Practitioner (NNP) with over 13 years experience managing care of infants in the Neonatal Intensive Care Unit. Currently working towards a post-master's Doctor of Nursing Practice.

**Author Summary:** Ms Bailey has many years of experience caring for neonatal patients, and over 13 years' experience as a neonatal nurse practitioner. She is an advocate for care centered on the family unit and improving collaboration within the healthcare team. Ms. Bailey's current focus of study regards APRN practice authority, cost-effectiveness and barriers to collaborative practice in the healthcare team.

**Any relevant financial relationships?** Yes

Relationship	Description of Potential Conflict
Salary	Employee of Mednax Services

Signed on 07/28/2018 by *Teresa B Bailey*

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**Professional Experience:** My professional background and extensive research experience provide the unique qualifications for the proposed presentation. My clinical research focus began with 2 post-doctoral fellowships with the NIH and CDC respectively. I have served as Principal, Co-Investigator or consultant/mentor on 37 research projects. I have been an investigator on 23 NIH funded research grants (12 Principal Investigator, 9 Co-Investigator, 2 consultant) funded by federal agencies such as the NINR, NIMH, NIAID, NIDA and NIAAA. These grants have included R03, R21, R01, U01, U19 and P20 mechanisms. Co-investigators represent multidisciplinary collaborations including Epidemiology, Anthropology, Ob/Gyn and Public Health 2investigators nationally and internationally. Through my

program of interdisciplinary clinical research, I have worked with these multi-disciplinary teams to develop gender and culture specific, evidence-based community interventions to address health disparities among particularly vulnerable at-risk populations. These studies include controlled-randomized trials of behavioral interventions for prevention of violence, substance use, STI/HIV and unintended pregnancy.

**Author Summary:** Dr. Champion has a strong record of dissemination with a direct link from research and practice to presentations to publications. Peer review of this work includes over 300 international, national and regional presentations through journals and oral or poster presentations at scientific conferences or meetings. Dr. Champion's international, interdisciplinary publications and presentations include discussions of the implications of research and practice approaches, interpretation of data with implications for incorporation of findings into community health programs.

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**Professional Experience:** Over 20 years experience in healthcare with specialization in pediatrics, asthma education and management, and emergency care. Certified as pediatric nurse practitioner in primary care and acute care and family nurse practitioner. Seven years working as an advanced practice nurse. Post-Master's DNP; one year experience in nursing academia.

**Author Summary:** Dr. Christiansen has extensive training and education in the healthcare field with specialties in pediatrics, asthma education and management, and emergency/urgent care. Dr. Christiansen is certified as a PNP (primary and acute care) and FNP. She is a strong advocate for full practice authority for APRNs and parity with other doctoral-prepared health care roles. Dr. Christiansen works in emergency and urgent care and is an assistant professor at the University of Texas at Austin.