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Perceptions of Neonatal Nurse Practitioner Role Among NICU Staff Nurses

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MAGNET RECOGNIZED

Purpose: The purpose of this project was to examine Neonatal Intensive Care Unit (NICU) nurses' perceptions of the NNP role and barriers to entering the role.

Background: A shortage of neonatal nurse practitioners (NNPs) exists. Hiring NNPs from outside the current NICU staff has resulted in turnover and additional cost. If current nursing staff prepared as NNPs, the organization would benefit; yet few nurses have done so. Reasons that dissuade nurses from pursuing the NNP role have not been adequately examined. Knowing how nurses perceive the NNP role may help to decrease barriers and inform plans to address the problem.

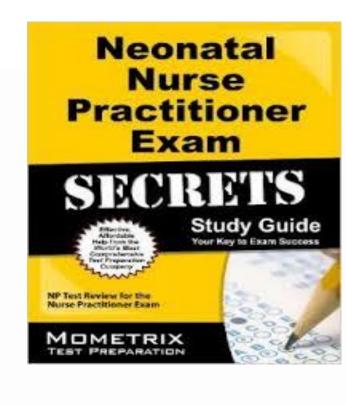
Setting: Large level three NICU in a major academic medical center in the Mid- Atlantic.



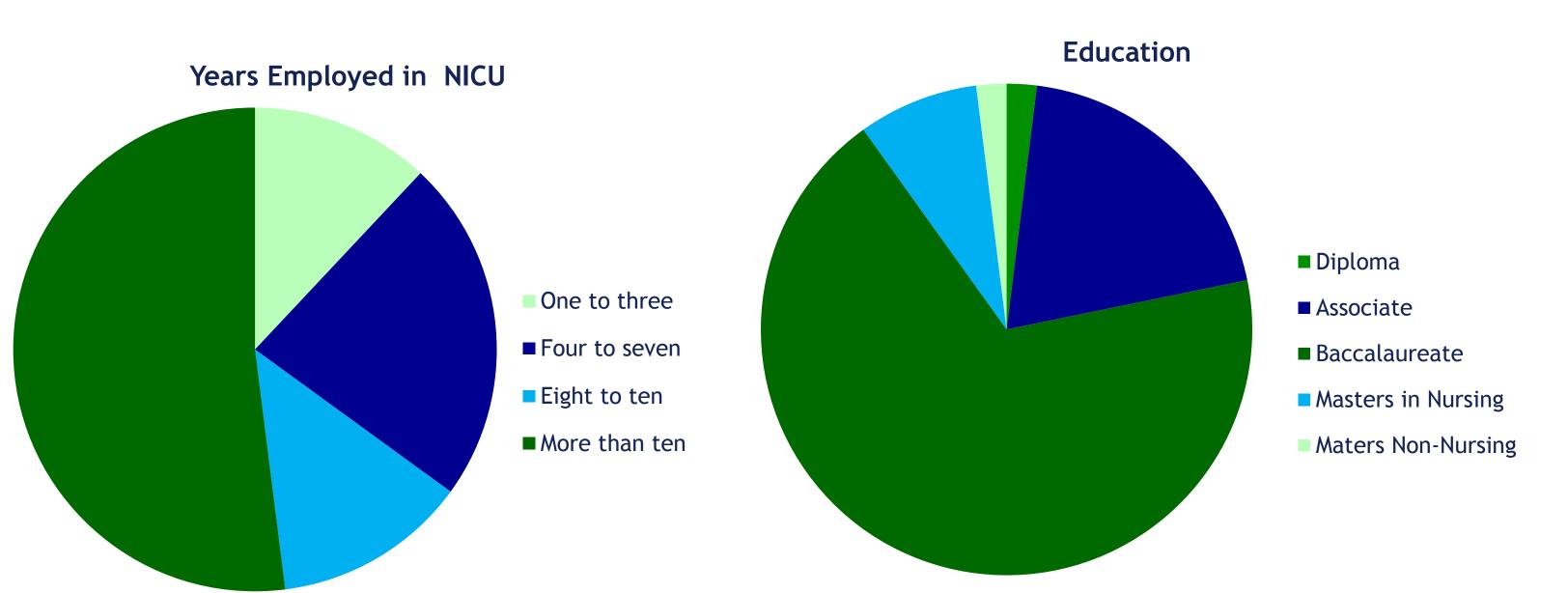
Methods: A survey regarding NNP role perceptions, reasons for not pursuing the role, and factors that would encourage them to become a NNP, was distributed to all NICU nurses via electronic Survey Monkey and paper. Participation was voluntary and anonymous.







Demographics



Survey Response

Considered NNP Role but not pursuing:

31% Do not like the hours/schedule 24% Cannot make school hours work with

current RN schedule

17% Do not have the money/ know where to apply to school

10% Do not have home support/ think I can do job

6 % reported NNP group complain and make role unappealing

Never Considered NNP Role:

37% Do not like hours

34% Other (themes: too old/too far in career, work life balance, worried if salary is competitive)

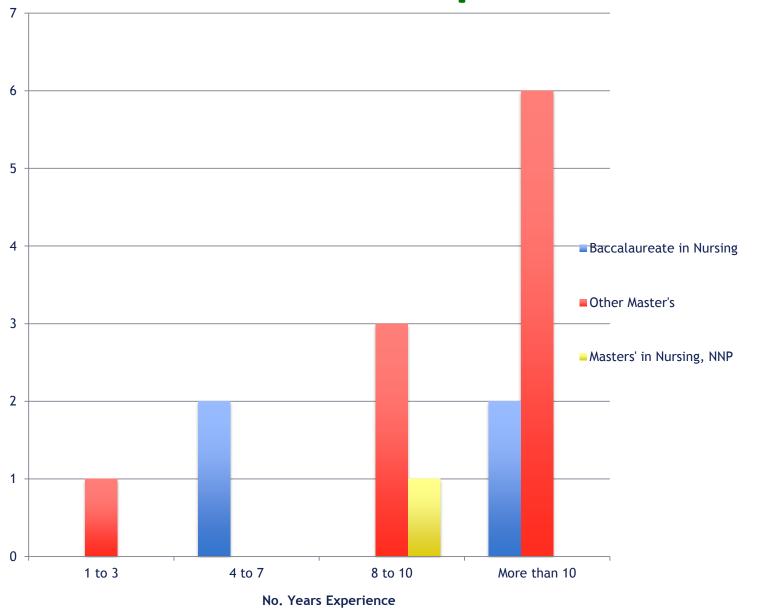
31% Do not like schedule/ Do not want to return to school

22% Do not have time/ Do not think I can perform the job cognitively

12% Can't make school work with job/ Do not have the money

9% Do not have BSN/ Do not think I can perform job physically

Experience vs. Education plan



Note: of the ten people pursuing a non- NNP Master's degree, eight had considered the role and elected not to pursue. Of those eight, chosen degrees included Family NP, Pediatric NP, Nursing education, and Nursing management degrees.

Positive Feedback Themes

"Welcoming, friendly, willing to hear me, willing to explain things", "they are a committed team", "I admire them", "Keep supporting the NNP program", "I love NNP nights!", "NNP's rock!", "NNP's are a great value to our NICU", "They are amazing professionals and I love working with all of them", "Thank you for all you do, it is very reassuring having you here at night", "Our NNP's are very knowledgeable and take excellent care of our babies."

Negative Feedback Themes

"I would be nervous about getting unwanted shifts and holidays", "Some seem irritable and too bothered to be talked to", "I have more autonomy to practice nursing style than the NNP's do", "I do not think it is fair how stretched the NNP's are", "Some NNP's seem unhappy in the role ", "The role is perceived by staff to be not worth the money for the autonomy and stress the NNP's have on top of the hours and schedule", "Some need to be more considerate of the bedside nurses assessment skills and concerns", "They are undervalued by the neonatologists", "The night shift is terrible and unhealthy"

Impression of NNP role:

49% very positive
36% positive
13% somewhat positive
2% somewhat negative

Results:

- Response rate was 48% (N=54)
- More than half had considered the role
 - 11/54 enrolled in graduate school
 - 1/11 enrolled in a NNP program
- Themes identified:
 - Happy to work with those in the role
 - Poor schedule for the NNP staff
 - Lack of time and money for school
 - Lack of understanding of school requirements
 - Fear of decreased salary or seniority
- Opinions expressed included that some NNPs make the role seem undesirable
- The one negative impression was noted in qualitative analysis to be of the use of the role not the role itself.



Conclusions: Despite generally positive regard for the NNP role, only one nurse was preparing to be a NNP. Reasons for not preparing to be a NNP varied. Results showed that the role is highly respected, but hours and compensation reduce its appeal. Misperceptions and opportunities for increased communication can inform staff education efforts. Efforts to engage staff in pursuit of higher education may need to begin earlier.

