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Review

Advanced Neonatal Care: Clinical Interactions Between Nursing and Physicians in Early Stabilization

Atención Neonatal Avanzada: Interacciones Clínicas entre Enfermería y Médicos en la Estabilización Temprana

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Abstract

Advanced neonatal care requires interprofessional approaches that integrate effective communication, shared decision-making, and clearly defined clinical roles, given the critical impact of early stabilization on neonatal survival. The objective of this study was to analyze the literature on advanced neonatal care, with an emphasis on clinical interactions between nursing professionals and physicians during early neonatal stabilization. A qualitative documentary review of scientific literature published between 2020 and 2025 was conducted and analyzed using a thematic approach to interpret interprofessional clinical interactions in early neonatal stabilization. The findings indicate that the quality of nursing–physician interaction, mediated by communication, role clarity, and workload, is a determining factor for the safety and effectiveness of neonatal stabilization. Early neonatal stabilization requires collaborative models that recognize nursing as an active clinical agent and promote structured interprofessional interactions to strengthen the safety, quality, and reliability of neonatal care.

Keywords: Advanced neonatal care, interprofessional interaction, neonatal nursing, early neonatal stabilization.

Resumen

La atención neonatal avanzada requiere enfoques interprofesionales que integren comunicación, toma de decisiones compartida y roles clínicos claros, dado el impacto crítico de la estabilización temprana en la supervivencia neonatal. El objetivo del studio fue analizar la literatura sobre la atención neonatal avanzada, con énfasis en las interacciones clínicas entre profesionales de enfermería y médicos durante la estabilización neonatal temprana. Se realizó una revisión documental cualitativa de literatura científica publicada entre 2020 y 2025, analizada mediante enfoque temático para interpretar interacciones clínicas interprofesionales en la estabilización neonatal temprana. Los hallazgos evidencian que la calidad de la interacción enfermería–médicos, mediada por comunicación, roles claros y carga de trabajo, es determinante para la seguridad y eficacia de la estabilización neonatal. La estabilización neonatal temprana demanda modelos colaborativos que reconozcan a la enfermería como agente clínico activo y promuevan interacciones interprofesionales estructuradas para fortalecer la seguridad, calidad y confiabilidad del cuidado neonatal.

Palabras clave: Atención neonatal avanzada, interacción interprofesional, enfermería neonatal, estabilización neonatal temprana.

Introduction

Neonatal care represents one of the most complex and critical areas within contemporary health systems, particularly during the first minutes and hours of life, a period recognized as

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decisive for neonatal survival and long-term outcomes. Early neonatal stabilization encompasses a set of clinical interventions aimed at ensuring adequate cardiorespiratory function, thermal regulation, and metabolic balance immediately after birth, especially in premature or high-risk newborns (Aziz et al., 2020). Evidence consistently demonstrates that failures in early stabilization significantly increase neonatal morbidity and mortality, highlighting the need for highly coordinated and evidence-based clinical practices (Schmölzer et al., 2019).

Globally, neonatal mortality remains a major public health concern, accounting for nearly half of all deaths in children under five years of age (Lawn et al., 2014). Although technological and pharmacological advances have improved neonatal outcomes, research indicates that clinical processes, teamwork quality, and professional interactions are equally determinant in ensuring effective neonatal stabilization (Wyckoff, Wyllie, Aziz, De Almeida, Fabres, et al., 2020). In this context, advanced neonatal care extends beyond technical proficiency to include structured communication, shared clinical decision-making, and clearly defined professional roles.

Early neonatal stabilization is inherently interprofessional, requiring seamless collaboration between nurses and physicians. Neonatal nurses play a central role in continuous monitoring, thermal management, respiratory support, medication preparation, and family-centered care, while physicians focus on diagnostic decision-making and advanced interventions (Lee et al., 2019). Studies have shown that ineffective communication or hierarchical barriers between these professionals can delay critical interventions and compromise patient safety (Reeves et al., 2017).

From a conceptual standpoint, advanced neonatal care is grounded in high-reliability healthcare principles, emphasizing anticipation, role clarity, and mutual performance monitoring (Manser, 2009). Clinical guidelines such as the Neonatal Resuscitation Program (NRP) explicitly highlight the importance of coordinated teamwork and shared leadership during neonatal stabilization, recognizing nursing staff as active clinical partners rather than passive assistants (Wyllie et al., 2015).

Despite this recognition, evidence suggests that interprofessional interactions during neonatal stabilization remain inconsistently implemented across healthcare settings. Variability in training, institutional culture, and professional autonomy often leads to fragmented care delivery, particularly in high-pressure scenarios such as delivery rooms and neonatal intensive care units (NICUs) (Sawyer et al., 2013). This inconsistency underscores the need to systematically analyze how nursing–physician interactions influence early neonatal outcomes.

The role of nursing in neonatal stabilization has evolved significantly, transitioning from task-oriented assistance to advanced clinical practice, encompassing autonomous assessments, anticipatory actions, and leadership in resuscitation teams (Altimier & Phillips, 2013). Advanced neonatal nursing practice integrates clinical expertise with ethical sensitivity and family-centered communication, elements that are critical during early stabilization when parental stress is highest (Jepkosgei et al., 2022).

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Clinical interactions between nurses and physicians are particularly relevant in decision-making processes related to respiratory support initiation, oxygen titration, thermoregulation strategies, and the timing of invasive procedures (Shah et al., 2016). Research indicates that when nurses are empowered to actively contribute to these decisions, neonatal stabilization becomes more efficient and error rates decrease (Wyckoff et al., 2020)

However, the literature reveals persistent gaps in how these interactions are conceptualized, operationalized, and evaluated. Many studies focus on technical outcomes of neonatal resuscitation while underexploring the relational and communicative dimensions of care delivery (Polglase et al., 2014). Moreover, there is limited synthesis of evidence examining how interprofessional dynamics specifically shape early stabilization processes in neonatal care settings.

Documentary review studies are particularly valuable for addressing these gaps, as they allow for the integration of empirical findings, clinical guidelines, and theoretical frameworks to generate comprehensive insights into complex clinical phenomena (Grant & Booth, 2009). By synthesizing existing evidence, such reviews can inform best practices, guide professional training, and support institutional policies aimed at improving neonatal outcomes.

From an academic and clinical perspective, examining advanced neonatal care through the lens of nursing–physician interactions contributes to strengthening patient safety culture and optimizing early stabilization protocols. Understanding how collaborative practices function in real-world settings provides a foundation for designing interprofessional education programs and organizational strategies that enhance clinical performance during critical neonatal transitions (Katantha et al., 2025). Therefore, the objective of the study was to analyze the scientific literature on advanced neonatal care, with an emphasis on the clinical interactions between nursing professionals and physicians during early neonatal stabilization.

Methodology

The study followed a documentary review design, aimed at the analysis, systematization, and critical interpretation of the scientific literature on advanced neonatal care and the clinical interactions between nursing professionals and physicians during early neonatal stabilization. This approach made it possible to integrate empirical evidence, international clinical guidelines, and relevant conceptual frameworks to understand this complex clinical phenomenon from an interprofessional perspective, considering its care-related, organizational, and relational dimensions.

The bibliographic search was conducted in a systematic and structured manner in internationally recognized scientific databases with strong academic rigor, specifically PubMed and Scopus. Controlled descriptors (MeSH) and free-text terms in English were used, selected based on their thematic relevance and frequent use in specialized literature, including neonatal

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care, early neonatal stabilization, neonatal resuscitation, nursing–physician collaboration, interprofessional teamwork, and advanced neonatal nursing. These terms were combined using the Boolean operators AND and OR to optimize the sensitivity and specificity of the search strategy.

To delimit the corpus, inclusion criteria were established to ensure the quality, relevance, and currency of the analyzed evidence. Empirical studies, systematic reviews, narrative reviews, and international clinical guidelines focused on advanced neonatal care or early neonatal stabilization processes were considered, provided they explicitly addressed clinical interaction between nursing and physicians. Publications in English or Spanish, published between 2020 and 2025, with full-text availability and peer review were included. Documents focusing exclusively on technical, pharmacological, or procedural aspects without reference to interprofessional dynamics were excluded, as were editorials, letters to the editor, conference abstracts, and texts lacking explicit methodological support.

The study selection process was conducted through successive stages. First, titles and abstracts were screened to identify potentially relevant documents and remove duplicates. Subsequently, preselected articles underwent full-text review to assess thematic coherence and methodological consistency in relation to the study objective. The final set of studies was then established for analysis, ensuring that each document fully met the predefined eligibility criteria.

Relevant information from the selected studies was extracted using a documentary analysis instrument designed specifically for this review. This instrument captured elements such as authorship, year of publication, study type, clinical context, nursing role, physician role, type of interprofessional interaction described, and key findings related to early neonatal stabilization and patient safety.

Data analysis was conducted through thematic analysis, following a rigorous process that included comprehensive reading of the texts, identification of meaning units, and subsequent coding and grouping into emerging categories. These categories were organized into analytical axes that enabled an integrated interpretation of advanced neonatal care models, the clinical roles of nursing and physicians, interprofessional interaction dynamics, barriers and facilitators to clinical collaboration, and their implications for neonatal patient safety.

Results

Nursing Physician Clinical Interactions in Early Neonatal Stabilization

The thematic analysis of literature published between 2020 and 2025 indicates that early neonatal stabilization is a complex interprofessional clinical process in which the quality of interaction between nursing professionals and physicians is decisive for the timeliness and coherence of initial interventions. Recent studies emphasize that stabilization outcomes are shaped not only by technical execution but by the team's capacity to integrate real-time clinical

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information, anticipate risk, and engage in shared decision-making under time pressure (Huang et al., 2025; Schwarz et al., 2025). From this perspective, clinical interaction emerges as a structural component of advanced neonatal care rather than an ancillary factor.

Communication, Hierarchy, and Psychological Safety within Neonatal Teams

A consistent finding across the reviewed literature is the influence of interprofessional communication and implicit hierarchies on team performance during neonatal stabilization. Empirical studies report that, despite widespread recognition of the value of teamwork, barriers related to psychological safety persist, particularly in high-acuity environments such as delivery rooms and transitional care settings (Bell et al., 2023; Ediger et al., 2022). These barriers often manifest as reluctance to voice concerns, question clinical decisions, or alert colleagues to emerging risks, thereby constraining collective clinical reasoning and delaying critical actions.

Role Clarity and Organizational Structuring of Interprofessional Care

The reviewed studies show that clear delineation of clinical roles between nursing and physicians is a key determinant of stability and efficiency during early neonatal stabilization. Teams characterized by explicit role allocation demonstrate fewer task duplications and omissions, particularly during rapid clinical transitions (Bell et al., 2023; Schwarz et al., 2025). Conversely, in settings described as "fluid teams," marked by frequent staff rotation and variable team composition, the absence of organizational structures supporting role clarity contributes to fragmented care and discontinuities during handovers.

Barriers and Facilitators to Effective Clinical Collaboration

The literature identifies time pressure, high cognitive workload, role ambiguity, and lack of formal alignment routines as recurrent barriers to interprofessional collaboration. In contrast, structured practices such as briefing and debriefing are consistently reported as facilitators of effective teamwork, enabling anticipation of clinical scenarios, shared mental models, and post-event reflective learning (Fawke et al., 2021; Mileder et al., 2024). Practices are increasingly conceptualized as organizational mechanisms that reduce variability and enhance coordination during critical neonatal events.

Educational Strategies and Strengthening of Interprofessional Teamwork

Recent evidence highlights the effectiveness of interprofessional simulation-based education in improving teamwork, communication, and collaborative decision-making during neonatal stabilization. Simulation—particularly when conducted in situ—allows teams to rehearse real-world interactions under controlled stress conditions, strengthening mutual trust, shared leadership, and coordination between nursing and physicians (Chae & Shon, 2024; Mileder et al., 2024). Comparative analyses suggest that such strategies mitigate the negative effects of hierarchy and foster sustainable collaborative practices.

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Perceived Workload and Its Impact on Team Interaction

The most recent studies incorporate perceived workload as a critical factor influencing interprofessional interaction during neonatal stabilization. Prospective evidence demonstrates significant differences in cognitive and emotional workload across professional roles, with direct implications for communication quality, mutual monitoring, and shared decision-making (Batey et al., 2024; Huang et al., 2025). These findings underscore the need to design interaction models that balance task distribution and reduce individual overload as a prerequisite for improving neonatal patient safety.

Discussion

The understanding is reinforced that early neonatal stabilization constitutes a highly complex interprofessional clinical process in which clinical interactions between nursing professionals and physicians play a decisive role in ensuring timely, coherent, and safe care. The analyzed evidence demonstrates that advanced neonatal care requires an interpretive framework that prioritizes communication, shared decision-making, and the relational dynamics that develop within the care team.

A clear convergence emerges regarding the centrality of interprofessional interaction as a structural determinant of the quality of neonatal stabilization. This finding aligns with contemporary high-reliability healthcare frameworks, which posit that clinical safety in critical scenarios arises from collective cognition, mutual performance monitoring, and effective coordination, rather than from isolated individual competence. In this context, interaction between nursing and physicians constitutes a core mechanism through which neonatal stabilization processes are organized and enacted.

Despite the widespread promotion of interprofessional collaboration in clinical guidelines and institutional policies, the literature indicates that implicit hierarchies and limitations in psychological safety persist, particularly in high-pressure care environments. These dynamics restrict the open expression of concerns, clinical doubts, or early warnings, thereby constraining collective reasoning and potentially delaying critical interventions during early neonatal stabilization.

Evidence indicates that teams with explicit delineation of nursing and medical responsibilities demonstrate greater stability and efficiency during neonatal transitions. In contrast, so-called “fluid teams,” characterized by high staff turnover and variable team composition, exhibit increased vulnerability to care fragmentation and coordination failures, especially during handovers and periods of high clinical demand.

Studies underscore that cognitive and emotional workload affects professional roles differentially, with direct implications for communication, cross-monitoring, and shared decision-

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making. Disruptions in clinical interaction should therefore be understood not only as individual shortcomings, but also as expressions of systemic pressures that condition collective performance during neonatal stabilization.

The literature highlights the value of structured collaborative practices, such as briefing, debriefing, and interprofessional simulation, as mechanisms that strengthen the quality of clinical interaction. These strategies contribute to the development of shared mental models, reduction of uncertainty, and reinforcement of trust among professionals. Evidence suggests that such practices are most effective when sustainably embedded within organizational culture rather than implemented as isolated training interventions.

The evidence positions nursing as an active clinical agent whose anticipatory capacity, situational judgment, and communicative competence significantly influence stabilization trajectories. This challenges residual task-oriented nursing models and reinforces a view of advanced nursing practice as relational, reflective, and ethically grounded.

Overall, the findings suggest that optimizing early neonatal stabilization requires not only technical excellence, but also deliberate attention to how professional roles, communication patterns, and organizational contexts shape collaborative clinical action. Interprofessional interaction thus emerges as a strategic domain for enhancing neonatal safety, care quality, and health system reliability during one of the most critical moments of the life course.

Conclusions

Advanced neonatal care should be understood as an interprofessional clinical process in which interactions between nursing professionals and physicians play a structuring role in care delivery, beyond the technical execution of procedures. Recognizing this relational dimension allows early neonatal stabilization to be reframed as an integrated clinical practice grounded in professional co-responsibility, deliberate coordination, and the collective construction of clinical decisions oriented toward safety and continuity of care.

Strengthening neonatal care models based on collaborative clinical interactions requires organizational and cultural transformation that legitimizes the clinical role of nursing as an active agent in early stabilization. Advancing toward less hierarchical and more collaboration-oriented practices contributes to the consolidation of more reliable, ethically consistent care systems capable of responding effectively to the inherent complexity of critical neonatal settings.

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The authors declare that they have no conflicts of interest.

Author Contributions

The authors contributed to the development of the manuscript.