NAPNAP Position Statement on Developing the Nursing Workforce

The National Association of Pediatric Nurse Practitioners (NAPNAP) advocates a strategy to ensure the development of professionally educated nurses, advanced practice registered nurses (APRNs), and nursing faculty who can be utilized to their fullest capacity to meet the growing health care needs of our nation’s children and families.

The shortage of registered nurses (RNs) is real and expected to increase to 500,000 by the year 2025. Additionally, inadequate numbers of nurses seeking education to pursue APRN and faculty roles (Aiken, 2011; Fairman, Rowe, Hassmiller, & Shalala, 2011) contributes to this shortage. At the same time, while the demand for qualified nurses increases, the existing nursing workforce ages (Buerhaus, Staiger, & Auerbach, 2009). Further, the demand for physicians will significantly outweigh the supply by 2020, with the shortage highest among primary care physicians (Poghosyan, Lucero, Rauch, & Berkowitz, 2012). These trends underscore the future need for a greater supply of trained nurses, particularly those with experience and advanced training in the care of children and families to deliver high-quality health care.

With the implementation of provisions under the Affordable Care Act (ACA), an additional 32 million eligible patients will enter the health care system. Nearly 20% of Americans (60 million) are medically disenfranchised, having inadequate or no access to primary care due to physician shortages (Kirch, 2012; National Association of Community Health Centers, 2009; Poghosyan et al., 2012). In addition, by 2020 an anticipated 155 million Americans, including children, with at least one chronic illness will require primary health care (Poghosyan et al., 2012). Because APRNs provide primary and acute care, with pediatric nurse practitioners (PNPs) specifically trained to provide quality health care to children across the health care continuum, the nursing shortage will further jeopardize the health of its most vulnerable population. The supporters of the ACA expect APRNs to remain a vital part of health care delivery (Auerbach, 2012). Although the nursing workforce appears to be increasing, it cannot be assumed that this means more APRNs are being trained to pursue roles in pediatrics (Martyn, Martin, Gutknecht, & Faleer, 2013). In fact, data suggest that the PNP workforce remains stable (Freed et al., 2010; Martyn et al., 2013). To maintain and increase the workforce of highly trained nurses for the health care market of the future, we must address education, health care outcomes, health delivery systems, barriers to practice, and professional identity.

NAPNAP supports the following approaches to expand professional nursing education, enhance the NP profession, remove barriers to practice, and improve NP professional identity, thereby building the nursing workforce needed to meet the nation’s primary health care needs.

1. Development of a federal nursing workforce commission that expands data capacity for ongoing analysis of both supply and demand and provide continuing funding recommendations.
2. Improved collection, research, and dissemination of APRN workforce data for planning and policy making.
3. Increased funding for nursing education under Title VIII of the Public Health Service Act and other publicly funded initiatives to improve the capacity and resources for developing a well-educated, diverse nursing workforce.

4. Appropriate funding for transitional and accelerated programs that provide a variety of educational pathways to enter the nursing profession, thereby facilitating student progression and efficient time to degree attainment.

5. Implementation of pediatric nursing specialty and advanced practice internship/residency programs supported by federally funded scholarships, stipends, and demonstration projects.

6. Strategic planning at the start of one’s career in pediatrics designed to provide access to appropriate preceptorship for all providers who care for children and resources to support their clinical preceptors.

7. Increased funding for recruitment, retention, and graduation of minority nursing students at both the undergraduate and graduate levels.

8. Development of career progression initiatives to increase the number of nurses entering and completing graduate studies for advanced practice or faculty roles.

9. Training for faculty and relevant curriculum to support increasingly independent practice role expectations and opportunities.

10. Educational opportunities for ARPN students near their home communities to improve primary health care delivery in rural and underserved areas via rigorous distance education modalities and rural preceptorship placements.

11. Standardization of licensure regulations, certification requirements, scope of practice, and legal recognition for all APRNs.

12. Support of legislation that removes barriers to practice such as lack of equitable reimbursement for APRN services, physician supervisory requirements, and increased access to care through the use of neutral provider language.

13. Resources for and quality outcome evaluation of innovative partnerships and faculty practice models with local communities (for example, school-based health centers) to develop replicable, evidence-based models of collaborative primary care.

NAPNAP, an organization whose mission is to empower PNPs and their health care partners to enhance child and family health through practice, leadership, advocacy, education, and research, supports a multifaceted approach to increase the capacity of the nursing workforce in response to the crisis in public health. To meet the current and future needs of new generations of nursing professionals, it is critical to systematically examine the adequacy of the health care delivery system, state and federal regulations, health policy implications, reimbursement issues, educational programs and postgraduate training, minority recruitment and retention, and role descriptions. Effective solutions can only be achieved through collaboration, cooperation, and communication among nursing and other health care leaders in education, practice, specialty nursing organizations, research, health care systems, and state and federal government.

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REFERENCES


