



National Association of
Pediatric Nurse PractitionersSM

NAPNAP Position Statement on Resilience and the Postpandemic Pediatric Nurse Practitioner Workforce

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A study that examined the impact of the coronavirus disease 2019 (COVID-19) pandemic on pediatric advanced practice registered nurses (APRNs) identified compromised mental

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This document replaces the 2015 "NAPNAP Position Statement on Protection of Children Involved in Research Studies." All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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health and professional burnout as emerging trends endangering the pediatric APRN workforce (Peck & Sonney, 2021). Early in the pandemic, hallmarks of the pediatric APRNs' experience included equipment (personal protective equipment) and staffing shortages, fear of virus contraction endangering family members, physical isolation, job loss or reassignment, and rationing of health care (Peck & Sonney, 2021). As the pandemic persists, surging pediatric health needs and increased incivility toward health care professionals working to prevent and mitigate the effects of COVID-19 present new challenges to caring for children and their families. The United States is also amidst contentious national dialogue surrounding historical and complex trauma rooted in social injustice, complicating response efforts, and compounding traumatic effects.

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes the significant, long-range impacts of this collectively experienced trauma and advocates for sustainable strategies to ensure the pediatric-

focused APRN workforce has the necessary resources and support to address critical health challenges associated with mental health stressors and professional burnout.

PEDIATRIC-FOCUSED APRN WORKFORCE TRENDS

Before the unprecedented events of 2020, the United States was already experiencing a pediatric-focused APRN shortage (Gigli, Beauchesne, Dirks, & Peck, 2019). Although some APRN specialties have experienced exponential growth, the pediatric-focused APRN workforce has not grown in proportion with other APRN specialties, leading to a pediatric provider shortage disproportionately impacting rural and medically underserved communities (Gigli et al., 2019; Martyn, Martin, Gutknecht, & Faleer, 2013). At the same time, there is a shortage of pediatric physicians and concern about the future supply of pediatric specialists (Turner, Ricketts, & Leslie, 2020). To meet the health care needs of children and their families, retention of current pediatric-focused APRNs and recruitment of future members of the pediatric workforce is essential.

IMPACTS OF COVID-19 ON THE PEDIATRIC APRN WORKFORCE

The COVID-19 pandemic has further threatened the pediatric-focused APRN workforce. During the pandemic, one in five pediatric APRNs reported feeling unsafe in their practice setting, and only one-quarter felt prepared and supported in providing care to COVID-19 patients (Peck & Sonney, 2021). A majority (78%) of pediatric-focused APRNs reported concerns regarding anxiety during the pandemic, with one-half reporting moderate to extreme concern regarding anxiety—greater rates than the general population (21.4%) and rates reported in other health care workers (one-third of health care providers) (Daly & Robinson, 2021; Peck & Sonney, 2021; Shechter et al., 2020). Studies indicated frontline workers had the highest levels of anxiety, and more than one-third reported dysfunctional anxiety, rendering providers unable to perform activities of daily living, much less professional clinical responsibilities (Labrague & De los Santos, 2020; Shechter et al., 2020).

Fear and anxiety typically are the first emotions to appear in an emergent situation such as the COVID-19 pandemic, but depressive symptoms and post-traumatic stress often follow (Kang et al., 2020). Being isolated, working in high-risk positions, and having contact with infected people are factors that put the pediatric-focused APRNs at a higher risk for depression (Wu et al., 2009). After a year of dealing with pandemic conditions, nearly two-third of pediatric-focused APRNs reported feeling down, depressed, or hopeless (Peck & Sonney, 2021). After surviving a global pandemic, the number of people suffering from mental health impacts is often greater than those who are physically injured (Kang et al., 2020). Over time, ongoing depression not only threatens the health of the individual but has also been associated with lower health care quality, bringing an urgency to the need to address depression in the pediatric-focused APRN workforce (Pereira-Lima et al., 2019).

Pediatric-focused APRNs have witnessed the suffering and death of children, their family members, co-workers, and members of their community. This generated a cumulative transformative effect contributing to personal, lived experiences of vicarious trauma, compassion fatigue, and moral injury. As the pandemic persisted, increased incivility toward health care providers and public health experts working to prevent and mitigate the effects of COVID-19 presented new challenges for pediatric-focused APRNs. There was a major disruption of clinical practice and personal well-being, striking the core of the first three levels of Maslow's hierarchy of needs—physiological needs (survival), safety needs, and love/belonging (Beckman, 2020). Acknowledging and addressing the mental and physical health implications of this time are paramount to sustaining and aiding the pediatric-focused APRN workforce to continue to provide accessible, affordable, high-quality care that optimizes child health.

PEDIATRIC-FOCUSED APRN BURNOUT

The chronic imbalance of stressful job demands combined with insufficient workplace resources leads to professional burnout. Differing from depression and distinct from a mental health diagnosis, characteristic hallmarks of burnout include high emotional exhaustion, high depersonalization, and low sense of personal accomplishment from work (Maslach & Leiter, 2016). Pediatric-focused APRNs are at the epicenter of the pandemic, responding to recurrent waves of infection, with the relentless nature of the task increasing risks of developing burnout. Factors associated with burnout related to the COVID-19 pandemic include changes in workload, strict regulations within which care must be provided (e.g., limited family support at the bedside of hospitalized children, pivot to telehealth), lack of institutional support, and a continuously evolving knowledge base related to disease epidemiology and management (Goroll, 2020; Sharifi, Asadi-Pooya, & Mousavi-Roknabadi, 2021). Eighty-four percent of pediatric-focused APRNs reported responding to disinformation as a significant barrier to their clinical practice (Peck & Sonney, 2021). The cumulative impacts of relentless professional demands led to unprecedented levels of burnout among pediatric-focused APRNs, with 79% experiencing some degree of burnout during the pandemic (Peck & Sonney, 2021).

SUSTAINABLE STRATEGIES FOR SUPPORTING RESILIENCE

Building and supporting resilience can improve the mental well-being of the pediatric-focused APRN workforce, thereby allowing these clinicians to effectively partner with families to optimize child health. Resilience is an array of innate and acquired traits that supports adaptation when faced with adversity, trauma, or significant sources of stress. These traits allow nurses to cope and adapt in response to both acute and chronic stressors, including the extreme stressors of the ongoing COVID-19 pandemic. Challenges to resilience in health care include experiencing vicarious trauma, post-traumatic stress, burnout, and compassion

fatigue (Pollak & Parks, 2021). Furthermore, personal resilience is not enough to combat these challenges and implement evidence-based strategies in organizations that support providers' mental well-being promoting professional resilience (Ford, 2020).

To address pediatric-focused APRN mental health needs and professional burnout, it is critical to understand specific sources of anxiety, depression, and burnout and develop resilience-based interventions (Shanafelt, Ripp, & Trockel, 2020). Strategies to build and support resilience should prioritize attainment of basic physiological needs, promotion of physical and emotional safety and basic needs of health care workers and their families, and health care system changes to promote professionalism and support authentic patient interaction (Adibe, Hebert, Perticone, & Dowd, 2021; Goroll, 2020). Emotional thriving and recovery are significantly higher among health care workers who report higher engagement in well-being behaviors (Rink et al., 2021). Ultimately, changes in the health care system that support pediatric-focused APRN mental health and resilience and improve work environments are the most effective evidence-based strategies and should incorporate tiered approaches across socioecological levels of individual, organization, and community for the greatest impact (Hennein, Mew, & Lowe, 2021; Pijpker, Vaandrager, Veen, & Koelen, 2019).

The National Academy of Medicine conceptual model entitled *Factors Affecting Clinician Well-Being and Resilience* provides a useful approach for conceptualizing areas of opportunity for promoting resilience. The model spans seven domains, including personal factors, skills and abilities, health care responsibilities, organizational factors, rules and regulations, and society and culture. It is essential for sustainable solutions to be nurtured across all domains with the maximum level of organizational and community support possible (Brigham et al., 2018). The Institute for Healthcare Improvement published the *IHI Framework for Improving Joy in Work* which outlines needs for physical and psychological safety, finding meaning and purpose in work, having choice and autonomy, receiving recognition and awards, participating in management, seeing daily improvement, and supporting wellness and resilience (Perlo et al., 2017). The 2019 National Academy of Medicine report *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being* called for significant improvements in clinical work and learning environments across all disciplines to support the professional well-being of care providers (National Academies of Sciences, Engineering, and Medicine, 2019). Interventions should be intentionally designed to address system factors, which require resource commitment, infrastructure support, adequate access to necessary resources, a culture of accountability, and prioritized support of clinician well-being. Such comprehensive responses will require cohesive and cogent action to create safe and healthy clinical work environments that nurture a culture of wellness.

Urgent response is needed to address pediatric-focused APRN burnout, and mental health needs with strengths-based resilience strategies before there are detrimental impacts

on patient care and providers leave the workforce (Maslach & Leiter, 2016; Sharifi et al., 2021). If sustainable solutions are not prioritized and enacted, child health optimization efforts will be endangered. As a result, NAPNAP advocates for child health through the protection of the pediatric APRN workforce with the following recommendations.

Individual-level for pediatric-focused APRNs:

1. Prioritize personal well-being and self-care physically, mentally, emotionally, spiritually, socially, and culturally.
2. Practice evidence-based well-being behaviors, including intentional gratitude, mindfulness-based stress reduction techniques, and cognitive-behavioral therapies.
3. Seek individual mental health support early when symptoms first appear.
4. Mindfully limit consumption of and exposure to pandemic-related media and social media discussion forums.
5. Seek community-based support through professional networks and organizations and informal social structures and support systems. Prioritize time away from work to engage in social activities.
6. Use organizational resources and supports made available for mental health support and burnout prevention and response.
7. Cultivate diversity of thought, be inclusive, and use positive language to reframe critiques.
8. Commit to healthy lifestyle behaviors, including limiting alcohol intake, refraining from vaping or smoking, exercising regularly, eating a nutritious and well-rounded diet, and obtaining adequate amounts of sleep.

Health care and academic organization-level (employers and health leaders):

1. Affirm and reinforce the value of and regard for pediatric-focused APRNs in health organizations. Enhance their role visibility, demonstrate respect for their professional contributions, solicit equitable representation in research and scholarship efforts, and foster psychological safety.
2. Make every effort to ensure occupational safety for nursing personnel to deliver safe, evidence-based care without compromising personal health.
3. Affirm well-being as an organizational value and normalize and support expressions of well-being behaviors. Consider appointment of a Chief Wellness Officer.
4. Enhance access to mental health care services with telehealth virtual options congruent with clinical practice schedules.
5. Eliminate stigma and bias related to care-seeking behaviors for mental health conditions.
6. Promote team cohesion, support time for collaboration, foster reimagined social interactions among colleagues.

7. Offer regular, moderated debriefing sessions hosted by social workers, counselors, or chaplains for pediatric-focused APRNs to discuss their fears, stressors, and concerns and help employees connect to a mental health provider as needed.
8. Communicate transparently with regular updates using clear, factual communication regarding changes and expectations.
9. Reduce administrative burden on clinicians as much as possible with maximum use of technology solutions to minimize effort.
10. Provide employee support for the work-life balance, including flexible and reasonable work hours and patient caseloads, rest times and spaces at work, emotional support, and adequate and flexible time away from work to fully participate in mental health care treatment.
11. Adopt a culture of appreciation with tangible gestures of recognition, rewards, and incentives.
12. Recognize Employee Assistance Programs as adjunct treatment and implement a formal, evidence-based Second Victim/Vicarious Trauma program as the next step after pandemic recovery to provide timely and ongoing support, enhance safety culture, and health care worker well-being.
13. Prioritize investment in scholarly research on clinician burnout and professional well-being.

Professional organizations and communities-level:

1. Provide virtual and in-person venues for pediatric-focused APRNs to connect, sharing lived experiences in a safe environment.
2. Create programs that foster peer support, stress reduction skills, communication training, coping resources, and active problem solving with shared governance.
3. Offer educational and training sessions tailored to helping pediatric-focused APRNs comfortably provide care in stressful situations and recognize the causes, signs, and symptoms of anxiety, depression, and burnout.
4. Advocate for policies that enable work-based employee support, including early referral programs for crisis management, mentoring and coaching, and voluntary employee assistance support.
5. Redesign clinical systems prioritizing adequate time with children and their families to provide high-quality trusted care without overly burdensome regulations.
6. Promote the implementation of current public health recommendations, including mitigation and prevention strategies, to support evidence-based health care in our communities.
7. Support public civility toward health care workers and public health experts by affirming evidence-based, common goals for improving child health.

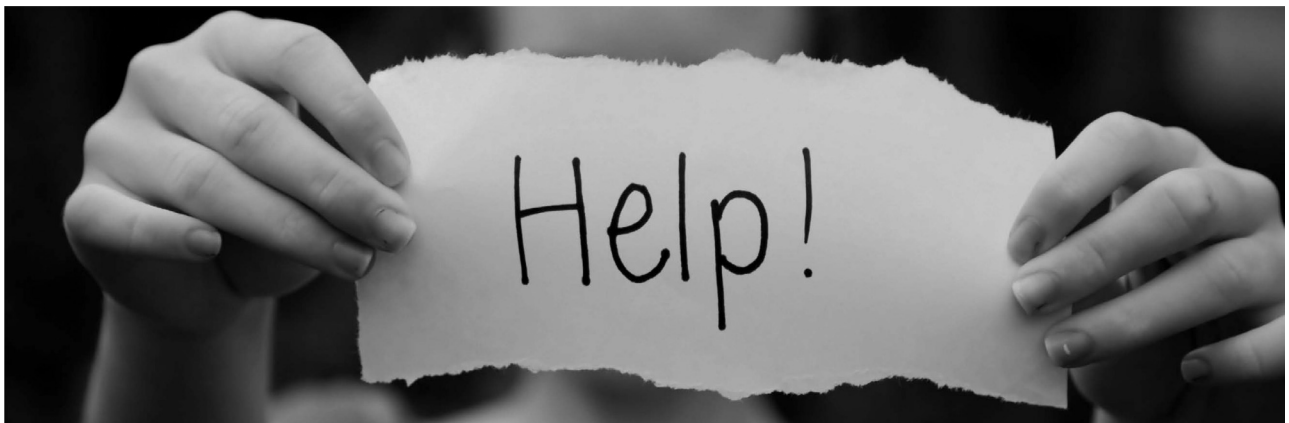
NAPNAP is an organization whose mission is to empower pediatric-focused APRNs and key partners to

optimize child and family health. NAPNAP believes that an urgent response is needed to address pediatric-focused APRN burnout and mental health. Resilience strategies and action to create safe and healthy clinical work environments can nurture a culture of wellness for pediatric-focused APRNs.

REFERENCES

- Adibe, B., Hebert, C., Perticone, K., & Dowd, S. M. (2021). Creating wellness in a pandemic: A practical framework for health systems responding to Covid-19. Retrieved from <https://catalyst.nejm.org/doi/full/10.1056/cat.20.0218>
- Beckman, B. P. (2020). COVID-19: Never seen anything like this ever!. *Journal of Nursing Administration*, *50*, E3–E7.
- Brigham, T., Barden, C., Dopp, A. L., Hengerer, A., Kaplan, J., Malone, B., ... Nora, L. M. (2018). A journey to construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. Retrieved from <https://nam.edu/journey-construct-encompassing-conceptual-model-factors-affecting-clinician-well-resilience/>
- Daly, M., & Robinson, E. (2021). Anxiety reported by US adults in 2019 and during the 2020 COVID-19 pandemic: Population-based evidence from two nationally representative samples. *Journal of Affective Disorders*, *286*, 296–300.
- Ford, S. (2020). Exclusive: Nursing times survey reveals negative impact of COVID-19 on nurse mental health. *Nursing Times*. Retrieved from <https://www.nursingtimes.net/news/mental467health/exclusive-survey-reveals-negative-impact-of-covid-19-on-nurse-mental-health468-29-04-2020/>
- Gigli, K. H., Beauchesne, M. A., Dirks, M. S., & Peck, J. L. (2019). White paper: Critical shortage of pediatric nurse practitioners predicted. *Journal of Pediatric Health Care*, *33*, 347–355.
- Goroll, A. H. (2020). Addressing burnout-Focus on systems, not resilience. *JAMA Network Open*, *3*, e209514.
- Hennein, R., Mew, E. J., & Lowe, S. R. (2021). Socio-ecological predictors of mental health outcomes among healthcare workers during the COVID-19 pandemic in the United States. *PLoS One*, *16*, e0246602.
- Kang, L., Ma, S., Chen, M., Yang, J., Wang, Y., Li, R., ... Liu, Z. (2020). Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study. *Brain, Behavior, and Immunity*, *87*, 11–17.
- Labrague, L. J., & De los Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, *28*, 1653–1661.
- Martyn, K. K., Martin, J., Gutknecht, S. M., & Faleer, H. E. (2013). The pediatric nurse practitioner workforce: Meeting the health care needs of children. *Journal of Pediatric Health Care*, *27*, 400–405.
- Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, *15*, 103–111.
- National Academies of Sciences, Engineering, and Medicine. (2019). Taking action against clinician burnout: A systems approach to professional well-being. Retrieved from <https://www.nap.edu/catalog/25521/taking-action-against-clinician-burnout-a-systems-approach-to-professional>
- Peck, J. L., & Sonney, J. (2021). Exhausted and burned out: COVID-19 emerging impacts threaten the health of the pediatric advanced practice registered nursing workforce. *Journal of Pediatric Health Care*, *35*, 414–424.
- Pereira-Lima, K., Mata, D. A., Loureiro, S. R., Crippa, J. A., Bolsoni, L. M., & Sen, S. (2019). Association between physician

- depressive symptoms and medical errors: A systematic review and meta-analysis. *JAMA Network Open*, 2, e1916097.
- Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J., & Feeley, D. (2017). IHI framework for improving joy in work. Retrieved from <http://www.ihf.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>
- Pijpker, R., Vaandrager, L., Veen, E. J., & Koelen, M. A. (2019). Combined interventions to reduce burnout complaints and promote return to work: A systematic review of effectiveness and mediators of change. *International Journal of Environmental Research and Public Health*, 17, 55.
- Pollak, E., & Parks, J. (2021). COVID-19 health care staff trauma and resilience oriented healing. Retrieved from <https://www.joincommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/covid-19-health-care-staff-trauma-and-resilience-oriented-healing/>
- Rink, L. C., Silva, S. G., Adair, K. C., Oyesanya, T. O., Humphreys, J. C., & Sexton, J. B. (2021). The Association between well-being behaviors and resilience in health care workers. *Western Journal of Nursing Research*. doi:10.1177/019394592111017515
- Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA*, 323, 2133–2134.
- Sharifi, M., Asadi-Pooya, A. A., & Mousavi-Roknabadi, R. S. (2021). Burnout among healthcare providers of COVID-19; A systematic review of epidemiology and recommendations. *Archives of Academic Emergency Medicine*, 9, e7.
- Shechter, A., Diaz, F., Moise, N., Anstey, D. E., Ye, S., Agarwal, S., ... Abdalla, M. (2020). Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *General Hospital Psychiatry*, 66, 1–8.
- Turner, A., Ricketts, T., & Leslie, L. K. (2020). Comparison of number and geographic distribution of pediatric subspecialists and patient proximity to specialized care in the US between 2003 and 2019. *JAMA Pediatrics*, 174, 852–860.
- Wu, P., Fang, Y., Guan, Z., Fan, B., Kong, J., Yao, Z., ... Hoven, C. W. (2009). The psychological impact of the SARS epidemic on hospital employees in China: Exposure, risk perception, and altruistic acceptance of risk. *Canadian Journal of Psychiatry*, 54, 302–311.



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