



NAPNAP Position Statement on Promoting the Pediatric Nurse Practitioner Workforce Pipeline

National Association of Pediatric Nurse Practitioners,
Kristin Hittle Gigli, PhD, RN, CPNP-AC, CCRN,
Jennifer Sonney, PhD, ARNP, PPCNP-BC, FAANP,
Emily M. McRae, DNP, APRN, CPNP-AC/PC,
Imelda Reyes, DNP, MPH, CPNP, FNP-BC, &
Jessica L. Peck, DNP, APRN, CPNP-PC, CNE, CNL, FAANP, FAAN

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes the critical role of pediatric nurse practitioners (PNPs) in ensuring that all children have equitable access to high-quality health care. The United States is experiencing a national pediatric clinician shortage, threatening child access to critical health care services (Gigli, Beauchesne, Dirks, & Peck, 2019; Martyn, Martin, Gutknecht, &

Faleer, 2013; Turner, Ricketts, & Leslie, 2020). The proportion of physicians choosing pediatrics has not met the demand for clinicians (Vinci, 2021), and despite a significant increase in the number of nurse practitioners (NPs), the PNP workforce has not experienced parallel growth (Gigli et al., 2019; U.S. Bureau of Labor and Statistics, 2021). Whereas children comprise nearly 25% of the U.S. population, pediatric primary and acute care NPs constitute just 3.2% and 0.7% of the NP workforce, respectively (American Association of Nurse Practitioners, 2021). This pediatric clinician shortage disproportionately affects rural and medically underserved communities and is projected to last 10 or more years (Gigli et al., 2019).

The COVID-19 pandemic has further threatened the PNP workforce. A 2021 study found that 75% of PNP educational programs reported clinical training site shortages, which may result in delayed graduations (Peck & Sonney, 2021). Furthermore, more than one third of pediatric-focused advanced practice registered nurses (APRNs) reported professional burnout, posing a serious risk for workforce losses as well as reduced capacity for training PNP students. Attention must focus on sustaining the PNP workforce and building for a future in which pediatric specialists are available to care for all children. NAPNAP

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Correspondence: National Association of Pediatric Nurse Practitioners, 5 Hanover Square, Ste. 1401, New York, NY 10004.
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is committed to supporting sustainable, comprehensive strategies to recruit, educate, and retain nurses into the PNP workforce, furthering its organizational mission to optimize child health.

RECRUITMENT OF PNP STUDENTS

Robust recruitment of diverse PNP students is needed to safeguard the workforce pipeline of new graduates to meet the forecasted demand for pediatric health care specialists (Freed, Dunham, Loveland-Cherry, Martyn, & Research Advisory Committee of the American Board of Pediatrics, 2010; Gigli et al., 2019). A total of 38% of graduating PNPs reported making a career choice before their registered nurse (RN) education, whereas another 40% reported choosing to become a PNP while working as RNs (Freed et al., 2015). A primary focus of recruitment into the PNP pipeline must be on the pediatric RN workforce, from which most PNP students enter. Furthermore, in pursuit of health equity, it is vital to recruit a diverse PNP workforce, including nursing students and faculty (National Academies of Sciences, Engineering, and Medicine, 2021).

The PNP workforce must leverage opportunities across professional and personal networks to raise the visibility of the PNP role in achieving optimal patient outcomes as a mechanism to generate awareness of and interest in PNP careers (Bolick et al., 2013; Institute of Pediatric Nursing, 2021). Another vital opportunity for recruitment is pediatric clinical training experiences for undergraduate nursing students. A long-standing lack of pediatric clinical training sites and a shortage of nursing faculty have led to widespread reduction in pediatric opportunities for undergraduate nursing students (Institute of Pediatric Nursing, 2021). Consequently, the proportion of pediatric nurses in the nursing workforce declined from 6% in 2013 to 4.7% in 2017 (Smiley et al., 2018). This trend constrains not only the prospective PNP pipeline but also serves to limit the availability of nurses seeking careers as pediatric nursing faculty. To counter this cycle, undergraduate pediatric clinical nursing education must be prioritized as clinical training experiences influence future career choices (Andrews, Brodie, Andrews, Wong, & Thomas, 2005; Wareing, Taylor, Wilson, & Sharples, 2017). Given that pediatric care is increasingly provided across the care spectrum, broadening clinical training opportunities to span diverse clinical settings including ambulatory, school-based, inpatient, and other settings where children present expands training educational capacity and prepares graduates for professional practice caring for children (Institute of Pediatric Nursing, 2021). Finally, practicing pediatric RNs must also have the opportunity to work alongside PNPs to gain awareness of and appreciation for the role. The opportunity for greater autonomy is the primary factor influencing the decision to pursue PNP education (Freed et al., 2015), therefore efforts to advance APRN full practice authority will not

only benefit child access to care but also support future PNP recruitment.

EDUCATION OF PNP STUDENTS

Education of PNP students is essential to ensuring a sufficient pediatric specialist workforce. Critical to this pursuit is the removal of barriers to PNP education including limited access to PNP education, faculty shortages and inadequate clinical training site capacity. The 2020–2030 Future of Nursing report calls for holistic efforts to support diverse students, including the provision of “economic, social, professional, and academic supports” (National Academies of Sciences, Engineering, and Medicine, 2021, p. 9). Specifically, for PNP education, this includes dedicated funding for PNP education and clinical training to defray student debt; accessible programs with hybrid, distance, and part-time options; and employers who offer job flexibility to facilitate concurrent educational enrollment (Aiken, Dahlerbruch, Todd, & Bai, 2018; Gigli, Kahn, & Martsof, 2020).

The critical pediatric nursing faculty shortage is projected to worsen as faculty age and fewer PNPs pursue faculty careers (Clochesy, Visovsky, & Munro, 2019). Of nurses who earn a Doctor of Nursing Practice degree, only one third intend to pursue faculty positions. Understanding the career decisions of these nurses may provide insight into motivations to enter academic roles (Hamilton & Haozous, 2017). Known challenges to recruiting high-quality educators include noncompetitive salaries and perceived work-life balance issues (Clochesy et al., 2019). Meeting the concurrent demands of multimirrored faculty roles while maintaining clinical practice expertise poses a significant challenge. Whereas some faculty may find it easy to work a per diem position within a clinical setting, others find it difficult to have the necessary flexibility. A promising strategy for faculty recruitment involves clinician faculty roles whereby faculty job responsibilities include educational and clinical foci (Fowler, Baker, & Geraghty, 2017). These academic-practice faculty positions capitalize on the clinical expertise of PNPs to provide expert education while allowing continued clinical practice, a significant part of their professional identity. Furthermore, intentional supports such as orientation, pedagogic training, coaching through culture shock and role strain, and peer mentoring and support for early-career faculty may also help allay other challenges associated with the faculty role (Fowler et al., 2017; Hamilton & Haozous, 2017; McQuilkin et al., 2020).

The most significant, rate-limiting factor to PNP educational programs is limited clinical training sites (American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, & Physician Assistant Education Association, 2013). Reported barriers to precepting include time constraint (89%), lack of employer support (53%), and clinician lack of interest in precepting (40%) (Doherty, Fogg, Bigley, Todd, & O’Sullivan, 2020). Employer support of precepting, including modified

clinical productivity expectations, could mitigate these barriers (Keitz et al., 2019). Furthermore, policies and financial support for graduate nursing education can meaningfully improve the capacity to obtain clinical placements and expand PNP programs (Aiken et al., 2018). Currently, there is wide variation in clinical placement procedures across PNP programs: 14% reported clinical placement was a student responsibility and 31% reported that the student and the program shared clinical placement responsibility (Doherty et al., 2020). Optimal child health outcomes are dependent on well-prepared PNP clinicians; therefore, it is imperative that securing clinical placements to meet learner needs are a priority of nursing programs and not the sole responsibility of the student. Such a shift will necessitate strong academic-practice partnerships, evidence-based precepting training and resources, and a collective professional commitment to training the next generation of PNPs.

RETENTION OF PNPs

Retention of the PNP workforce is critical to ensuring children have access to high-quality care and the profession has sufficient capacity to train the next generation of PNPs. Evidence indicates that PNP retention is influenced by APRN practice authority, the practice environment, and professional burnout. States that limit APRN practice authority have smaller populations of APRNs and experience higher APRN turnover (Cimiotti et al., 2019; Poghosyan, Boyd, & Clarke, 2016). APRNs are more likely to leave practice environments where the APRN role is not valued or visible or when organizational policies are restrictive of APRN practice (Hoff, Carabetta, & Collinson, 2019; Nei, Snyder, & Litwiller, 2015; Poghosyan, Liu, Shang, & D'Aunno, 2017). Conversely, organizations with APRN orientation and mentoring programs experience higher retention (Hagan & Curtis, 2018; Horner, 2020). In addition, organizational measures to mitigate professional burnout are also highly relevant. In total, 79% of pediatric-focused APRNs reported some degree of burnout amid the COVID-19 pandemic (Peck & Sonney, 2021), a risk factor for leaving the nursing profession entirely (Maslach & Leiter, 2016; Sharifi, Asadi-Pooya, & Mousavi-Roknabadi, 2020). An immediate and sustained response is needed to ensure PNPs have the institutional support and access to necessary mental health and resilience resources to mitigate burnout and avoid detrimental impacts to patient care (National Association of Pediatric Nurse Practitioners et al., 2022).

Ensuring a strong pipeline of PNPs and sustaining the current PNP workforce are critical to ensuring child access to high-quality health care. As a result, NAPNAP advocates for promotion of PNP workforce with the following recommendations:

Individual PNP level

- Promote the PNP role within personal and professional networks.
- Commit to serving as a clinical preceptor to prepare the next generation of PNPs.

- Highlight the benefits of precepting PNP students to the PNP profession and health care agencies through scholarship and advocacy efforts.
- Prioritize personal well-being and self-care physically, mentally, emotionally, spiritually, socially, and culturally.
- Actively participate in pediatric-focused professional organizations

Academic program level

- Expand the scope of pediatric clinical training opportunities for undergraduate nursing students to ensure that the pediatric nursing workforce is prepared to provide optimal care to children and their families in diverse settings.
- Commit to providing standalone pediatric courses without diluting or reducing the visibility of pediatric content or clinical experiences by combining them into life span courses.
- Promote the PNP profession to nursing students early in their undergraduate nursing programs and at entry into graduate nursing education to build awareness of and demand for the role.
- Improve the availability and accessibility of PNP education, including financial, social, and professional support.
- Recruit and retain diverse students, clinical preceptors, and faculty.
- Develop academic-practice partnerships for faculty working in pediatric clinical practice.
- Prioritize and support clinician faculty positions that balance clinical practice and educational role responsibilities.
- Provide robust faculty onboarding programs to support the transition from clinical to academic careers to improve recruitment and retention of PNP faculty.

Health care organization (employer) level

- Promote the contributions of PNPs in achieving high-quality child health outcomes.
- Foster APRN practice to the full extent of their education and licensure.
- Support the needs of new PNPs to improve recruitment and retention of these clinicians.
- Prioritize, support, and value the precepting of PNP students.
- Offer employment flexibility and tuition support to RNs seeking PNP education.
- Promote PNP work-life balance and self-care.
- Advocate for federal funding for graduate nursing education and APRN full scope of practice.

Professional organization level

- Advocate for APRN full practice authority in the pursuit of ensuring child health care access.

- Increase the visibility of PNPs in achieving optimal patient outcomes.
- Advocate for dedicated funding to support pediatric nursing education.
- Develop and disseminate PNP precepting training and resources.

NAPNAP, an organization whose mission is to empower pediatric-focused APRNs and key partners to optimize child and family health, believes that all children have a right to equitable access to high-quality health care and PNPs are essential members of children's multidisciplinary health care teams. To ensure the availability of pediatric clinicians to meet the need for pediatric health care, it is vital to engage in sustainable, comprehensive strategies to recruit, educate, and retain nurses in the PNP workforce.

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