

Pediatric Workforce Challenges and Opportunities

Children's hospitals' ability to continue to meet children's health care needs now and into the future requires innovative approaches to recruit, retain and bolster our current pediatric non-physician workforce, including nurses, therapists and other allied health clinicians.

Pediatric workforce shortages are different than adult workforce shortages

In pediatrics, shortages are more prevalent among providers who provide specialized care, such as pediatric advanced practice nurses, pediatric private duty and home care nurses and pediatric medical tech professionals (e.g., pediatric respiratory technicians, pediatric pharmacists, etc.). In contrast—for adults—the largest workforce shortages are among primary care providers.

Extent of the workforce shortage crisis

Though a long-term problem, pediatric workforce shortages have been made worse by the pandemic, the more recent pediatric respiratory illness surges, and the mental health crisis facing our children and youth, which further exacerbated burnout and turnover and threatens children's access to care.

- Children's hospitals reported **an increase of more than 76% in the quarterly turnover rate among registered nurses** from the first quarter of 2019 to the third quarter of 2021.¹
- There are only **5.4 clinical child and adolescent psychologists per 100,000 children <18 years of age**, as well as shortages in other pediatric mental health specialties critical to improving early identification and intervention.
- Almost all children's hospitals that responded to a recent Children's Hospital Association questionnaire noted that they are facing **shortages of key pediatric allied health clinicians, including pediatric respiratory therapists, pharmacists and radiology technicians**.
- Too often, children cannot be discharged home safely from the hospital because pediatric home care nursing and related supports are not available, meaning they must remain in the hospital for weeks or even months until home support can be provided.

Key drivers of pediatric specialty provider shortages

Pediatric clinical care takes more time, is very labor-intensive and is particularly emotionally challenging leading to high rates of burnout and turnover. Newer pediatric specialty clinicians are especially susceptible because they are not always mentally and emotionally prepared for the unique stressors that come with working in a pediatric environment. Furthermore, the intensive level of training – and the cost and time needed for that training – is deterring far too many from entering the pediatric nursing and allied health fields and impacting the ability of children's hospitals to quickly fill existing vacancies.

- **Pediatric specialty care requires extra time, monitoring, specialized medications and equipment, and specially trained health care providers to provide that care.** Pediatric nurses face multiple demands

¹ Source: PROSPECT, the Children's Hospital Association and the nation's only financial and operational comparative data set for pediatrics.

as they care for especially complex patients and try to balance the needs of their child patients as well as their family members.

- **Pediatric specialty nurses need more time in nursing school and onsite training at a children's hospital in basic clinical care and in developmental and psychological aspects of care.** They need training in how to use special-sized equipment, such as tiny tubing for preemies, child-appropriate medications and related dosing, for all stages of a child's development, and how to appropriately manage family members who may be under a great deal of stress. That additional training requires additional financial investment on the part of the provider.
- **There is limited financial support targeted to pediatric specialty training.** Pediatric specialty clinicians often have substantial debt, but existing scholarship and loan forgiveness programs tend to be primary care- and adult-focused.
- **Pediatric nurse orientation at a children's hospital is time- and cost-intensive.** Orientation and training of a new pediatric acute care nurse can take up to three months; orientation and training for a neonatal intensive care nurse can take up to six months. The training for just one pediatric nurse can cost **\$45,000 or more.** Those costs are borne by the hospital and are not reimbursed by third-party payers or covered by federal programs.
- **Reimbursement rates for pediatric providers are low.** Historically low Medicaid reimbursement rates are a key factor in pediatric workforce shortages and related access challenges for children.

Opportunities to strengthen the pediatric workforce

Targeted initiatives must support a diverse pediatric physical and mental health workforce by strengthening pediatric clinical training opportunities, supporting children's hospitals' recruitment and retention efforts and bolstering the pediatric health care workforce early career pipeline. Specific solutions include:

- **Expand eligibility for existing loan repayment and scholarship programs to pediatric non-physician clinicians,** particularly those who care for children with serious, chronic or complex medical conditions.
- **Provide targeted support to children's hospitals that offer pediatric clinical nurse and allied health/medical technician professional training** and engage in community partnerships with secondary and higher education institutions to promote pediatric placements in clinical settings.
- **Expand training, recruitment and pipeline programs for non-licensed providers,** such as community health workers and patient advocates, who play a critical role providing non-medical support to kids so clinicians can operate at the top of their license.
- **Expand and create pediatric nurse educator programs** to include a focus on recruiting and retaining faculty.
- Explore ways to **increase support for the pediatric workforce under Medicaid.**

There must be a targeted policy focus on the unique needs of children and the specialized care providers who serve those needs to ensure that our health care system has the full range of trained pediatric providers needed to deliver optimal care to children.

Contact us: Jan Kaplan, jan.kaplan@childrenshospitals.org or (202) 753-5384.