

NAPNAP Research Agenda: 2014-2019

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KEY WORDS

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Nursing associations use research agendas (RAs) to identify priority areas of research that are important to the clinical populations that are the focus of the association's membership. Research developed in accordance with RAs provides the evidence upon which its members can base their practice (Halcomb & Hickman, 2010). One component of the mission of the National Association of Pediatric Nurse Practitioners (NAPNAP) is to facilitate research, and to this end, NAPNAP developed an RA in 2008. NAPNAP's goal for research is to develop evidence to promote optimal health for all children and empower pediatric nurse practitioners (PNPs) by providing the best evidence for practice, leadership, and education. The current RA, which covered a 5-year period, has been used to provide guidance to NAPNAP for grant funding priorities, as well as conference and publication foci. With this 5-year period nearing its end, NAPNAP's Research Committee was assigned the responsibility of updating the RA. This article is a report of the final steps taken and the results of the RA revision.

REVISION PROCESS

In 2012, NAPNAP members were surveyed about the use and relevance of current RA priorities and exemplars. The results revealed high levels of perceived use and relevance; however, some concerns were expressed regarding the breadth of the RA. The existing RA consisted of broad clinical and professional priorities with specific exemplars. Members expressed a desire to keep the research priorities broad to represent the wide-ranging practice areas and patient populations that are of interest to members. This broad approach to RA priorities is consistent with those envisioned in recent years by other nursing associations (Drenkard, 2012; European Oncology Nursing Society, 2007; Issel, Bekemeier, & Kneipp, 2012).

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The survey results and a description of the initial phases of the agenda revision process were published in the *Journal of Pediatric Health Care* (Pickler et al., 2013), NAPNAP's official journal. Simultaneous with the publication of the survey results, the Research Committee developed a poster that was exhibited at the 2013 Annual Conference; committee members presented the poster and elicited additional comments from members. The Research Committee used the survey results and member comments to streamline the RA. The resulting revised RA is composed of brief, broad statements regarding clinical and professional priorities. This broad approach to research priorities allows members to better fit their research interests with the priorities and to focus research efforts on a variety of topics and populations. In contrast to the specific exemplars cited in the prior agenda, which may have been mistaken for specific calls for studies, the revised RA presents concisely described areas of research priorities and foci. The revised RA was distributed to the membership via the *NAPNAP Newsflash*, a biweekly electronic publication, with a Web link to a survey for feedback. The deadline for submission of feedback was September 15, 2013. The results of the membership feedback are summarized here.

RESULTS

Twenty-nine persons provided responses to the Web link survey. Of the respondents, 83% responded that the streamlined priorities format captures the essence of our research work as PNPs. Four persons provided suggestions, which included adding mental health and team-based care; adding wording related to the effects of childhood stress on mental health, obesity, and chronic illness, including chronic illnesses that emerge during adulthood; including obesity in the health promotion priority; and emphasizing a focus on the value of PNPs in health care delivery. Only 37% of the respondents stated that additional broad areas of research focus should be added to the revised RA. These additional areas were health literacy, transition to adult services, complementary and alternative therapies for children, clinical trials, population management strategies, mental health research, family stress, and mild acute illness.

Respondents provided a number of comments about how the RA should be used in the future. The suggestions included to use the RA (a) in policy work, including the legislative platform; (b) with other health care organizations, especially to encourage interdisciplinary partnerships; (c) to focus the national conference program and educational offerings; (d) for

TABLE. NAPNAP Research Agenda: 2014-2019

| Priority focus/areas | Priority definition |
|--|---|
| Clinical priorities | |
| Priority 1: Health promotion and disease prevention | This priority area includes studies that address developing and testing new screening strategies, measuring outcomes related to education and anticipatory guidance, and studying interventions to enhance adoption of and adherence to health promotion and disease prevention practices, including those related to mental health, obesity, and health literacy |
| Priority 2: Self-management of acute and chronic conditions | This priority area includes studies that address self-management of acute and chronic conditions for infants, children, and adolescents individually and in the context of their families, health care settings and team-based care, schools, and communities |
| Priority 3: Mental health for children and families | This priority area includes studies that address developmental, behavioral, cognitive, emotional and psychosocial challenges including the effects of stress experienced by infants, children, and adolescents individually and in the context of their families, health care settings, schools, and communities |
| Priority 4: Safety | This priority area includes studies that address child and family safety in home, community, and health care settings including the studies focused on injuries, infections, maltreatment, or violence and environmental or system issues that affect safety of care delivered in pediatric settings |
| Priority 5: Children and families dealing with acute or critical health issues | This priority area includes studies that address assessment and management including complementary and alternative therapies of children experiencing acute or critical health issues due to an acute event or illness or chronic illness, as well as issues that arise in transitions in care |
| Priority 6: Obesity | This priority area includes studies that address increased understanding of factors that increase the risk of childhood obesity, as well as strategies to reduce the incidence and complications associated with childhood obesity |
| Professional and system priorities | |
| Priority 1: Role and practice issues | This priority area includes studies that address the impact and related issues of the evolving PNP role, including barriers to practice and role implementation, reimbursement issues, impact of technology, and scope of practice issues, as well as studies that demonstrate the value of PNP care |
| Priority 2: Organizational, systems, and environmental issues | This priority area includes studies that identify and test interventions aimed at eliminating health disparities affecting children and families across cultural, geographic and economic boundaries |
| Priority 3: Quality of care | This priority area includes studies that address safety and patient and family outcomes across a variety of care health care models and settings |
| Note. PNP, Pediatric nurse practitioner. | |

research funding priorities; (e) with the public, including inviting public comment; (f) to develop research skill-building workshops; (g) to choose and plan journal articles; and (h) to clarify position statements. One commenter suggested that priorities might limit innovation. Most of the suggestions made by members in the final review via the Web link were incorporated into the current revision (see [Table](#)). Overall, the feedback indicated that the broad priorities in the revised RA addressed the needs and research interests of members.

DISCUSSION

The revised RA reflects the current research priorities for NAPNAP as identified by its members. Although the proportion of the membership who took advantage of the many opportunities to provide feedback throughout the RA revision process was relatively small, the feedback gathered was mostly supportive of the revised agenda. The low response rate to the request for feedback is consistent with the experience of other organizations. [Halcomb and Hickman \(2010\)](#) noted that lack of familiarity with

research by members is a limitation in the development of an organization's RA. Although comments were limited throughout the revision process, NAPNAP remains committed to providing an RA for its members, and the NAPNAP leadership supports wide dissemination to the membership and communities of interest using multiple formats.

The changes to the RA were reviewed and approved by the Research Committee in October 2013. In addition, the final document was submitted to and approved by the NAPNAP Executive Board at its full board meeting in October 2013. The NAPNAP Research Agenda: 2014-2019 will be posted on NAPNAP's Web site, distributed to all PNP programs via the Association of Faculties of PNPs, and communicated to other pediatric associations, such as the Society of Pediatric Nurses and the American Pediatric Surgical Nurses Association. It will be shared with the NAPNAP Foundation with the intention of having the Foundation align its research grants and scholarship programs with the RA. Additionally, the RA will be made available to registrants at the 2014 Annual Conference in Boston, Massachusetts. At this

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time, the revised RA will be presented in a conference session with opportunities for members to discuss its implementation with members of the Research Committee and the Executive Board.

One of the goals of the RA is to guide the review of research abstracts submitted for presentation at the NAPNAP Annual Conference, including both podium and poster presentations. In recent years, we have had increasing numbers of abstract submissions and increased attendance at poster and podium sessions. In addition, a research roundtable session has been added to the conference schedule, providing an opportunity for research scientists, novice researchers, doctoral students, and clinicians to discuss current and proposed research projects and to provide consultation and support to fellow researchers. Finally, the RA will be disseminated to other professional organizations, colleagues, and funding agencies to inform them of our work as PNPs and to encourage interdisciplinary collaboration on research to improve the health of children.

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