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“Psychiatric Mental Health Nurse Practitioner Workforce Development in Behavioral Healthcare Settings in Rural Mississippi”

Abstract

Description and Significance of the Problem: The United States is facing a significant rural mental healthcare workforce shortage and an uneven distribution of mental healthcare professionals. The psychiatric mental health nurse practitioner (PMHNP) may increase access to mental healthcare in rural underserved regions (NRHA, 2012). However, little is known regarding their distribution. The lack of uniform and consistent data collection methods regarding the number and the geographic distribution of PMHNPs in rural areas, specifically in rural Mississippi, exists. The importance of better data collection and improving infrastructure through collaboration with state licensing boards and state nursing workforce centers is one of eight recommendations the Institute of Medicine (IOM, 2011) and the Robert Wood Johnson Foundation (RWJF) identified as a factor that impacts the future of nursing.

Purpose: (1) To determine the number of PMHNPs licensed and employed and (2) to project the need for PMHNP workforce development in the state of Mississippi.

Methods: A secondary workforce analysis of existing data from nursing workforce center surveys and the board of nursing database conducted.

Evaluation: The supply of PMHNPs licensed and employed in the state was measured by number per 100,000 in each public health district population and minimum dataset supply variables. Findings included that there is a range of 3 to 10 licensed PMHNPs employed per 100,000 populations in the nine public health districts of the state of Mississippi dispersed unevenly. The majority of PMHNPs fell in the age bracket of 45-54, were employed full-time, and held a Master’s degree in nursing as the highest educational level obtained. Minimum dataset demand variables were used to measure projection of PMHNP workforce development. Limited response to the hospital survey and limited accessibility to organizational data impeded valid or reliable results.

Outcome: A lack of PMHNPs in a predominantly rural state exists and confirms an aging workforce. The results of this intervention will provide evidence to influence and shape healthcare policy and provide funding for education, training, and recruitment of the PMHNP in rural Mississippi.