

Private Duty Nursing Workforce Capacity Study General Nurse Survey Results

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EXECUTIVE SUMMARY

In 2018, the Delaware Children with Medical Complexity Advisory Committee (CMCAC) was formed under the auspices of the Delaware's Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA). The CMCAC focuses on addressing system change across health programs in order to improve the care and well-being of children with medically complex needs. A recurring concern of the CMCAC since its inception is whether the current private duty nursing workforce is sufficient to meet the needs of children with medically complex needs in Delaware. In 2020, the DMMA contracted with the University of Delaware Center for Disabilities Studies (CDS) and Center for Research in Education and Social Policy (CRESP) to conduct a study examining the capacity of the home health nursing workforce to serve CMCs. Survey and/or interview data were gathered from four stakeholder populations: agency providers, PDNs, family caregivers, and nurses not affiliated with the PDN CMC workforce. Findings are presented in a series of reports intended to address the private duty nursing workforce capacity in the state of Delaware. This report details findings from a survey of nurses not affiliated with the PDN CMC workforce. Select findings include:

- Nearly two-thirds of nurses think PDNs do not get paid enough.
- Nurses report that they were rarely encouraged by colleagues or professors/teachers to consider working as a PDN.
- Nurses do not consider working as a PDN because they 1) believe PDN wages to be low and benefits limited; 2) consider working in a home setting less challenging, less stimulating, and more isolating than working in other settings; and 3) believe there is little support for professional development.
- Nurses who have never worked as a PDN view PDN work more favorably, i.e., as career enhancing and professionally challenging, compared to nurses who have worked as a PDN at some point during their career.
- Nurses who have never worked as a PDN believe agencies play a larger role in providing on the job training and professional development, compared to nurses who have worked as a PDN at some point during their career.
- More nurses without PDN experience (than with PDN experience) perceive caring for CMC in the home to be physically exhausting and stressful, and that the work load is unmanageable.

See the full report (T21-025) for a list of recommendations based on these findings.

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Private Duty Nursing Workforce Capacity Study

General Nurse Survey Results

INTRODUCTION

In 2018, the Delaware Children with Medical Complexity Advisory Committee (CMCAC) was formed under the auspices of the Delaware's Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA). The CMCAC focuses on addressing system change across health programs in order to improve the care and well-being of children with medically complex needs. The Committee members represent government and non-government organizations and include policymakers, health care providers, payers, professionals, advocates, and parents. For the purposes of the Committee's work, a child is considered medically complex if she/he falls into two or more of the following categories: (a) having one or more chronic health condition(s) associated with significant morbidity or mortality; (b) high risk or vulnerable populations with functional limitations impacting their ability to perform Activities of Daily Living (ADLs); (c) having high health care needs or utilization patterns, including requiring multiple (3 or more) sub-specialties, therapists, and/or surgeries; and (d) a continuous dependence on technology to overcome functional limitations and maintain a basic quality of life.

A recurring concern of the CMCAC since its inception is whether the current private duty nursing workforce is sufficient to meet the needs of children with medically complex needs in Delaware. Anecdotally, families have reported that they were often left without nursing coverage for their child, and agency providers have reported difficulties recruiting and retaining private duty nurses (PDN). The CMCAC agreed data were needed to identify factors related to the lack of coverage to better understand the current situation.

In 2020, DMMA contracted with the University of Delaware Center for Disabilities Studies (CDS) and Center for Research in Education and Social Policy (CRESP) to conduct a study examining the capacity of the home health nursing workforce to serve CMCs. CDS and CRESP designed the study during the fall and winter of 2020/2021. CRESP conducted the study from March through June 2021.

This report is part of a series of reports intended to address private duty nursing workforce capacity in the state of Delaware (see Appendix A for a list of all reports). The following sections summarize findings from a survey administered to nurses who are not affiliated with the PDN workforce.

STUDY OBJECTIVES AND QUESTIONS

The objectives of the overall study were to better understand why gaps in PDN coverage exist for CMC and identify factors associated with those gaps.

The primary study questions included:

1. To what extent is the current workforce sufficient to meet the PDN nursing needs of CMC and to what extent are there sufficiently available RNs to serve CMC?
2. What are the factors that contribute to the perceived PDN workforce shortage in home care?
3. In what ways is the current workforce clinically and culturally competent?

Secondary objectives were related to the impact of the COVID-19 pandemic PDN staffing and services and the utilization of telehealth as an alternative to in-person care.

4. How has the current COVID-19 pandemic impacted the PDN workforce ability to provide services to CMC?
5. How has the current COVID-19 pandemic impacted families' ability to access needed services?
6. To what extent and in what ways are private duty nurses and families of CMC utilizing tele-health services during the pandemic?

By systematically gathering study data, the DMMA and CMCAC hoped to identify factors related to a perceived private duty nursing shortage that in turn has led to gaps in care for CMC, as well as understand how families and PDNs have adapted during the COVID-19 pandemic.

ORGANIZATION OF THE PDN WORKFORCE CAPACITY STUDY REPORTS

PDN workforce capacity reports are organized by study population. In addition, a separate special topic report addresses the impact of the COVID-19 pandemic on service delivery, as well as opportunities and challenges associated with the use of telehealth during the pandemic.

Common methods applicable to instrument development, data collection, and analytic approaches, are described in the next section. Detailed methods unique to each study population are described in the respective reports including: sampling frame, study instruments; and processes for survey distribution and interview data collection efforts.

METHODS: OVERALL PDN WORKFORCE CAPACITY STUDY

Data were gathered from four stakeholder populations: agency providers, PDNs, family caregivers, and nurses not affiliated with the PDN workforce.

OVERALL INSTRUMENTATION

The University of Delaware's Center for Research in Education and Social Policy (CRESP) developed surveys and/or interview instruments for each of the stakeholder groups. Instrument content was informed by informational interviews with key stakeholders (e.g., agency representatives, PDNs, family representatives, policy actors & advocates); observations and discussion themes from the CMCAC and the Skilled Home Health Nursing (SHHN) Workgroup meetings; DMMA documents and website materials (e.g., Delaware's Plan for Managing the Health Care Needs of Children with Medical Complexity); and relevant literature.

Tools were finalized after iterative reviews by the CMCAC, SHHN Working Group; individual meetings with PDNs, agency providers, family caregivers, and leads of professional organizations; and internal reviews. Field testing was conducted with representatives of the study populations.

The study design and implementation plans were reviewed and approved by the Delaware Health and Social Services (DHSS) Human Subjects Review Board (HSRB). In addition, the study protocol was submitted to the University of Delaware Institutional Review Board (IRB) and provided an exempt designation. All survey tools were made available in Spanish, Creole, and English. Survey instruments and interview protocols may be requested from CRESP.

OVERALL ANALYSES

SURVEYS

All survey data were collected using the Qualtrics platform. Survey responses were summarized using frequencies for categorical variables and mean and medians with interquartile range (IQR) for continuous variables. In addition, data were explored using Chi-square (χ^2) test for association to compare categorical variables and ANOVA for comparison of means. The *P* values <.05 were considered statistically significant. Analyses were performed using SPSS (v.28, IBM). Data for all items that included a multiple response and/or used the "other" option were reviewed, collapsed, and re-grouped by categories, if appropriate. Open-ended responses were reviewed, coded, and categorized by themes.

INTERVIEWS

All interviews were conducted over the phone and/or using the Zoom platform. Interviews lasted approximately 45-60 minutes. Audio recordings were made of all interviews and data were transcribed verbatim using the Rev.com transcription service.

After reading the transcripts, narratives were uploaded into Dedoose Version 8.12. Initial codes were developed a priori based on a brief review of the literature and emergent codes were developed based on analysis of the narrative content. The coding summary was reviewed and the exemplars within each code considered. Using an iterative process, response patterns and trends were organized into categories based on commonality of meaning and thematic content.

METHODS: GENERAL NURSES SURVEY

SURVEY INSTRUMENT

The general nurses survey was designed to collect data about private duty nursing from the perspective of nurses who do not work as PDNs caring for CMC. In addition to information about the respondent's demographics, employment history, and years of experience working as a nurse, survey questions explored nurses' attitudes, beliefs, and opinions about the PDN work environment and culture when working as a PDN caring for CMC in the home. Additional questions explored beliefs about career decisions.

The general nurses survey included single-response and multiple-response questions, as well as matrix items. Respondents used open-ended text fields to provide comments, clarifications, and additional information, as appropriate.

IDENTIFYING THE STUDY SAMPLE

Eligible nurses included Licensed Practical Nurses (LPNs), Registered Nurses (RNs), or Advance Practice Nurses (APNs) with an active license in the state of Delaware. Nurses who provided hourly shift services for CMC in the home in 2019, 2020, or 2021 were screened and redirected to the longer private duty nurse (PDN)-specific survey (results from the PDN survey can be found in Publication T21.023; see Appendix A).

SURVEY DISTRIBUTION

CRESP coordinated the nurse survey distribution logistics and implementation with the Delaware Nurses Association (DENA). The DENA received instructions about survey distribution including invitation email template(s) with the survey link, as well as subsequent follow-up reminders to be emailed at specified intervals. Over the course of the study, CRESP followed up with the DENA to clarify questions and/or information about the logistics and process and provided periodic updates on the number of responses received.

Participants were reminded that private duty nursing for the purpose of this study was in reference to nurses who work long-term in the home caring children with medically complex needs, rather than nurses who go into the home for short-term treatment visits to help patients prevent or recover from an illness, injury, or hospital stay.

Screening questions at the beginning of the survey filtered participants to ensure that respondents held an active license. In addition, nurses who provided hourly shift services for CMC in the home in 2019, 2020, or 2021 were screened and redirected to the longer private duty nurse (PDN)-specific survey. Data collection closed on June 30, 2021.

Participation by DENA members was voluntary.

SURVEY RESPONSES

Invitations to participate in the nurse survey were sent from the DENA to approximately 730 members. Of the 99 respondents who opened the survey link, 15.5% did not meet eligibility criteria due to incomplete consents or not meeting the inclusion criteria.

A total of 84 surveys were included in the analytic dataset. Valid responses by item ranged from 79-84 respondents, depending on the question.

RESPONDENTS' CHARACTERISTICS

GENDER, AGE, AND RESIDENCE

Most respondents were female (72/80; 90.0%) and greater than age 50 (54/79; 68.4%). Approximately half reported New Castle County (36/79; 45.6%) as their primary residence, followed by Sussex County (27/79; 34.2%), Kent County (7/79; 8.9%) and others licensed to work in Delaware but not living in the state (9/79; 11.4%). See Tables 1-3 for details.

Table 1. Respondents' gender

	Frequency (n)	Percent (%)
Female	72	90.0%
Male	5	6.3%
Non binary/third gender	1	1.3%
Prefer not to say	2	2.5%

n=80; percent may not add up to 100 due to rounding.

Table 2. Respondents' age

Years	Frequency (n)	Percent (%)
20-30	1	1.3%
31-40	10	12.7%
41-50	14	17.7%
51-60	27	34.2%
> 60	27	34.2%

n=79; percent may not add up to 100 due to rounding.

Table 3. Respondents' county of primary residence

	Frequency (n)	Percent (%)
New Castle	36	45.6%
Kent	7	8.9%
Sussex	27	34.2%

	Frequency (n)	Percent (%)
Other	9	11.4%

n=79; percent may not add up to 100 due to rounding.

LICENSURE AND EDUCATION

The majority of nurses were RNs (67/84; 79.8%) with the remainder Advance Practice Nurses (17/84; 20.2%). None of the respondents were LPNs even though DENA membership is open to LPNs. Over 80% of nurses who responded to the survey had a graduate degree (67/81; 82.7%). See Tables 4-5 for details.

Table 4. Respondents' type of nursing license

	Frequency (n)	Percent (%)
Registered Nurse	67	79.8%
Advanced Practice Nurse	17	20.2%

n=84; percent may not add up to 100 due to rounding.

Table 5. Respondents' highest nursing related degree

Years	Frequency (n)	Percent (%)
Associate RN	3	3.7%
Bachelor of Science in Nursing (BSN)	11	13.6%
Master of Science in Nursing (MSN)	48	59.3%
Doctor of Nursing Practice (DNP)	6	7.4%
PhD in Nursing	10	12.3%
Ed.D. in Nursing Education	3	3.7%

n=81; percent may not add up to 100 due to rounding.

NURSING EXPERIENCE AND EXPERTISE

When asked if they had ever worked as a private duty nurse caring for adult and/or pediatrics clients, nearly one-quarter (20/84; 23.8%) noted they had experience as a private duty nurse. See Table 6 for details.

Table 6. Respondents' who have worked as a PDN in the past

	Frequency (n)	Percent (%)
No, I have never worked as a PDN	64	76.2%
Yes, I have worked as a PDN	20	23.8%
Total	84	100.0%

n=84; percent may not add up to 100 due to rounding.

Of those who had experience working as a PDN, 13/20 (65.0%) worked as a PDN more than 6 years ago (range 1984-2015) with only 4/20 (20.0%) having recent experience working as a PDN with adults and/or children (range 2017-2021). Nurses who cared for CMC in the home in 2019, 2020, or 2021 were screened from this study and redirected to the longer private duty nurse (PDN) specific survey. Results from the PDN survey can be found in Publication T21.023; see Appendix A.

See Table 7 for details.

Table 7. Most recent year of private duty nursing experience

Most Recent Year of Experience	Frequency (n)	Percent (%)
1984-2015	13	65.0%
2016	--	--
2017	2	10.0%
2018	--	--
2019	1	5.0%
2020	--	--
2021	1	5.0%
Missing	3	15.0%

n=20; percent may not add up to 100 due to rounding.

Most respondents with experience as a PDN somewhat or strongly agreed they had a great deal of experience (13/20; 65.0%) in the field. See Table 8 for details.

Table 8. Respondents' rating of private duty nursing experience (children and/or adults)

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I have a great deal of experience working as a PDN	2	11	4	3
	10.0%	55.0%	20.0%	15.0%

n=20; percent may not add up to 100 due to rounding.

FINDINGS: FACTORS THAT INFLUENCE THE SUPPLY OF PDNs

Findings from the general nurse survey provided perspectives and opinions about factors that influence the supply of PDNs from the vantage point of nurses who have never worked as a PDN. In addition, data were available for comparison from a subset of nurses who participated in the survey and reported working as a PDN with adult or pediatric clients at some point during their careers. Note that nurses who worked as a PDN in the past three years with CMC were redirected to the PDN survey and not included in this study.

RESULTS AREA 1: MONETARY COMPENSATION: WAGES AND BENEFITS

About two-thirds (42/64; 65.6%) of nurses without experience working as a PDN disagreed that a PDN’s hourly wage was adequate for the work they do. The majority of nurses with experience working as a PDN also disagreed (12/19; 63.2%).

Over three-quarters (57/64; 89.1%) of nurses without experience working as a PDN agreed that PDNs make less than they would make in a hospital. Nurses with previous experience working as a PDN agreed with this opinion (14/19; 73.7%). See Table 9 for details.

Table 9. Perceptions about wages by PDN experience

PDNs have...	Ever Worked as a PDN			
An adequate hourly wage for the kind of work required	No (n=64)		Yes (n=19)	
Strongly Agree	4	6.3%	0	0
Somewhat Agree	18	28.1%	7	36.8%
Somewhat Disagree	29	45.3%	8	42.1%
Strongly Disagree	13	20.3%	4	21.1%
<i>NS; $\chi^2 (1, N = 83) = 0.39, p = .84$</i>				
PDNs have...	Ever Worked as a PDN			
A lower hourly wage than nurses who work in hospitals	No (n=64)		Yes (n=19)	
Strongly Agree	19	29.7%	9	47.4%
Somewhat Agree	38	59.4%	5	26.3%
Somewhat Disagree	6	9.4%	4	21.1%
Strongly Disagree	1	1.6%	1	5.3%
<i>NS; $p = .13$, Fishers Exact test</i>				

Note: percents may not add up to 100 due to rounding.

Nurses elaborated on issues related to wages in the short answer responses:

“I have many friends who have done PDN and have shared their experiences. I do not think that PDNs are appropriately paid for the conditions in which they work and for the risks they take being the only licensed caregiver in a home setting.”

Assertion 1. Nearly two-thirds of nurses think PDNs do not get paid enough.

Nurses without experience working as a PDN somewhat disagreed/strongly disagreed (38/63; 60.3%) agencies provided a benefit package. On the other hand, approximately half (12/18; 66.6%) of nurses with experience working as a PDN somewhat agreed/strongly agreed that agencies offered benefits.

When asked about job security, nurses without experience working as a PDN agreed that PDNs have job security (38/64; 59.4%). However, responses from nurses with previous experience working as a PDN were significantly different; two-thirds (12/19; 63.2%) reported PDN positions do not offer job security. See Table 10 for details.

Table 10. Compensation package and job security by PDN experience

Agencies...	Ever Worked as a PDN			
Provide overall compensation (benefit) packages	No (n=63)		Yes (n=18)	
Strongly Agree	2	3.1%	8	44.4%
Somewhat Agree	23	36.5%	4	22.2%
Somewhat Disagree	34	54.0%	6	33.3%
Strongly Disagree	4	6.3%	0	0
<i>Sig: $X^2(1, N = 81) = 4.11, p = .04$</i>				
PDNs have...	Ever Worked as a PDN			
Job security	No (n=64)		Yes (n=19)	
Strongly Agree	5	7.8%	3	15.8%
Somewhat Agree	33	51.6%	4	21.1%
Somewhat Disagree	24	37.5%	6	31.6%
Strongly Disagree	2	3.1%	6	31.6%
<i>NS: $X^2(1, N = 83) = 3.00, p <= .08$</i>				

Note: percents may not add up to 100 due to rounding.

Nurses without experience working as a PDN were equally divided as to whether agencies provided professional support (31/63; 49.2% agreed versus 32/63; 50.8% disagreed). Nurses with private duty nursing experience clearly disagreed agencies provided support for professional development (16/19; 84.2%). See Table 11 for details.

Table 11. Providing support for professional development by PDN experience

Agencies...	Ever Worked as a PDN			
Provide support for professional development	No (n=63)		Yes (n=19)	
Strongly Agree	5	7.9%	1	5.3%
Somewhat Agree	26	41.3%	2	10.5%
Somewhat Disagree	30	47.6%	9	47.4%
Strongly Disagree	2	3.2%	7	36.8%
<i>Sig: $X^2(1, N = 82) = 6.75, p = .01$</i>				

Note: percents may not add up to 100 due to rounding.

RESULTS AREA 2: REASONS FOR NOT JOINING THE PDN WORKFORCE

Assertion 2. Nurses who consider working as a PDN because they 1) believe PDN wages to be low and benefits limited; 2) consider working in a home setting less challenging, less stimulating, and more isolating than working in other settings and 3) believe there is little support for professional development.

Nurses had various ideas about what it means to work as a PDN, as captured in the following observations:

"I perceive PDNs are nurses who enjoy patient care but want to step away from the stress of hospitals. They must have a strong foundation to be able to provide adequate care to their patients without the resources they would otherwise have in the acute care setting. However, they probably lose valuable skills due to the very specific patient populations they work with on a long-term basis."

"I don't think that the pay is great and I KNOW there is a lot of paperwork. Also, parents/family members can be difficult to work with."

Although one-quarter (13/64; 20.3%) of nurses without PDN experience considered working as a PDN at some point during their career, none committed to working as a PDN. Nurses had multiple reasons why they elected not to work as a PDN, including they:

- believe working as a PDN would not advance their career and/or nursing experience;
- believe they don't have the assessment skills necessary to perform the job safely;
- like the "fast-paced", "challenging" and "stimulating" environment of the hospital setting;
- prefer working on a team rather than the "isolating" environment of private duty nursing in-home care;
- appreciate the flexibility of their current position;
- prefer the job security of working in health system; and
- perceive they had better compensation and benefits, as captured in the following exemplars:

"Benefits are better elsewhere. Hour requirements were better for me in a hospital setting, 12 hour shifts 3 days a week rather than shifting schedules weekly on an 8-hour time frame. Better ability to have work life balance."

"I have a friend who got burned out as an RN in the healthcare setting and is now working private duty. She loves it but cannot support herself."

When nurses with PDN experience were asked what initially attracted them to working as a PDN, some nurses said they appreciated the 1:1 care, low key atmosphere, autonomy, and the convenient work schedule. When asked why they no longer worked as a PDN, reasons included

because the experience was not challenging or stimulating enough; there was little support for professional development; and wages and benefits were not competitive. Others noted working as a PDN was a short term stint while they attended school, formulated their career plans, or were in need of extra cash. A few reported retiring from the field.

Some nurses appear to be interested in exploring working as a PDN, but don't know where to turn:

"More nurses, may be willing to serve in this role if they knew there would be on the job training."

"[There is a] lack of awareness of job opportunities. I would consider a position if I could work part time and still receive benefits."

"I would definitely not be opposed to training/precepting to be a PDN if such a program were offered. I perceive PDN's as being required to have advanced assessment skills in order to provide quality patient care without the benefits of a hospital or facility environment."

Concerns about Working in the Home Environment

Nurses without PDN experience noted that working in a home setting would make them nervous, cautious, uncomfortable, and potentially expose them to challenging work conditions. They wondered about the cleanliness of the home, and the safety of the neighborhood and the home itself.

"I worry about my personal safety, being alone in a home and in an unmonitored environment with random family members."

"You are subject to unpleasant conditions, related to lack of cleanliness, challenging families, distressed neighborhoods."

"I have had numerous students over the years who have been PDNs (in an LPN role)...most reported the experience to be very rewarding...and several reported feeling unsafe in the home situations to which they were assigned."

Nurses also worried about opportunities to switch clients if the situation was not a good fit.

"If the patient or family is difficult and there are any personality clashes with the nurse, it could make for a terrible experience. At least in the hospital setting, there is an opportunity to take different assignments when needed. I imagine these options are more limited in home settings."

Concerns about Losing Technical Skills

Nurses without and with experience working as a PDN agreed that PDN work is associated with a loss of technical skills (35/64; 54.7% versus 12/20; 60.0%, respectively). See Table 12 for details.

Table 12. Loss of skills by PDN experience

Working as a PDN is...	Ever Worked as a PDN			
	No (n=64)		Yes (n=20)	
Associated with a loss of some technical nursing skills				
Strongly Agree	8	12.5%	0	0
Somewhat Agree	27	42.2%	12	60.0%
Somewhat Disagree	24	37.5%	5	25.0%
Strongly Disagree	5	7.8%	3	15.0%
<i>NS; X² (1, N = 84) = .174, p = .68</i>				

Note: percents may not add up to 100 due to rounding.

Nurses were concerned one might become complacent working in the home and at times be asked to do housekeeping tasks rather than using nursing skills.

“I imagine that much of the private duty work is not necessarily of the ‘skilled’ variety. I imagine being expected to also do housekeeping types of tasks rather than those that require nursing skills.”

“Depending on the patient and the family it may or may not be challenging. My concern would be surrounding the skills that you are not exposed to, becoming complacent, potential to become lazy or too comfortable with the family.”

RESULTS AREA 3: CAREER ENHANCEMENT, ADVANCEMENT, AND WORK CULTURE

Assertion 3. Nurses who are not PDNs view PDN work more favorably, i.e., as career enhancing and professionally challenging, than do nurses who have worked as a PDN.

Compared to nurses with experience working as a PDN, nurses without PDN experience were more likely to perceive working as a PDN as a career enhancing (42/64; 65.6% versus 10/20; 50.0%, respectively) and professionally challenging experience (48/64; 75.0% versus 13/20; 65.0%, respectively).

Nurses with and without experience working as a PDN disagreed agencies provide promotional opportunities. However, only a few nurses without experience working as a PDN strongly disagreed compared to nurses with PDN experience (7/63; 11.1% versus 11/18; 61.1%). See Table 13 for details.

Table 13. Career enhancement and advancement by PDN experience

Working as a PDN is...	Ever Worked as a PDN			
	No (n=64)		Yes n=20)	
A career enhancing experience				
Strongly Agree	8	12.5%	5	25.0%

Somewhat Agree	34	53.1%	5	25.0%
Somewhat Disagree	16	25.0%	8	40.0%
Strongly Disagree	6	9.4%	2	10.0%
<i>NS; $\chi^2(1, N = 84) = 1.58, p = .21$</i>				
Working as a PDN is...	Ever Worked as a PDN			
Professionally challenging	No (n=64)		Yes (n=20)	
Strongly Agree	19	29.7%	2	10.0%
Somewhat Agree	29	45.3%	11	55.0%
Somewhat Disagree	14	21.9%	6	30.0%
Strongly Disagree	2	3.1%	1	5.0%
<i>NS; $\chi^2(1, N = 84) = .766, p = .38$</i>				
Agencies...	Ever Worked as a PDN			
Provide promotion opportunities within the agency	No (n=63)		Yes (n=18)	
Strongly Agree	1	1.6%	0	0
Somewhat Agree	19	30.2%	4	22.2%
Somewhat Disagree	36	57.1%	3	16.7%
Strongly Disagree	7	11.1%	11	61.1%
<i>NS; $\chi^2(1, N = 81) = .689, p = .43$</i>				

Note: percents may not add up to 100 due to rounding.

Assertion 4. Nurses who are not PDNs believe agencies play a larger role in providing on the job training and professional development than do nurses who have worked as a PDN.

When thinking about the agency as an employer, the opinions of nurses without PDN experience were equally split (somewhat agree/somewhat disagree) about whether agencies offered recognition for the work PDNs performed. At the same time, they were inclined to believe PDNs received feedback from the agencies about their job performance (45/63; 71.4%).

Conversely, many nurses with previous private duty nursing experience disagreed agencies provided recognition (12/19; 63.2%) or feedback about job performances (9/19; 47.4%). See Table 14 for details.

Table 14. Providing recognition to PDNs for the work they do by PDN experience

Agencies...	Ever Worked as a PDN			
Provide recognition for the work they do	No (n=63)		Yes (n=19)	
Strongly Agree	2	3.2%	1	5.3%
Somewhat Agree	29	46.0%	6	31.6%
Somewhat Disagree	29	46.0%	8	42.1%

Strongly Disagree	3	4.8%	4	21.1%
NS: $X^2(1, N = 82) = .897, p = .34$				
Agencies...	Ever Worked as a PDN			
Provide feedback about job performance	No (n=63)		Yes (n=19)	
Strongly Agree	5	7.9%	3	15.8%
Somewhat Agree	40	63.5%	7	36.8%
Somewhat Disagree	16	25.4%	5	26.3%
Strongly Disagree	2	3.2%	4	21.1%
NS: $X^2(1, N = 82) = 2.33, p = .126$				

Note: percents may not add up to 100 due to rounding.

Several short answer responses from nurses without and with PDN experience refer to the lack of value PDNs are afforded and recognition PDNs receive.

“The only feedback comes from the family and the agency. The only performance measurement is the day-to-day pleasure of the family and the agency. There is no professional development, and nothing ever changes.”

“Everyone looks down on home care. I believe because it's on my resume, I don't get interviews for some positions.”

“It is often perceived as low skill, low challenge, and low quality work. I disagree and would like to return to it someday.”

RESULTS AREA 4: TRAINING, WORKLOAD DEMANDS AND DAY TO DAY CARE SERVICE

Assertion 5. More nurses without PDN experience (than with PDN experience) perceive caring for CMC in the home to be physically exhausting and stressful, and have an unmanageable workload.

Nurses without experience working as a PDN were more likely to believe PDNs needed on-the-job training (59/64; 92.2%) compared to nurses with PDN experience (13/20; 65.0%). Nurses without PDN experience also believed agencies provided access to on-the-job training (46/63; 73.0%), whereas, nurses with PDN experience disagreed agencies provided access to on-the-job training (10/19; 52.6%). See Table 15 for details.

Table 15. Need for and access to on-the-job training by PDN experience

PDNs need...	Ever Worked as a PDN			
PDNs need on the job training	No (n=64)		Yes (n=20)	
Strongly Agree	31	48.4%	2	10.0%
Somewhat Agree	28	43.8%	11	55.0%
Somewhat Disagree	5	7.8%	3	15.0%
Strongly Disagree	0	0%	4	20.0%
Sig: $p = .006$, Fisher exact test				

Agencies...	Ever Worked as a PDN			
Provide on-the-job training	No (n=63)		Yes (n=19)	
Strongly Agree	5	7.9%	4	21.1%
Somewhat Agree	41	65.1%	5	26.3%
Somewhat Disagree	15	23.8%	5	26.3%
Strongly Disagree	2	3.2%	5	26.3%

Sig: $X^2(1, N = 82) = 4.35, p = .04$

Note: percents may not add up to 100 due to rounding.

Nurses without PDN experience, compared to nurses with PDN experience, tended to think working with CMC in the home was physically exhausting (51/64; 79.7% versus 12/20; 60.0%), and stressful (53/64; 82.8% versus 11/20; 55.0%). While approximately 80% of nurses without experience working as a PDN believed the workload was manageable (53/64; 82.8%), all nurses with PDN experience agreed the workload was manageable (20/20; 100.0%). See Table 16 for details.

Table 16. Perceptions of PDNs day to day work environment and tasks by PDN experience

PDN work is...	Ever Worked as a PDN			
Physically exhausting	No (n=64)		Yes (n=20)	
Strongly Agree	24	37.5%	3	15.0%
Somewhat Agree	27	42.2%	9	45.0%
Somewhat Disagree	12	18.8%	4	20.0%
Strongly Disagree	1	1.6%	4	20.0%

NS: $X^2(1, N = 84) = 3.15, p = .08$

PDN work is...	Ever Worked as a PDN			
Stressful	No (n=64)		Yes (n=20)	
Strongly Agree	14	21.9%	1	5.0%
Somewhat Agree	39	60.9%	10	50.0%
Somewhat Disagree	0	0%	8	40.0%
Strongly Disagree	11	17.2%	1	5.0%

Sig: $p = .01, Fisher Exact test$

PDNs workload is manageable	Ever Worked as a PDN			
	No (n=64)		Yes (n=20)	
Strongly Agree	12	18.8%	11	55.0%
Somewhat Agree	41	64.1%	9	45.0%
Somewhat Disagree	9	14.1%	0	0
Strongly Disagree	2	3.1%	0	0

NS: $p = .06, Fisher Exact test$

Note: percents may not add up to 100 due to rounding.

While not statistically significant, nurses without PDN experience agreed PDNs work varied little during a shift (35/64; 54.6%) whereas nurses with PDN experience were less inclined to agree

with the statement (13/20; 65.0%). Differences in opinions between nurses without PDN experience compared to nurses with PDN experience were also noted for the following variables: that a PDNs' work builds ones' confidence to react and adapt to clinical situations (48/64; 75.0% versus 12/20; 60.0%), and that PDNs interacted with other health care professionals (56/64; 87.5% versus 14/20; 70.0%). At the same time, nurses without PDN experience thought it was an isolating professional experience compared to nurses with PDN experience (55/64; 85.9% versus 13/20; 65.0%). See Table 17 for details.

Table 17. Perceptions of PDNs day to day work environment and tasks by PDN experience

	Ever Worked as a PDN			
PDNs work varies little during the shift	No (n=64)		Yes (n=20)	
Strongly Agree	8	12.5%	4	20.0%
Somewhat Agree	27	42.2%	9	45.0%
Somewhat Disagree	23	35.9%	7	35.0%
Strongly Disagree	6	9.4%	0	0
<i>NS; $\chi^2 (1, N = 84) = .662, p = .42$</i>				
Working as a PDN is...	Ever Worked as a PDN			
Builds one confidence to react and adapt quickly to clinical situations	No (n=64)		Yes (n=20)	
Strongly Agree	18	28.1%	5	25.0%
Somewhat Agree	30	46.9%	7	35.0%
Somewhat Disagree	13	20.3%	8	40.0%
Strongly Disagree	3	4.7%	0	0
<i>NS; $\chi^2 (1, N = 84) = 1.68, p = .19$</i>				
	Ever Worked as a PDN			
PDNs interacted with other health care professionals involved in the patient's care	No (n=64)		Yes n=(20)	
Strongly Agree	29	45.3%	4	20.0%
Somewhat Agree	27	42.2%	10	50.0%
Somewhat Disagree	7	10.9%	6	30.0%
Strongly Disagree	1	1.6%	0	0.0%
<i>NS; $p=.08, Fisher Exact test$</i>				
Working as a PDN is...	Ever Worked as a PDN			
An isolating professional experience	No (n=64)		Yes (n=20)	
Strongly Agree	25	39.1%	5	25.0%
Somewhat Agree	30	46.9%	8	40.0%
Somewhat Disagree	6	9.4%	3	15.0%
Strongly Disagree	3	4.7%	4	20.0%

Sig; p=.05, Fisher Exact test

Note: percents may not add up to 100 due to rounding.

RESULTS AREA 5: JOB REWARDS

Nurses without experience working as a PDN agreed working with CMC in the home likely gives one a sense of pride in their work (61/64; 95.3%). Nurses with previous PDN experience also agreed with this statement (18/20; 90.0%). See Table 18 for details.

Table 18. Working as a PDN gives one a sense of pride by PDN experience

Working as a PDN gives one...	Ever Worked as a PDN			
	No (n=64)		Yes (n=20)	
A sense of pride in my work				
Strongly Agree	28	43.8%	8	40.0%
Somewhat Agree	33	51.6%	10	50.0%
Somewhat Disagree	3	4.7%	1	5.0%
Strongly Disagree	0	0	1	5.0%

NS; p=.59, Fishers Exact test

Note: percents may not add up to 100 due to rounding.

Assertion 6. Nurses report that they were rarely encouraged by colleagues or professors/teachers to consider working as a PDN.

During their schooling or careers, few nurses reported being encouraged by colleagues or professors/teachers to work as a PDN. Of nurses without experience working as PDN, 17.2% (11/64) reported colleagues or professors/teachers encouraged them to work as a PDN; only 15.0% (3/30) of nurses with PDN experience reported the same. See Table 19 for details.

Table 19. Encouragement offered by colleagues and/or teachers to work as a PDN by PDN experience

	Ever Worked as a PDN			
	No (n=64)		Yes (n=20)	
Not Encouraged	53	82.8%	17	85.0%
Encouraged	11	17.2%	3	15.0%
Total	64	100.0%	20	100.0%

Note: percents may not add up to 100 due to rounding.

SUGGESTIONS FOR RECRUITING AND RETAINING PDNs

Respondents provided several suggestions for training, recruiting, and retaining PDNs, including:

- ⇒ Reaching out to and collaborating with nursing schools to develop programs focused on private duty nursing. One nurse educator offered several ideas:

"I teach nursing and we are currently working to get BSN students to consider primary care nursing...they are taught about home health but private duty is not even a career choice that is mentioned in their professional courses and we don't have any practicums in this area of nursing. Show the schools some data on this need and maybe we can help. Also consider doing a prep course for this role through continuing education at UD or elsewhere to stimulate interest."

⇒ It may be important to educate and expand information about PDN work given that nurses in other sectors don't know much about the field:

"Most nurses from academia and even acute care did not understand homecare or private duty assignments. Many opinions were negative and not supportive of the work."

⇒ Offering and advertising that on-the-job training is provided for all recruits.

⇒ Offering longer-term preceptorship programs to train nurses to become PDNs.

⇒ Disseminating information about the jobs available, as well as the value and impact of PDNs who provide hourly shift work.

CONCLUSIONS AND RECOMMENDATIONS

This study offers insights into the attitudes and opinions of nurses without experience working as a PDN regarding the work environment, culture, and day to day activities of caring for CMC in the home. These findings are important for stakeholders responsible for educating, training, recruiting, and retaining PDNs.

See below for findings and recommendations. The first section focuses on findings related to factors that influence the supply of PDNs. The second section reviews recommendations regarding additional research and evaluation that may be important to consider to further understand specifics about the PDN shortage. These recommendations emerged from the study data and should be discussed in the context of work that has been completed, or is ongoing/planned by DMMA, CMCAC, the SHHN Workgroup, or other stakeholder entities in the state.

FACTORS THAT INFLUENCE THE SUPPLY OF PDNS

Findings

⇒ Nurses do not consider working as a PDN because they 1) believe PDN wages to be low and benefits limited; 2) consider working in a home setting less challenging, less stimulating, and more isolating than working in other settings; and 3) believe there is little support for professional development.

⇒ More and more settings are attracting nurses by offering flexible work schedules (and competitive pay and benefits), thus competing with open private duty nursing positions.

- ⇒ Nurses, regardless of work experience as a PDN, were rarely encouraged by colleagues or professors/teachers to consider working as a PDN. Some nurses believe this is because nurses across the nursing profession, including academics and those working in acute care settings, do not understand what it means to work as a private duty nurse in the home care setting.
- ⇒ Some nurses appear to be interested in finding out more about working as a PDN but don't know where to turn.
- ⇒ Nurses not affiliated with the PDN workforce said that working in a client's home would make them nervous, concerned for their safety, uncomfortable, and exposed to challenging work conditions.
- ⇒ Survey data revealed nurses without PDN experience differed in their opinions as to what it means to work as a PDN ,compared to those with experience working as a PDN. See Appendix B for a summary of survey statements and opinions by PDN experience. Examples include, but are not limited to:
 - ✓ When thinking about wages and benefits, both groups agreed PDNs wages do not reflect an adequate wage for the work PDNs perform; nurses without experience working as a PDN believed PDNs have job security, whereas those with PDN experience disagreed.
 - ✓ Nurses without experience working as a PDN believed agencies do not offer compensation (benefit) package(s), whereas nurses with PDN experience do.
 - ✓ When thinking about the day to day work environment and tasks, a higher proportion of nurses without PDN experience thought caring for CMC in the home was physically exhausting, stressful, and that the work load was unmanageable. They were also more likely to think that the PDNs tasks varied during the shift; confidence to adapt to clinical situations increased with experience; and, nurses interacted with other health care professionals.
 - ✓ Nurses without experience working as a PDN believed agencies played a larger role in providing on the job training and professional development compared to nurses with private duty nursing experience. A higher proportion also thought agencies provided promotional opportunities whereas those with PDN experience strongly disagreed with this statement.

Recommendations

Address private duty nursing low pay, limited benefits, and unpredictable take home pay.

If factors such as low pay and limited benefits were addressed, it is possible nurses may be willing to join the PDN workforce; currently these are disincentives for nurses to join the PDN workforce.

Authentic messaging about work culture and environment of PDN in-home care is critical.

- ⇒ Understanding the knowledge and opinions of nurses not affiliated with the PDN workforce may be useful for stakeholders working to address the PDN workforce shortage. For example, stakeholders may want to focus on a) ensuing PDN careers are introduced and advertised to all nurses, including nursing students; b) creating private duty nursing internship opportunities; and c) developing sound policies that encourage more nurses to join the PDN workforce.
- ⇒ Given the design limitations of this study, we recommend a review of the academic and gray literature and/or studies to identify and understand if there are credible differences in the knowledge, attitudes, and beliefs about private duty nursing for the CMC population among nurses without PDN experience and those with PDN experience, including nurses in academia and acute care. Understanding perceptions may be important to guide policy and practices with respect to addressing the PDN nursing shortage.
- ⇒ Some nurses said they are interested in finding out more about private duty nursing, but don't know where to turn. Advertising through professional organizations (e.g., such as Delaware Nurses Association), schools, social media platforms etc. may be appropriate.

Investigate collaborations with nursing schools.

- ⇒ Collaborating with schools may improve the recruitment and retention of PDNs. A framework for pursuing and/or investigating possible collaborations across the state with academia needs further attention, including how student exposure to and activities related to private duty nursing might be integrated into their education.

Consider improving agency human resource practices and programs.

- ⇒ For some nurses, it may be important to receive recognition for their work and feedback about their performance. It is possible recruitment and retention may improve if business models integrate recognition, rewards, and feedback into the work culture, if they don't already.

LIMITATIONS

- ⇒ Although we examined and reported on opinions of nurses with no PDN experience and those with reported PDN experience, most of those with PDN experience were reflecting on experiences from more than five years ago. It is likely their opinions may be dated given that the private duty nursing service landscape has changed over the years such as agency business models, operations and clinical practice (e.g., clinical documentation, and technology used in the home).

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APPENDIX A. LIST OF AVAILABLE REPORTS FROM THE PRIVATE DUTY NURSING WORKFORCE CAPACITY STUDY

Culnane, M., Giancola, S. (September 2021). *Private Duty Nursing Workforce Capacity Study: Private Duty Nurse Survey and Interview Results* (Publication T21-023). Newark, DE: Center for Research in Education and Social Policy.

Culnane, M., Giancola, S. (September 2021). *Private Duty Nursing Workforce Capacity Study: General Nurse Survey Results* (Publication T21-025). Newark, DE: Center for Research in Education and Social Policy.

Culnane, M., Giancola, S. (September 2021). *Private Duty Nursing Workforce Capacity Study: Agency Interview Results* (Publication T21-026). Newark, DE: Center for Research in Education and Social Policy.

Culnane, M., Giancola, S. (September 2021). *Private Duty Nursing Workforce Capacity Study: Family Caregiver Survey and Interview Results* (Publication T21-027). Newark, DE: Center for Research in Education and Social Policy.

Culnane, M., Giancola, S. (September 2021). *Private Duty Nursing Workforce Capacity Study: Impact of COVID-19 on Access to Private Duty Nursing Services for Children with Medical Complexities* (Publication T21.028). Newark, DE: Center for Research in Education and Social Policy.

APPENDIX B: SUMMARY OF RESPONDENTS' PERCEPTIONS OF PRIVATE DUTY NURSING CAREERS, WORK ENVIRONMENT, AND WORK CULTURE BY PDN EXPERIENCE

Results Area 1: Monetary Compensation: Wages and Benefits

	No difference in opinions between groups	Perception of nurses without PDN work experience	Perception of nurses with PDN work experience
PDNs have...			
An adequate hourly wage for the kind of work required	<i>Both groups equally disagreed PDNs have an adequate hourly wage</i> 65.6% vs, 63.2%	--	--
PDNs have...			
A lower hourly wage than nurses who work in hospitals	--	<i>Agreed very strongly PDNs have a lower hourly wage than...</i>	<i>Agreed PDNs have a lower hourly wage than...</i>
		89.1%	73.7%
Agencies...			
Provide overall compensation (benefit) packages*	--	<i>Disagreed agencies provide overall compensation benefit packages.</i>	<i>Agreed agencies provide overall compensation benefit packages.</i>
		60.3%	66.6%
PDNs have...			
Job security	--	<i>Agreed PDNs have job security</i>	<i>Disagreed PDNs have job security.</i>
		59.4%	63.2%
Agencies...			
Provide support for professional development	--	<i>Equally distributed between those who agree and disagree that agencies provide support for professional development</i>	<i>Disagreed very strongly agencies provide support for professional experience</i>
		49.2% v 50.5%	84.2%

RESULTS AREA 2: REASONS FOR NOT JOINING THE PDN WORKFORCE

Working as a PDN is...			
Associated with a loss of some technical nursing skills	<i>Both groups equally agreed PDN work is associated with a loss of technical skills</i> 54.7% v 60.0%	--	--

RESULTS AREA 3: CAREER ENHANCEMENT, ADVANCEMENT, AND WORK CULTURE

Working as a PDN is...			
A career enhancing experience	--	<i>Agreed working as a PDN is a career enhancing experience</i>	Equally distributed between those who agree and disagree that PDN work is a career enhancing experience
		65.6%	50.0%
Working as a PDN is...			
Professionally challenging		<i>Agreed very strongly that PDN work is professionally challenging</i>	<i>Agreed PDN is professionally challenging</i>
		75.0%	65.0%
Agencies...			
Provide promotion opportunities within the agency	--	<i>Disagreed that agencies provide promotions</i>	<i>Disagreed very strongly that agencies provide promotions</i>
		68.2%	77.8% %
Agencies...			
Provide recognition for the work they do	--	<i>Equally distributed between those who agree and disagree about agencies providing recognition</i>	<i>Disagreed agencies provide recognition</i>
		49.2% v 50.8%	68.2%
Agencies...			
Provide feedback about job performance	--	<i>Agreed very strongly agencies provide feedback about job performance</i>	<i>Disagreed agencies providing feedback</i>
		71.4%	47.4%

RESULTS AREA 6: TRAINING, WORKLOAD DEMANDS & DAY CARE TASKS

PDNs need...			
On-the-job training	--	<i>Agreed very strongly there is a need for on the job training</i>	<i>Agreed there is need for on the job training</i>
		92.2%	65.0%
Agencies...			
Provide on-the-job training	--	<i>Agreed very strongly agencies provide on the job training</i>	<i>Disagreed agencies provide on the job training</i>
		73.0%	52.6%
PDNs work is...			

Physically exhausting	--	Agreed very strongly <i>PDN work is physically exhausting</i>	Agreed PDN work is physical exhausting
		79.7%	60.0%
PDNs work is...			
Stressful	--	Agreed very strongly <i>PDN work is stressful</i>	Agreed PDN work is stressful
		82.8%	55.0%
PDNs workload is manageable	--	Agreed workload is manageable	Agreed very strongly workload is manageable
		82.8%	100.0%
PDNs work varies little during the shift		Agreed PDNs work varies little during the shift	Agreed very strongly PDNs work varies little during the shift
		54.6%	65.0%
PDNs interacted with other health care professionals involved in the patient's care	--	Agreed very strongly <i>PDNs interact with other health care professionals</i>	Agreed PDNs interact with other health care professionals
		87.5%	70.0%
Working as a PDN is...			
Builds one confidence to react and adapt quickly to clinical situations	--	Agreed very strongly <i>PDNs work builds ones confidence...</i>	Agreed PDNs work builds ones confidence...
		75.0%	60.0%
Working as a PDN is...			
An isolating professional experience	--	Agreed very strongly <i>working as a PDN is an isolating professional experience</i>	Agreed working as a PDN is an isolating professional experience
		85.9%	65.0%

RESULTS AREA 5. JOB REWARDS

Working as a PDN gives one...			
A sense of pride in my work	Both groups equally agreed PDN work is associated with a sense of pride		
	95.3% v 90.0%		