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Building resilience of staff in care homes: preliminary findings of an exploratory study

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Abstract

Background/Aims Careers in the care home sector have seen innumerable challenges, along with sustaining and growing resilience in the workforce. The aim of this study was to understand the experiences of resilience for care home staff working in one health board area in Scotland.

Methods In this exploratory study, five care homes with scores of 6 (1 being the lowest quality, 6 being excellent) within any category available from the Care Inspectorate reports over the previous 12 months were selected and staff members were invited to participate in interviews.

Results A total of four staff members from four care homes agreed to participate. Through thematic analysis, three main themes were identified: emotional factors enhancing resilience in staff within care homes; the value of community and the care home family; and encouragement and meaningful interactions from and with others.

Conclusions Laughter and happiness for both staff and residents were highlighted and resilience was seen not only at an individual level, but was also attributed to effective team working.

Key words: Appreciative inquiry; Care homes; Care home staff; Exploratory study; Resilience

Introduction

There are approximately 490 000 people aged 65 years and over living in residential care facilities, which include care homes across the UK, including 29 465 in Scotland (Public Health Scotland, 2022). In Scotland, health care is managed by the devolved Scottish Government, and health and social care are integrated (Health and Social Care Scotland, 2023). Building on quality care is the vision of the Scottish Government with the development of the National Care Service (Feeley, 2021; Scottish Government, 2021).

A Scottish Care (2019) report highlighted some of the challenges that social care staff face and the impact that this can have upon their mental health. The situation has become more complex since the COVID-19 pandemic, with one study concluding it was resilience within their staff, along with existing and new networks, that helped overcome some of the challenges that the staff members faced (Marshall et al, 2021). Scottish Care (2021) stated that there have been innumerable challenges faced by the workforce, and recruitment and retention are key to providing, sustaining and growing resilience within the care home sector. Perlo and Feeley (2018) suggested that high turnover and vacancy rates could be indicative of poor resilience within staff.

Resilience has been defined by Hart et al (2014) as 'the ability to bounce back or cope successfully despite adverse circumstances'. Contributing factors for a low level of resilience among nurses in various clinical settings were identified as challenging workplaces, psychological emptiness, diminishing inner balance and a sense of dissonance. In addition, a scoping review of interventions aimed at increasing nursing resilience concluded that many interventions can be directed at an individual level, but they should be developed as part of a community where resilience then becomes integral to practice (Stacey and Cook, 2019).

The link between the experience of quality care and the resilience of staff was highlighted in a study of 23 staff in a care facility in Australia (Elliott et al, 2015). They concluded that there was a need for research to focus on coping at the workforce level. Hart et al (2014) reported that despite care homes operating in challenging circumstances, they have continued to develop innovative practice, which may promote quality care and increase the resilience of the team. This angle has not been explored from the perspective of care home staff. Innovative practice has been highlighted in Fit for the Future project (Institute of Research in Social Services, 2016) and the My Home Life programme (My Home Life Chariry, 2023). Nolan et al (2006) explored how healthcare professionals working in partnership with older

people and informal carers could enhance the care experience.

The aim of the study was to understand the experiences of resilience for care home staff working in one health board area in the north east of Scotland.

Methods

Design

An exploratory research approach was adopted for this study to acquire new insight into good practice in care homes to help build the resilience of the care home staff. Exploratory research is often conducted to gain a better understanding of the existing problem but is not designed to provide solutions. It is inexpensive, highly interactive and open-ended in nature; therefore, it mostly deals with qualitative data (Elman et al, 2020). The study was conducted between April and June 2018.

Ethical approval

Ethical approval was obtained from the School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University (reference: 17-16). All participants provided written informed consent before the interviews took place.

Participants

Care homes for older people (65 years and over) with scores of 6 (1 being the lowest quality, 6 being excellent) within any category available from the Care Inspectorate reports over the previous 12 months were selected. There are 73 care homes within the locality; however, only five (6.85%) care homes met the criteria above. The managers were contacted by telephone, and a member of the team arranged to visit them at the care home. They were then able to provide information about the project and leave a poster for them to display in their staff room along with the participant information sheet. An individual member of the staff within the care homes contacted the research team directly to arrange their interview.

Data collection

An appreciative inquiry approach was adopted for the data collection within this study (Cooperrider and Whitney, 2005). This approach seeks to discover what currently works well within the organisation and what could be designed to create an innovative future (Cooperrider and Whitney, 2005). There are four stages of the model, known as the four Ds – discovery, dream, design and destiny. However, this exploratory study will only adopt the first stage, 'discovery' (Cooperrider and Whitney, 2005) to find out what works well within the care homes. It will ensure that the information gathered relates to what matters to staff and how they regard resilience within their roles.

Individual semi-structured interviews were conducted between April and June 2018 with an individual staff member from participating care homes to hear about their experiences and perceptions of resilience working within their care home. An interview schedule detailed the open questions used (Box 1). The interviews were conducted within a quiet room in the care homes at a time that was convenient to the participant. All authors conducted interviews (SM, JW, JW). Each interview took between 20 and 40 minutes and was digitally recorded.

Data analysis

Transcription of qualitative data from each interview was carried out by an independent transcriber. Thematic analysis was used to analyse the data from the interviews (Braun and Clarke, 2013). Production of the initial codes was conducted by each researcher through an inductive process. A consensus was then reached and the development of themes emerged through this process.

Box 1. Interview questions

- What does resilience mean to you?
- What makes you feel supported in your job?
- Can you share an example of a positive resident and carer interaction?
- Can you give examples of what is exciting and different about this care home?
- What impact does delivering person-centred care make on how you view your work responsibilities?
- What makes a day at work a positive experience?
- What makes you feel safe at work?
- How do you feel at the end of your shift compared to the start? What factors impact on this?
- How do you know when you have reached the right balance of work and home life?
- In all job roles there are challenges, how do you cope with or overcome these?
- What is the most fulfilling part of your role?
- If you were to open a care home tomorrow, what would be the most important things you would do to promote resilience?

Table 1. Themes and examples of coding

Theme	Examples of coding relating to theme
Emotional factors enhancing resilience in staff within care homes	<ul style="list-style-type: none">■ Laughter and happiness■ Positive sadness and respect
The value of community, the care home family	<ul style="list-style-type: none">■ Importance of relationships■ Teamwork is essential
Encouragement and meaningful interactions from and with others	<ul style="list-style-type: none">■ Feeling valued and supported■ Shared experiences■ Person-centred care

Results

Out of the five care homes identified, four staff members representing four care homes agreed to participate in the study. Of the four staff participants, all were women with a spread of roles: deputy manager, staff nurse, senior carer and carer. This was unintentional, but reflected a broad perspective within care homes and added richness to the data collected. Three themes were identified from the data:

1. Emotional factors enhancing resilience in staff within care homes
2. The value of community and the care home family
3. Encouragement and meaningful interactions from and with others.

Themes and examples of initial codes generated from the data using Braun and Clarke's (2013) thematic analysis are contained within **Table 1**.

Emotional factors enhancing resilience in staff within care homes

Emotional factors were described by the participants as enjoying experiences with residents, family and their colleagues resulting in laughter and happiness. This was one of the most prominent themes identified in this research.

Happiness is important to staff because of the value placed on it by residents. For example, joy was expressed by a resident not only to have her cat live with her in the care home but even by having a cat flap installed in her room. Participants shared examples of activities that their care home organised:

'We have an annual barbecue in August ... It's good fun and its good for us because we get out and it feels like a totally different place. You're not working. It doesn't feel like you're working.' (P1)

This levelling of experience where both the resident and staff would actively participate in these activities was highlighted.

'They book a lodge and they would maybe take 10 residents and two carers would go ... but I thought that was lovely. I would like to be invited. I'll bring that up at my supervision, "I want to go on holiday with them".' (P1)

'If there's carol singing here, sometimes people from [the local community] come down and [join us]. We all have meals together and it's fantastic.' (P2)

During these activities, residents showed positive engagement and happiness, which translated into enjoyment for the staff:

'I absolutely love to see them laughing, interacting, smiling ... that makes my day and when I can see that I've made them laugh ... I just absolutely love it, I really do.' (P4)

Emotions of sadness were also expressed. When a resident died, staff members demonstrated a deep level of respect of life:

'It's a celebration of their life. So ... we all stand out in the corridors as they leave the building and we all sing for them and it can be really emotional.' (P2)

'It sounds a bit funny [odd] because obviously I don't enjoy them dying, but I really enjoy giving them that end-of-life care. That's actually one of my favourite parts.' (P1)

By acknowledging someone's death, it is not only a positive end to a resident who staff may have known well, but also validates the appreciation of those residents still living in the care home. The varying emotions experienced by staff were reported to build resilience, enabling them to want to come into work the next day and make a difference to the lives of their residents.

The value of community and the care home family

Participants appeared to be proud of the care home they worked in. Their identity was shaped not just by their role, but was largely grounded in the enjoyment of relationships:

'You become so close. We class it as we're a big family.' (P2)

The care home family extended to members of the care home community who were not employees, including volunteers and members of the wider geographical community.

One participant stated that the most fulfilling part of their role was interacting with residents and their families.

This view was also balanced by another participant who stated:

'I think it's difficult to get on with everybody. Not everybody does, but if you have more of an understanding about someone, you can try a bit harder.' (P1)

This acknowledges that relationships are not always straightforward but have the potential of being a source of strength, and can be seen as developing resilience within the individual.

Continued connection with the local community was highlighted by all participants as an important feature of the care home experience for staff and residents.

One participant highlighted the importance of belonging to a wider health and social care team:

'We have regular team meetings with the care management team, GP and I think that is different and really important and it helps us feel supported, but I think we support the wider team as well.' (P3)

Encouragement and meaningful interactions from and with others

Participants appreciated encouragement from others and being valued as individuals. One participant identified that feeling valued by their manager was of key importance to their experience of resilience. Encouragement from others also came from the support of other colleagues:

'Sometimes we find a protected area and we just have a rant to each other. It doesn't mean that we're not enjoying the job ... it just means that you're offloading and you can go back in and you've seen the funny side and you're absolutely fine. I think it's very, very important to have that with your co-workers.' (P4)

Other factors that highlighted encouragement and being valued by others were inclusivity and being trusted:

'If someone has a different way of working, it might actually be beneficial because you might learn something [new]... Some of us will work with different teams quite a lot. You want everyone to feel like they are a team, and nobody is left out.' (P1)

'I really try and keep in touch with the family as much as I can if something happens. I've found it very beneficial for them as well. I feel like it brings a trust for us [so that the family think] "I can trust [them]. If something happens, they're going to contact me".' (P1)

The participants were positive about their work, with feedback from relatives identified as important, as was seeing residents accomplish things that mattered to them. One participant recalled a gardening club:

'They are so proud of what they've achieved that they take their families out into the garden and say, "this is what we did the other day".' (P4)

Participants shared positive perspectives on their working day, identifying the importance of a healthy work-life balance:

'Live your own life as well, because you're looking after people that have lived a good life, but if you're just working and going home and doing nothing, then you're not really living either, are you?' (P1)

Participants shared how much the team enjoyed working in the care home and gave examples of staff spending time with residents voluntarily outside of their normal working hours:

'Sometimes I just like staying a bit later to have a cup of tea with them.' (P2)

'You've actually now got time when you go in, in the morning, and you can pick out clothes [from] the wardrobe and go, "What do you think?", and they'll either smile or, "Oh, no"... and that's the bit that I enjoy ... the fact there's no hurry.' (P4)

Meaningful interactions were a key factor where they modestly described pride in their work. The importance of meaningful interactions was expressed in a number of ways. Participants felt that it was important for them to achieve person-centred care.

'... we actually sit down and we have breakfast with the residents as part of our break, but it means that we can support them as well when they're eating ... and it provides a social interaction as well.' (P2)

'...yesterday I went [in] and one of our staff was on the piano playing away and our residents were joining in.' (P3)

'They can decorate their rooms how they want to decorate them. Families are welcome 24/7 and they can go out 24/7 if they want as well as being there. It's really, really good.' (P4)

Encouraging staff to spend the time they needed to achieve person-centred care for individual residents was seen as enhancing their satisfaction within their role. They compared this to other clinical and care home areas they had worked in where this was not as high a priority.

'I used to constantly go home and think about what I'd not done at my previous job but here, I go home and there is nothing to stress about ... it is pleasant.' (P2)

Discussion

The aim of this study was to understand the experiences of resilience for staff working in care homes. The findings have highlighted examples of everyday interactions between care home staff, residents and family, which could be conducive to the resilience of staff. While this study did not address the issues of recruitment and retention directly, it has identified positive practice, which contributes to the team's experience of resilience. All participants discussed the importance of being part of a community where they made a difference and were being valued. They portrayed laughter and being happy as strong influences within their working lives, while being realistic about aspects of sadness which co-

existed. All of these themes had the overarching development of resilience appearing throughout.

Resilience of care home staff

Staff shared positive experiences of enjoying time with their residents such as sharing experiences at meal times, and enjoying music and singing. Perlo et al (2017) produced a framework on behalf of the Institute for Healthcare Improvement for improving joy in work, which included, among other factors, wellness and resilience.

Participants in the present study also identified more sombre scenarios. They highlighted the provision of end-of-life care and last offices, which participants stated strengthened their resilience by being able to draw value and strength from undertaking privileged work. This finding is supported by a report that explored 16 registered nurses' experiences within the care home sector and why they chose to work there (Scottish Care, 2022). The report identified that the nurses wished to ensure 'a quality in life and quality in death' experience for their residents and relatives. A study of older people with dementia living in care homes highlighted key relationships with staff and family as their priorities and preferences regarding end-of-life care (Goodman et al, 2013). Furthermore, in Gonella et al's (2019) study, the significance of the individual and not the task or practice was highlighted by participants as important for good end-of-life care, which resonates with the findings from the present study.

Community and relationships

Care home residents have increasingly complex needs as identified by Barker et al (2021), requiring staff to establish and maintain effective working relationships. By supporting one another within their care home family, they are developing resilience within themselves and others. These coping strategies are supported by Brennan (2017), who concluded that 'supportive working climates can assist in building resilience and wellbeing'.

Another important finding was the value of community and relationships. Participants all identified '*person-centred care*' for the resident and their family. However, it was evident from the data that it was more relational, involving other members of the team, family and wider community rather than between the resident and participant only. Relationship-centred care is an important framework that conceptualises health care by recognising that relationships are an essential component of healthcare delivery. The vision of relationship-centred care is created within an 'enriched environment', and by understanding this makes compassionate relationship-centred care a reality (Dewar and Nolan, 2013).

A community is often viewed as a group of people with commonality. Brown Wilson (2009) described the community of the care home as membership of people who are integrated and share an emotional connection. The community of a care home setting demonstrates the value of forming relationship-centred care.

Dewar and Kennedy (2016) stressed the value of professionals seeking to know the person they are caring for, to stretch their understanding and continually seek ways of working with individuals. Relationship-centred care could be a potential lever to enhance the experiences of the care home community and in turn develop resilience, as discussed by Stacey and Cook (2019).

Furthermore, participants identified positive relationships with their managers as being central to developing resilience. This finding was shared by Brennan (2017) who reported the behaviours of supportive managers was demonstrated in the role of promoting wellbeing and enhancing resilience.

Formal processes that support staff, allowing them to reach their goals, include supervision and debriefs, which provide a safe platform to share experiences and express emotion (Nursing and Midwifery Council, 2021). Competence and confidence were highlighted in this study as contributing factors to positive resilience and is influenced by induction and ongoing professional development.

Strengths and limitations

While this study did not address the issues of recruitment and retention directly, it has identified positive practice, which contributes to the team's experience of resilience. The appreciative inquiry approach adopted within this study enabled a greater understanding of practice within the care home (Cooperrider and Whitney, 2005). The primary task in the discovery phase was to identify and appreciate the best of 'what is'. The questions asked within the topic guide were positively worded, which enabled participants to share stories of their experiences and what they most valued to develop their resilience within their roles. This finding was shared by Hart et al (2014) in their integrative review. However, as the present study was exploratory in design (Elman et al, 2020), a larger study may be able to take the appreciative inquiry model to the next stage and identify a clear strategic vision for the future of care homes.

The sample size within this study was relatively small because of the small number of care homes in the locality being classified as excellent as required within the inclusion criteria. It was originally anticipated that the number of relevant care homes would be higher, which would have increased the sample size. Therefore, although the findings from this study were rich and produced depth into the views of staff working within care homes, they should be interpreted with some caution as they may not fully reflect the challenges of staff working in care homes that have not been scored as excellent.

The study has led to a greater understanding of the experiences of staff working in care homes within the north of

Scotland, where good practice helps to build the resilience of the care home team.

Key points

- Care home staff see resilience as not just something that they develop individually, but is developed within their teams and communities.
- Laughter and happiness between care home staff and residents are important emotional factors expressed to develop resilience.
- The discovery stage of appreciative inquiry was used successfully in this study, but further research may be able to build on this model.
- The findings from this exploratory study produced a greater understanding of experiences of staff working in care homes; however, further study on a larger scale may lead to interventions relating to the development of resilience.

Conclusions

Resilience was seen as something that not only involves one individual but is partly attributed to effective team working. Participants stated that emotional factors including laughter and happiness for both the staff and the residents, along with the value of community and encouragement, and meaningful interactions, helped to enhance resilience. While this study has added to the body of evidence, further research is recommended on a national scale, working towards outcomes that will help to increase the resilience of staff within the care home sector in Scotland.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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