

RAPID RESEARCH IN COVID-19 PROGRAMME

Avoiding Burn Out of Care Home Workforce

The need for external and internal Support **R.A.I.L.S.**
Resources, Activities, Initiatives and Learning Shared

AIMS

This small study focused on the resources available and used to support the wellbeing and mental health of frontline care workers (FCW) in care homes for older people. It had two aims; (1) to identify and collate key resources of relevance to FCWs and (2) to share these and other activities, initiatives and learning from care homes' experiences of supporting staff wellbeing during the pandemic.

KEY FINDINGS

- A wealth of wellbeing resources are available online and more were made available following the COVID-19 outbreak. However, for FCWs, identifying relevant, high quality resources can be difficult and time consuming. Participants reported that online resources were not the main source of support that they used during the pandemic
- Online wellbeing resources need to be tailored and targeted to FCWs in care homes to bridge the identified delivery gaps. There is a recognised requirement to better understand how best to improve uptake and embed resources within care homes.
- Care homes, families, residents and staff benefited greatly from morale boosting creative activities and from staff groups and individuals 'going the extra mile'. Homes relied on this team camaraderie during the pandemic. However this is not sustainable in the long term and internal and external resources for wellbeing must be replenished so staff are able to continue to provide effective and compassionate care to residents whilst also looking after their own health and wellbeing
- Benefits of supportive communication within the home for staff wellbeing were identified. They can take many formats and be either formal (for example end of shift huddles/checklists and supervision) or informal (for example peer support and an open door culture).

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- The culture, leadership and supervision practice of individual care homes is key to staff wellbeing. Further resources, the development of quality improvement projects and training initiatives for practice-based preventative psychological wellbeing must be embedded within homes.
- Care home managers' wellbeing and practice development is aided by sharing their learning and experiences with peers. Support Groups and networks should be established, facilitated and resourced.

We have conceptualised the overall support and services that would benefit both the wellbeing of FCWs and, by association, the care home residents, as the strategic and sustained construction of practice-embedded staff wellbeing support 'RAILS' – **R**esources, **A**ctivities, **I**nitiatives and **L**earning **S**hared.



WHAT DID THE STUDY INVOLVE?

This small study had three phases, was conducted over a ten week period (from mid-May to end of July) and approved by the Edinburgh Napier University Ethics Committee. Phase 1 consisted of **reviewing websites** of key UK health and social care organisations to identify content that related specifically to the mental wellbeing, resilience or psychological health of care home staff. This included, Scottish Government, Department of Health and Social Care, NHS Education Scotland, SSSC, IRISS, SCIE, UNISON and all health boards and HSCP websites. Relevant content was extracted and collated. In Phase 2, **semi-structured telephone interviews** with seven care home

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Managers/Directors were conducted to gather details and examples of practices and processes they had implemented or used to lessen the negative impact of the pandemic on the wellbeing (resilience) of their staff. Care home managers and directors were also asked to outline ways in which their staff were made aware of available sources of support, their use and perceptions of benefits.

In Phase 3, an **online survey** was sent to 55 care home managers who were members of either the Enabling Research in Care Homes (ENRICH) or the Scottish Hospice Learning Community (Project ECHO) networks. Ten homes responded, providing examples of approaches used and insights into the way in which care home managers had supported their staff during the pandemic. In parallel to these phases of work, we completed a scoping review of published literature for best practice in supporting the resilience and retention of frontline care workers in care homes for older people. A preprint is available: <https://www.medrxiv.org/content/10.1101/2020.09.05.20188847v1>

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

i) Wellbeing resources external to care homes

External wellbeing resources refers to those resources that originated out with care homes, but are available online for FCWs and care home managers to access. These included for example, guidance, webinars, printable resources, top tips and checklists and wellbeing Apps. This project focussed on those of most relevance to FCWs in care homes for older people and identified over 55, all of which are recorded within a database. Most organisations included in our review, operate as a 'hub' for wellbeing resources that have been developed to support staff wellbeing (for example NHS Education for Scotland) or collated onto their site and made available (for example SCIE and PROMIS and SSSC). The content of these wellbeing resources can be categorised as a) those primarily for supporting **individual** self-care behaviours; b) approaches for **managers and wider organisations** to support their staff; and, c) resources designed to **support practice**, such as person-centred care models, which may have additional protective or mitigating effects on those providing care.

NHS and other health and social care organisations present information on many other issues in addition to staff wellbeing. As a result, navigation within the sites can be difficult if not well signposted. In addition the abundance of information available online can make identifying relevant, high quality resources difficult and time consuming. For FCWs, many of these 'host' organisations may not readily come to mind as a relevant source when searching for wellbeing resources. Care home staff generally do not see themselves as belonging to the NHS and many of the resources are not clearly signposted as being relevant to care home staff.

ii) Wellbeing resources internal to care homes

Internal wellbeing resources refers to those resources, initiatives or approaches developed by and used within care homes to support the wellbeing of their staff. We found that care homes relied largely on their own internal resources. In-house activities and the prevailing leadership and working environment culture of the home were reported as being of critical benefit and value to staff wellbeing. Predominant in-house wellbeing 'resources' were reported as:

Supportive actions and activities: Staff of all roles and grades took the initiative to support their colleagues through a range of actions and activities that helped keep morale high and spirits positive. These ranged from working additional shifts, forgoing annual leave, taking on additional tasks and work reciprocity, team camaraderie for example, supporting colleagues who needed a short 'time out' during a shift, through to organising fun, creative collective activities, such as photography competitions, treats and goody bags, distributing 'happy thoughts' throughout the home for staff, sharing the thanks, gifts and well wishes from relatives and the wider community with all staff. Collectively these actions and activities may contribute to increased job satisfaction, which is a key component for enhancing staff resilience and reducing staff turnover. However actions taken in response to a crises cannot be depended upon long term. Internal and external actions and activities that support wellbeing must be first replenished and then sustained.

Visible leadership and an open-door culture: Managers, and those in leadership positions, increased their visibility around the care home during the pandemic and helped prioritise the work alongside their staff in delivering care to residents and their families. This 'leading by example' and role modelling self-care were also identified as key ways in which leaders supported staff wellbeing. A working environment where FCWs know that senior staff are accessible, actively listening to their concerns, encouraging them to share their feelings and experiences in how they were coping, were aspects of an open door culture.

Supportive communication via team meetings/ individual and group supervision sessions:

- Daily with staff teams- ongoing reflections and a forum for staff to raise concerns
- One home has implemented small group supervision sessions with a mental health theme – this also allows staff to share information and suggested coping strategies that have worked for them – called 'wellbeing in-service sessions'
- One home provided additional one-to-one supervisions as a way of checking in with individual staff to see how they are coping and managing.

Given the disconnect between the external wellbeing resources made available, the methods of delivery and what was utilised by care homes during the 1st wave, there is a need to bridge the delivery and uptake gaps. This work reinforces that the culture, leadership and supervision practice of each care home is key to staff wellbeing. Wellbeing resources would be embedded more successfully in care homes if they are also supported to strengthen, enhance or implement initiatives and actions in these three areas.

WHAT IMPACT COULD THE FINDINGS HAVE?

These findings will have impact as they inform how to support the care home workforce as they recover from the initial impact of COVID-19 and prepare for future challenges. They have been shared with key stakeholders for example, Scottish Government's Health Resilience Unit, the Professional Nurse Advisor – Mental Health (who will disseminate to the Workforce Wellbeing Champions Group) and within NHS Lothian, the Chief Nurse Research & Development and the Director of Psychology Services. This report will be emailed to health and social care organisations and networks with direct links to care homes. A poster on this work will be presented at the European Geriatric Medicine Society (EuGMS) conference in October 2020 and the Care Home Conference in 2021. The project team are currently developing academic articles, which will be submitted for publication to peer reviewed journals.

CONCLUSION

These findings have set out some of the limitations of providing wellbeing resources online for use by FCWs and the need to both tailor and target what is provided and work with care homes to facilitate uptake by FCWs. The added value to staff of in-house activities and actions has been identified. The need for wider quality improvement/training initiatives that link practice and psychological resilience have been highlighted and the importance of care home managers sharing their learning and experiences underscored. Staff wellbeing should be a key component of the enhanced professional clinical and care oversight of care homes across Scotland.

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ADDITIONAL INFORMATION

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