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Understanding what promotes co-worker relationships in care homes

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Scientific Linking Pin, NICHE Leeds

Context

Care home sector

Low pay



Low status



Staffing



Quality

Long hours



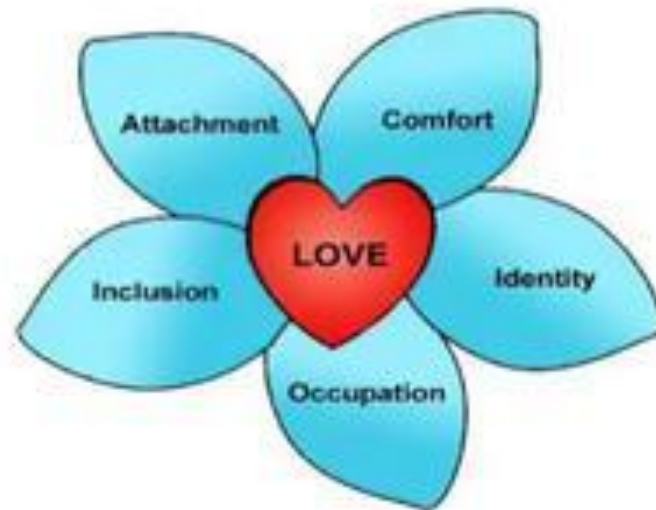
Lack of training



Promoting staff well-being through co-worker relationships

Person Centred Dementia Care*

The "Kitwood Flower"



Relationship Centred Care**

A Sense of Security
For older people: Attention to essential physiological and psychological needs, to feel safe and free from threat, harm, pain and discomfort.
For staff: To feel free from physical threat, rebuke or censure. To have secure conditions of employment. To have the emotional demand of work recognised and to work within a supportive culture.
A Sense of Continuity
For older people: Recognition and value of personal biography. Skilful use of knowledge of the past to help contextualise present and future.
For staff: Positive experience of work with older people from an early stage of career, exposure to positive role models and good environments of care.
A Sense of Belonging
For older people: Opportunities to form meaningful relationships, to feel part of a community or group as desired.
For staff: To feel part of a team with a recognised contribution, to belong to a peer group, a community of gerontological practitioners.
A Sense of Purpose
For older people: Opportunities to engage in purposeful activity, the constructive passage of time, to be able to pursue goals and challenging pursuits.
For staff: To have a sense of therapeutic direction, a clear set of goals to aspire to.
A Sense of Fulfilment
For older people: Opportunities to meet meaningful and valued goals, to feel satisfied with one's efforts.
For staff: To be able to provide good care, to feel satisfied with one's efforts.
A Sense of Significance
For older people: To feel recognised and valued as a person of worth, that one's actions and existence is of importance, that you 'matter'.
For staff: To feel that gerontological practice is valued and important, that your work and efforts 'matter'.

*Dementia Reconsidered, Kitwood (1997)

**Nolan et al, (2006)

What do we know?

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RESEARCH ARTICLE

Geriatric Psychiatry WILEY

Leading by example: Nursing home staff experiences of what facilitates them to meaningfully engage with residents with advanced dementia

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Abstract
Objectives: Meaningful connections promote the quality of life of people living with advanced dementia in nursing homes. However, evidence internationally suggests people living with advanced dementia in nursing homes spend the majority of time alone, with little contact with anyone. Frontline care workers are in powerful positions to meaningfully engage with residents, yet research to date has not focused on their experiences. The aim of this study was to explore the experiences of nursing home staff, specifically, what care workers feel enables them to meaningfully engage with residents living with advanced dementia.
Methods/Design: Semi-structured interviews were conducted with 21 staff from seven nursing homes. Inductive thematic analysis was used.
Results: Four themes were important for facilitating care workers to meaningfully engage with residents with advanced dementia: support from managers and nurses, support from experienced care workers, a caring culture and an appropriate physical environment.
Conclusion: Effective leadership was the key thread that ran throughout. It was evident that meaningfully engaging with residents with advanced dementia was hard, particularly for new or inexperienced care workers. Those with experience (of care work and the residents they cared for), as well as those in formal leadership positions played key roles in facilitating care workers to: perceive it was their role to connect, understand, accept and empathise with residents, understand the importance of getting to know residents' and express their own caring attributes. Future research should focus on empirically testing leadership models that promote meaningful engagement.

KEYWORDS
advanced dementia, care workers, experiences, meaningful engagement, nursing home, staff, workforce

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Understanding the staff behaviours that promote quality for older people living in long term care facilities: A realist review^{*}

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ABSTRACT
Background: Little is known about how the workforce influences quality in long term care facilities for older people. Staff numbers are important but do not fully explain this relationship.
Objectives: To develop theoretical explanations for the relationship between long-term care facility staffing and quality of care as experienced by residents.
Design: A realist evidence synthesis to understand staff behaviours that promote quality of care for older people living in long-term care facilities.
Setting: Long-term residential care facilities
Participants: Long-term care facility staff, residents, and relatives
Methods: The realist review, (i) was co-developed with stakeholders to determine initial programme theories, (ii) systematically searched the evidence to test and develop theoretical propositions, and (iii) validated and refined emergent theory with stakeholder groups.
Results: 66 research papers were included in the review. Three key findings explain the relationship between staffing and quality: (i) quality is influenced by staff behaviours; (ii) behaviours are contingent on relationships nurtured by long-term care facility environment and culture; and (iii) leadership has an important influence on how organisational resources (sufficient staff effectively deployed, with the knowledge, expertise and skills required to meet residents' needs) are used to generate and sustain quality-promoting relationships. Six theoretical propositions explain these findings.
Conclusion: Leaders (at all levels) through their role-modelling behaviours can use organisational resources to endorse and encourage relationships (at all levels) between staff, residents, co-workers and family (relationship centred care) that constitute learning opportunities for staff, and encourage quality as experienced by residents and families.

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What is already known about the topic?

- Quality is complex, contested and dynamic and can refer to both quality of life and quality of care.

Whilst 'staffing influences quality' is well established, little is known about the relationship between the long-term care workforce and quality.

- 'More' staff does not necessarily equate to better 'quality'; staff numbers do not fully explain this relationship.

^{*} This review is registered with the Research Registry (unique identification num-

Method: Scoping review*

Research Question: What promotes co-worker relationships in health and social care and its applicability to care homes.

Search Strategy: Databases searched: MEDLINE, PubMed, PsychINFO, CINHAHL, Scopus.

Study selection: 42 papers were selected for inclusion.

Teamwork
N=14

Social
support
n=2

Collegiality
N=2

Collaboration
N=5

Culture
N=9

Connection
N=4

Group
cohesion
N=3

Resilience
N=2

Communication
N=6

**Topics relating to co-
worker relationships**

Co-
worker
trust N=2

Social
capital
N=4



Individual factors

Attributes and behaviours

Values
Being willing
Affirmations



Social competence

Anticipate and adapt
Techniques
Emotional intelligence

Organisational factors

Leadership

Role of supervisors

Time and space

Celebrating success

Culture

Feeling heard

Respecting others

Creating trust



Organisation of care

Work structures

Stable teams

Staffing levels

Discussion

- Research on co-worker relationships in health and social care is largely descriptive.
- We add to the evidence base by identifying individual and organisational factors that promote co-worker relationships
- Key themes such as leadership and the values of staff are already well recognised for promoting quality. We propose social competence as a new perspective

Implications of findings

For care homes

- Thinking about social competence as well as values at the interview stage may protect and promote co-worker relationships

For research

- The idea of social competence is interesting and has not been studied in the care home context. Interventions to upskill care workers with the social competence could promote collaborative co-worker relationships

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Thank you, any questions?

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The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Summary of included papers

Characteristic	Description
Participants	Relationships between nurse-nurse (n=28 studies), care workers-care workers (n=4) care workers and nurses (n=10)
Setting	Hospitals (n=30 studies), primary care (n=2) care homes (n=8)
Date	2000-2021
Country of origin	The majority of studies were conducted in the USA (n=29 studies), Europe (n=8), Asia (n=2) and Australia (n=2).
Study design	18 Qualitative studies, 8 Cross sectional studies, 5 Literature review, 2 Quality improvement, 3 Intervention studies, 1 Quasi-experimental studies, 1 RCT, 1 Mixed methods, 1 Psychometric study, 3 Opinion studies.

Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
Studies address co-worker relationships between health and social care staff at individual, unit and facility level	Not in English language
Studies that take place within a health and/or social care setting	Published before 1990
Published or unpublished primary studies, theses/dissertations, theoretical discussions and grey literature are eligible for inclusion	