



Developing a scale of work-related quality of life for adult social care staff (CWRQoL)

Shereen Hussein

Professor of Health and Social Care Policy

London School of Hygiene and Tropical Medicine

Shereen.Hussein@LSHTM.ac.uk

Research Team: Ann-Marie Towers, Sinead Palmer, Nadia Brookes, Barbora Silarova (University of Kent) and and Petra Mäkelä (LSHTM)

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- **The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.**

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Project Overview

AIMS AND METHODS

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Aims and Objectives

- Define CWRQoL for care workers
 - Develop a conceptual framework of relations
 - Provide examples of how to support CWRQoL for care workers
 - Understand the benefits and challenges of using such tool/scale
 - Few additional COVID19 elements
- To begin development of a Care Workers CWRQoL scale, measuring the quality of life at work of care staff
 - The first stage, and the focus of this project, is to determine the domains and items of Care Workers CWRQoL scale

Research Questions and Methods

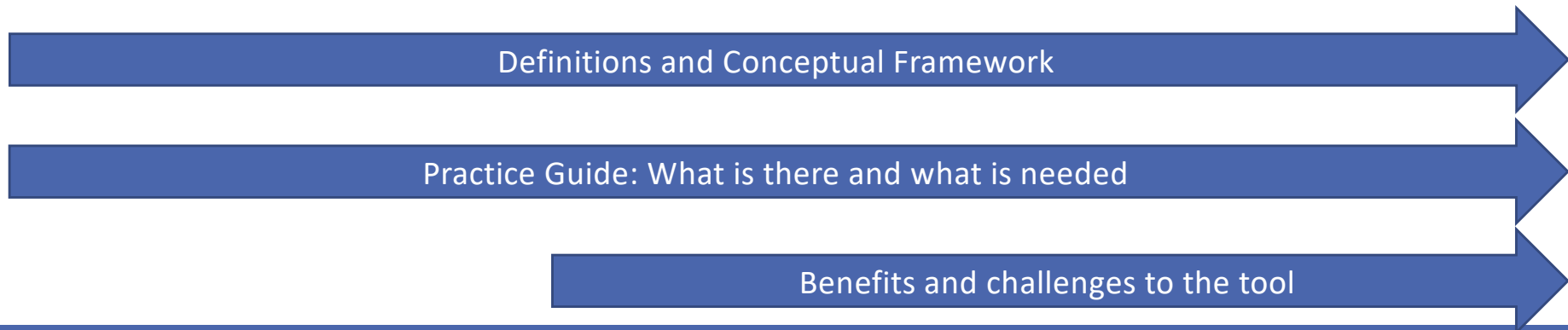
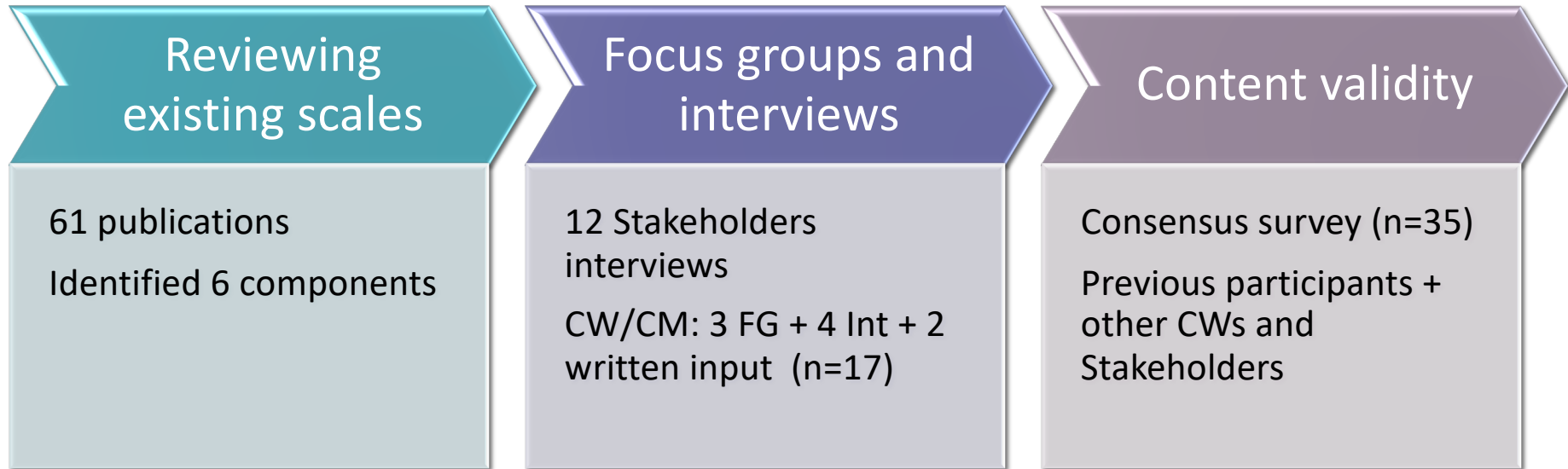
Methods

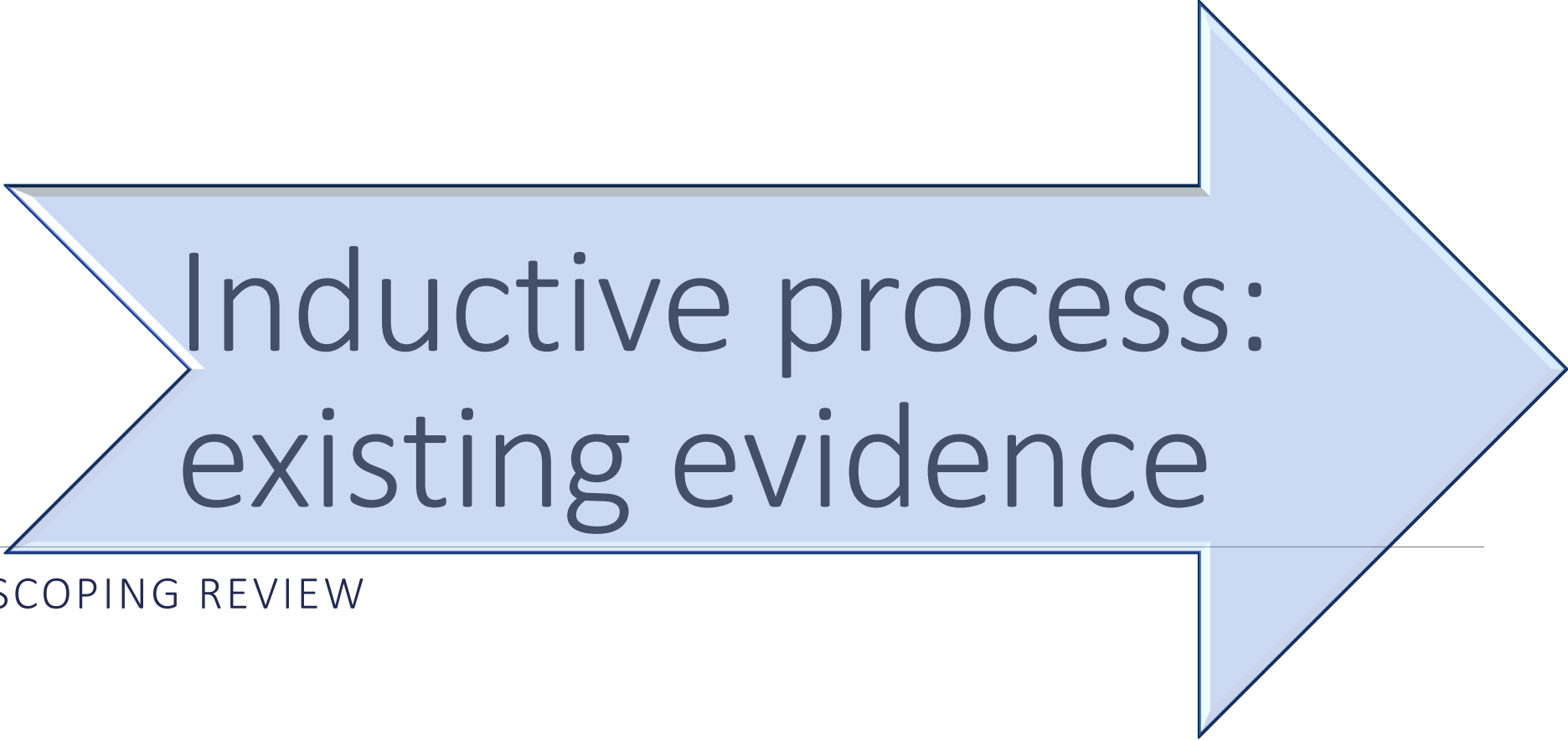
Sequential mixed-methods

Iterative, deductive / inductive methods to establish domains and items

Content validity through a consensus survey

- **RQ1.** Review and appraise current quality of life at work scales that are relevant to social care work
- **RQ2.** Identify key domains necessary to develop a CWRQoL tool that is specific to the adult social care workforce in England
- **RQ3.** Identify potential 'at work' supporting mechanisms that are likely to improve care staff CWRQoL





Inductive process: existing evidence

SCOPING REVIEW

Review Questions

Concept:

WRQoL and work-related well-being

Context

Adult social care

Community health settings

Types of participants

People working in managerial and supervisory roles

Direct care workers

Registered professions

- 1) What are the existing definitions of CWRQoL?
- 2) What are the components of CWRQoL?
- 3) What aspects of adult social care work has an impact on the social care worker's quality of life?
- 4) What questionnaires of CWRQoL are available?
- 5) What factors are associated with CWRQoL?
- 6) What strategies have been implemented and evaluated that addressed CWRQoL ?

Eligibility

Type of study

**Primary research studies
qualitative, quantitative or
mixed methods.**

**Systematic reviews, meta-
analyses and other types
of evidence synthesis.**

Protocols.

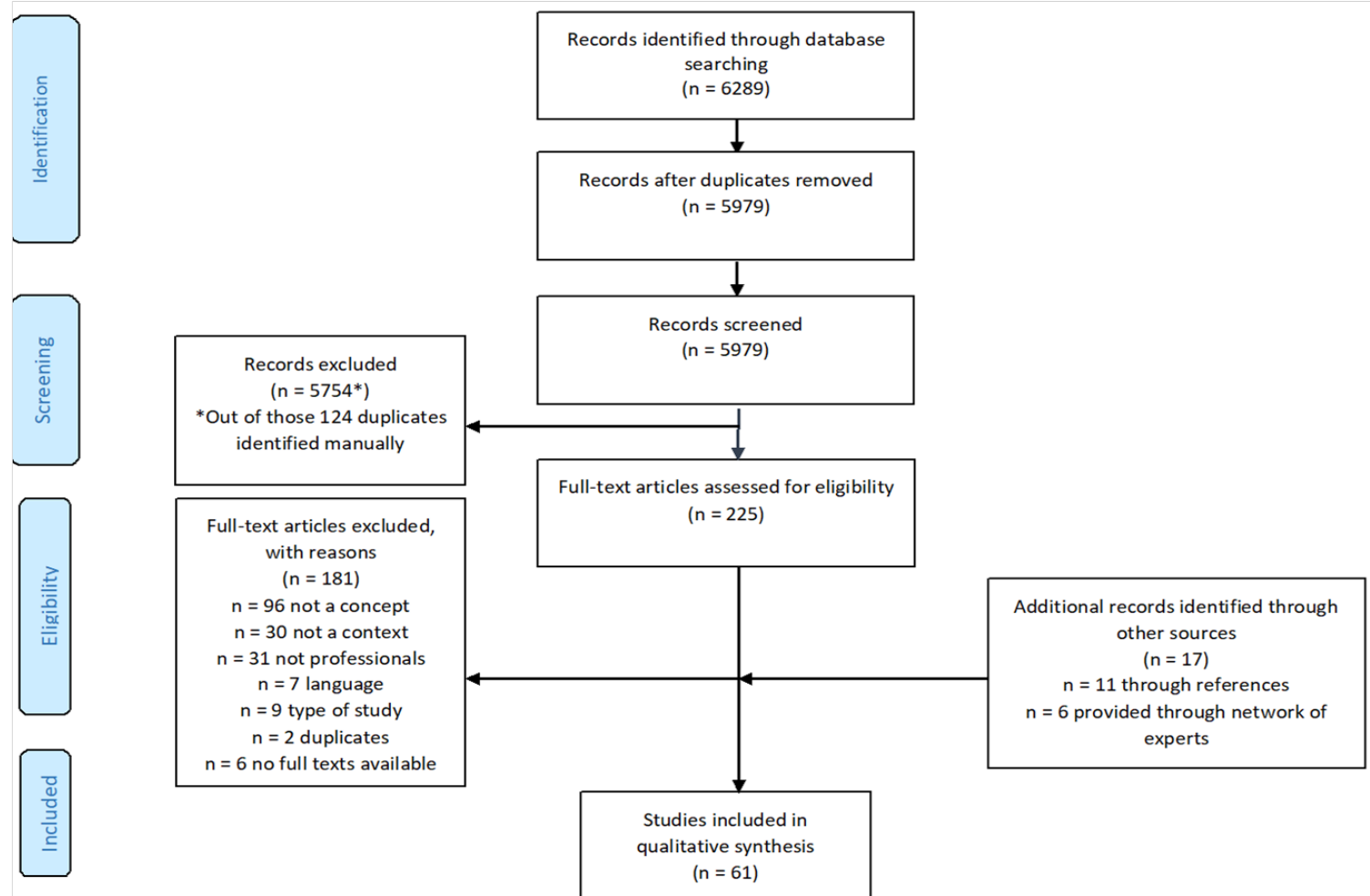
Language

English

Time restriction

None

Flow chart of studies identified in the literature search



Definitions of WRQoL

There is an absence of an agreement on a definition of CWRQoL

A variety of terms to describe CWRQoL:

- **Work psychosocial characteristics**
- **Job characteristics**
- **Work environment**
- **Work situation**
- **Working conditions**

Six key components of CWRQoL

1. Organisational characteristics:

- Working culture
- Working climate

2. Job characteristics:

- Job–person match
- Autonomy/Control at work
- Time
- Responsibility for people
- Learning and growth opportunities/self-actualization
- Meaningful work
- Feedback from work

3. Mental wellbeing and health

- Compassion satisfaction
- Compassion fatigue
- Burnout/Work engagement
- Mental well-being

4. Physical wellbeing and health

5. Spillover from work to home

6. Professional identity

Measures of WRQoL

Table 1. Characteristics of sources of evidence and identified key areas of work-related quality of life they reflect

	Study citation	Country	Study design	Context	Type of participant	Measures of WRQoL	OC	JC	MWaH	PWaH	S	PI
STUDIES IDENTIFIED THROUGH DATABASE SEARCHING												
1	André, Sjøvold et al. 2014(1)	Articles from the USA and Canada	Evidence synthesis	Nursing homes	Administrators; ombudsmen; department staff, different kinds of healthcare workers	Not applicable	●					
2	Arts, Kerkstra et al. 2001(2)	Origin of studies included not reported	Evidence synthesis	Domiciliary care	Home help aides	Not applicable	●	●	●	●		
3	Arts, Kerkstra et al. 1999(3)	The Netherlands	Cross-sectional	Domiciliary care	Home helps	<p>Workload: 'Experience and Assessment of Work'(4)</p> <p>Psychological and physical outcomes: <i>job satisfaction</i>: from Boumans(5)</p> <p><i>burnout</i>: the Dutch translation of the Maslach Burnout Inventory (MBI-NL)(6)</p> <p><i>health</i>: a self-assessment of general health</p> <p>Capacity for coping: <i>social support</i>: from the Organizational Stress Questionnaire (VOS-D)(7)</p> <p><i>leadership style scale</i>: by Boumans(5), based on the Algeza(8)</p> <p><i>ways of dealing with problems</i>: shortened version(9) of the Utrecht Coping List (UCL)(10)</p>	●	●	●	●		

Measures of WRQoL

- Quality of Work Life Measure (13 items);
- the Professional Quality of Life (ProQOL) Scale and its revised version, the Professional Quality of Life Scale-Revised (ProQOL));
- Leiden Quality of Work Questionnaire (LQWQ);
- the Nordcare survey;
- the 15-item version of the Social Production Function Instrument for the Level of Well-being;
- the Work-related quality of life scale



Strategies implemented and evaluated in adult social care that addressed WRQoL

Article

Improving Quality of Work life for Care Providers by Fostering the Emotional well-being of Persons with Dementia: A Cluster-randomized Trial of a Nursing Intervention in German long-term Care Settings

Charlotte Berendonk

tia

Dementia
2019, Vol. 18(4) 1286–1309
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DOI: 10.1177/1471301217698837
journals.sagepub.com/home/dem

SAGE

The DEMIAN intervention provided tools to staff to improve situational wellbeing and experiences of meaning and purpose of people living with dementia.

This in turn led to significantly decreased time pressure and decreased job dissatisfaction for intervention group providers.

Summary

No agreement on WRQoL

WRQoL is a complex concept consisting of several components

Some existing measures may be potentially of interest but do not appear to address all elements of care work

Evidence on strategies how to improve WRQoL of people working in adult social care is almost entirely lacking



Deductive/Inductive process

INTERVIEWS AND FOCUS GROUP DISCUSSIONS WITH CARE
WORKERS, CARE MANAGERS AND STAKEHOLDERS

Fieldwork: Care workers and managers

Aims

- To explore how working in social care impacts on the life of frontline staff and managers
- To find out if the components of CWRQoL established in the scoping review resonated with frontline staff and managers

Additional aim for managers

- To explore how they and their organisation support staff wellbeing

3 focus groups

- 2 with managers
- 1 with frontline staff

4 individual interviews in place of focus group

- 1 manager/frontline
- 3 frontline staff

2 written responses

- Both frontline staff

Total number of participants:

- 6 managers
- 10 frontline staff
- 1 deputy manager who also worked as carer

Fieldwork: Expert stakeholders Interviews

Aims:

- To get key stakeholder and policymaker perspectives on CWRQoL components
- To explore how best a tool like this could be used in the sector
 - Barriers and facilitators
 - How best utilised
 - Knowledge of other existing tools
- To investigate how organisations, support care staff wellbeing/ CWRQoL

12 interviews

Job roles included CEOs, Directors, Academic lecturer, workforce statistician, independent consultant

Organisations included various charities, Think Tank, Workforce organisations, Government

Data synthesised using framework approach, based on aims and structure of interview

Analysis

Framework approach (Ritchie and Spencer, 1994)

- Thematic framework established in scoping review stage
- Transcripts indexed against themes

Mapping and interpreting the data

- Searching for patterns and associations
- Establishing a structure



Identifying additional domains and subdomains of CWRQoL

What was important for care workers

How the organisation is run

- Leadership, diversity, support, communications ...

How care tasks are done/what CWs do

- Autonomy, time, physical and mental demands, meaningful work, person match, relationships, responsibilities ...

General job characteristics

- Working conditions, pay and reward, career progression, contracts and working hours ...

Professional identity

- Being valued ..

Impact on care workers



Mental/emotional wellbeing

I occasionally just kind of get compassion fatigue, and a kind of , not overwhelmed, but I get kind of like burnt out from they ask a lot from us emotionally (CW, community support, male)



Physical wellbeing

There are periods when it is all consuming and it's all I can think about and I don't sleep, I don't eat properly, I stop exercising (Care manager, community support, male)



Financial wellbeing

Low pay – inability to have financially secure life[...] Better pay so I do not have to pick up so much overtime to have enough money to provide my needs. (CW, care home, female)



Spillover from work to home

I can't remember having a holiday, or it's been a long time since I have actually had a holiday where I haven't been interrupted whilst being awaybecause you're kind of waiting for that phone call to come through (FG, manager, care home, female)

CWRQoL domains and sub-domains

CWRQoL components established in scoping review confirmed by both participant groups (frontline staff and managers)

- Some new themes emerged
 - Financial wellbeing

Areas that were mentioned most often included:

- Opportunities for learning and growth
- Social support and relationships
- Communication
- Working hours
- Spill-over from work to home



The utility of a CWRQoL tool

Key themes

Perception of tool-

- Important to know *how* data will be used
- A helpful resource rather than 'a stick to beat with'
- Want to know that the tool was developed using rigorous methods
- Good to have a standardised tool for social care

Requirements for tool

- Sensitive to change
- Adopted into *or* supported by national framework/policy
- Consider how to make changes, rather than just measure
- Reflective of the diversity and complexity in the sector

CWRQoL Scale Utility

Benefits

- Assists in improving recruitment and retention;
- Financial benefits;
- Contributes towards an understanding of performance

Barriers

- Existing information demands;
- Time and cost;
- Fear and suspicion of purpose;
- Difficulties in engaging with care providers

Considerations

- Coverage (local/national);
- Type of setting (care homes, domiciliary);
- Workforce diversity;
- The format of a tool

Developing a Practice Guide

SUPPORTING THE WELLBEING OF CWS AT WORK

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Three part guide in plain English:

Part one: what affects care worker wellbeing?

Part two: what do social care workers need to ensure wellbeing at work?

Part three: potential support mechanisms



Feedback from research advisors:

“Layout is great. The formatting and layout make it inviting and easy to read and comprehend.”

“Clear headings and sub headings, however, as the quotes are so pertinent, can’t help feeling that they need to jump out a bit more to make the reader read them.”

Structure

1: what affects care worker wellbeing?

- Summarises main points from qualitative work (all illustrated with quotes)
 - Resources
 - Working conditions
 - Leadership
- Feedback from our research advisors:
 - “The content makes perfect sense. It is clear, concise and highly impactful. The key messages regarding care worker concerns, resourcing, time come across loud and clear.”
 - “Content is clear and well written, using language which is not too technical, user friendly in other words.”

2: what do social care workers need to ensure wellbeing at work?

- Applied the ABC Framework of core work needs
 - **Autonomy** – the need to have control over their work lives, and to be able to act consistently with their values.
 - **Belonging** – the need to be connected to, cared for, and caring of others around them at work, and to feel valued, respected and supported.
 - **Contribution** – the need to experience effectiveness in what they do and deliver valued outcomes.

(West, Bailey and Williams, 2020)

- Positive feedback from two social care stakeholders on use of this model.

3: potential support mechanisms

Primary: targeted at workplace factors that cause stress and negatively affect wellbeing (e.g. staff ratios, autonomy over shift patterns).

Secondary: support staff to cope with the stresses of their job (e.g. resilience training)

Tertiary: provide remedial support after wellbeing has been affected (e.g. counselling)

Quick et al (2013) divided interventions to improve mental health and wellbeing of staff into three levels.

Content Validity

CONSENSUS SURVEY



Survey purpose:

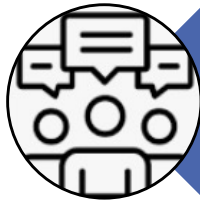
To seek feedback on the domains and items identified through

- Stage 1 (inductive: the scoping review)
- Stage 2 (inductive/deductive: focus groups and interviews)

...to establish **importance and priorities**, and to incorporate views of project participants and wider stakeholders in the **final selection** of CWRQoL scale content

Practical considerations

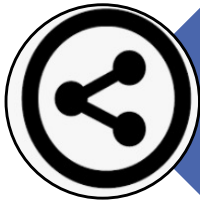
Three distribution routes



Previous participants
(n=17)



PAG and experts
(n= 82)



Care workers in England (targeted social media)

Survey design

Example modification following pilot feedback:

Addition of separate items for **impact of a client's death** *and* impact of caring for a client toward **the end of life**

“end of life largely goes unseen and is unspoken of, but it is part of the job... Also dealing with relatives of the dying and deceased, its a lot of responsibility that a carer has to take on”

Illustrative survey question

	Strongly agree	Agree	Disagree	Strongly disagree
Style of leadership and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision arrangements				
Feelings of trust and safety within organisation				
Feeling supported to do the job				
Job security				
Working hours and shift patterns				
Pay and benefits				
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to do the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Four-point Likert scale
 No neutral option
 (to encourage reflection on views)

Survey respondents

Total n= 35 (29 female, 6 male)

Role	Social media (n = 12)	Total (n = 35)
Care worker/senior care worker/ support worker/other direct care roles	8	10
Managerial or supervisory role	2	7
Care provider: employer or representative		5
Academic or researcher		9
Registered professional (e.g. social worker)		4
Administrative or support role		2
Policy-maker	0	2
Non-profit or charity based role	1	4
Unemployed	0	1
Other	0	1
Total	15	43

Total of 21 respondents identified with care roles



Some survey findings

Understanding 'work-related quality of life' for care workers:

Most important factors	Least important factors
Work factors outside your control (e.g. working conditions)	Non-work life affecting work-life
What you actually do in the job	Personal social factors (e.g. family support)
Work-life affecting non-work life	Personal psychological factors

Survey findings

Order of importance of domains identified in Stages 1 and 2:

1. Financial wellbeing
2. **Mental wellbeing***
3. Features of the organisation/employer
3= What care workers do in their jobs
4. **Impact of work on home-life***
5. Professional identity as a care worker
6. Physical wellbeing



Comments re impact of COVID-19

The public came out and 'clapped for carers' but then all the attention went away and the care sector is in a worse position than ever, it has been detrimental for many people in the sector and how they view themselves and their work

Although lip service was paid to carers (clap for carers etc.) we still feel completely forgotten and disparaged often by government



Synthesis of findings and developing a conceptual framework

Financial Wellbeing

- 2 sub-domains: 1 -Job security; 2 - Having enough money to meet needs

Mental Wellbeing

- 3 sub-domains (6 items) : 1- Burnout/exhaustion (3 items); 2- Satisfaction/motivations (2 items); 3- Impact of clients' loss (1 item)

Physical Wellbeing

- 4 sub-domains: Physical injuries; Adequate equipment to do work; Physical health (aches & pains); Impact on health behaviour (sleep, diet)

Organisational Features

- 5 sub-domains (11 items): 1- Sufficient staffing (1 item); 2- Management & supervision (3 items); 3- Working environment (2 items); 4- Training & Development (4 items); 5 – Pay & Benefits (1 item)

Nature of care work

- 4 sub-domains (16 items): 1- Time (4 items); 2- Relations (5 items); 3- Tasks & Responsibilities (5 items); 4- Care client's needs (2 items)

Recognition of Care Work

- 2 sub-domains (5 items): 1- Feeling valued and respected by (4 items); 2- Professional identity

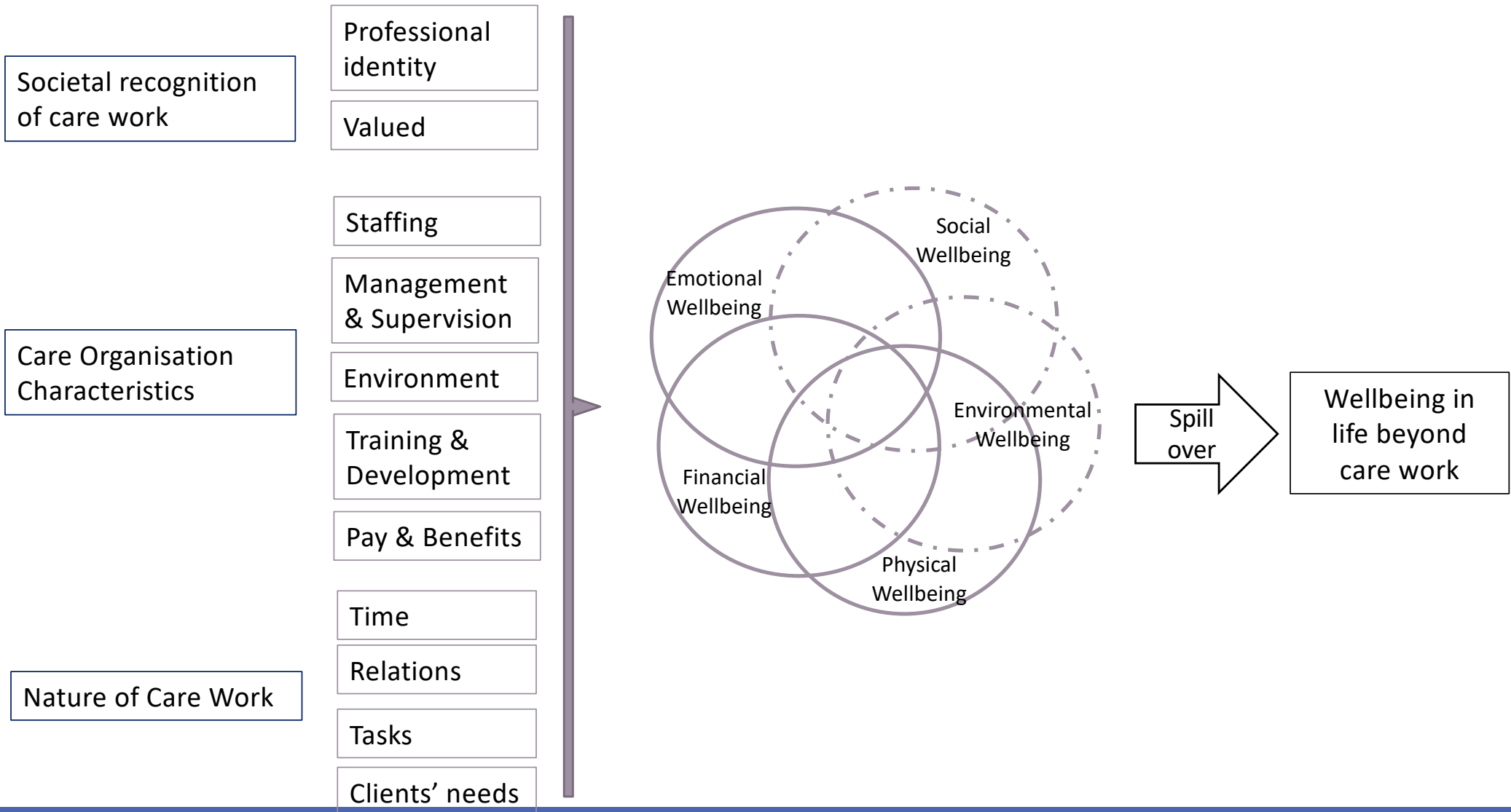
Work-life spill-over

- 3 sub-domains: 1- Work limits out of work activities; 2- Positive mood from work improves personal life; 3- Negative work-related thoughts stays out of work

Care workers' CWRQoL definition

- Integrates concrete aspects of work & subjective experiences
- Care workers' CWRQoL domains are dynamic and interactive constructs
- Based on the findings of this research we propose the following definition of care workers' CWRQoL

At a particular time, a care worker's work-related quality of life corresponds to their experiences of work tasks, determined by and rewarded within an employment context in which interacting emotional, physical, social and financial components of wellbeing are impacted in work life and non-work life, and potentially shape their engagement with care.



Discussion & Conclusion

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Discussion



One underlying factor (Care Organisation Characteristics) could be measured by existing scales



Two underlying factors are specific to care work: Nature of care work and societal recognition of care work



An inductive, deductive process involving evidence gathering and data generation with content validation Identified seven domains and sub domains/items of CWRQoL




Three factors underlining the domains with three components of CWRQoL impact were identified

Conclusion

Aspects of wellbeing

We were able to identify the components of emotional, physical and financial wellbeing of care workers + Spell-over to home



There are potentially other elements of care work wellbeing we couldn't fully capture: social and environmental wellbeing

COVID-19 impact



Mental/emotional wellbeing



Spillover from work to home



Next Steps

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Effects of CWRQoL beyond the scope of this project



Impact on quality of care and users



Unplanned work absences

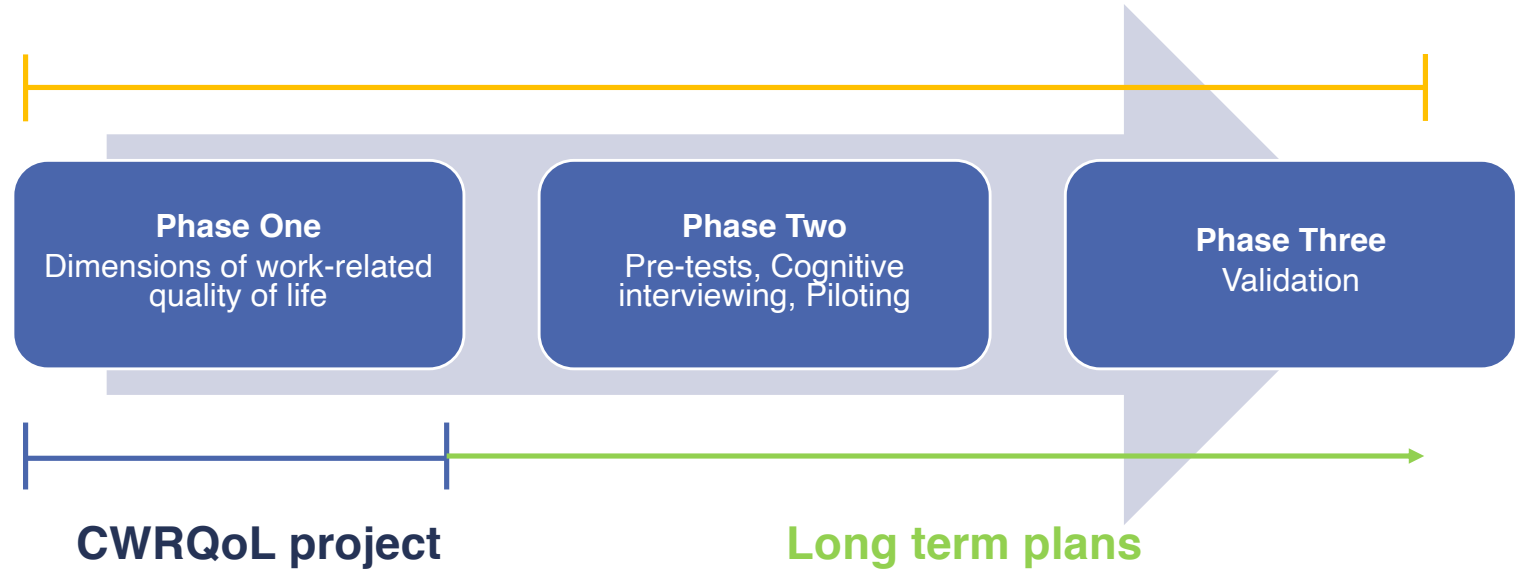


Retention and exiting the sector

Anticipated Impact

Scale Development

Long term plans



Short term plans





Project Team:

Shereen Hussein: shereen.Hussein@lshtm.ac.uk

Ann-Marie Towers: A.Towers@kent.ac.uk

Nadia Brookes: N.K.Brookes@kent.ac.uk

Petra Mäkelä: Petra.Makela@lshtm.ac.uk

Sinead Palmer: S.E.R.Palmer@kent.ac.uk

Barbora Silarova: B.Silarova@kent.ac.uk

➤ Project website:

<https://www.pssru.ac.uk/ascotforstaff/homepage/>