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The Impact of a Public Health Crisis on the Well-Being of UK Senior Care Home Staff: A Qualitative Interview Study

RESEARCH

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ABSTRACT

Context: Care homes in the UK were hit badly by the COVID-19 pandemic, with numerous outbreaks and deaths of residents and staff.

Objectives: To capture the impact of the pandemic on care home staff well-being and share insights and learning about how to optimise support for the workforce.

Methods: Fifteen senior care staff from care homes looking after older people in England were interviewed between December 2020 and March 2021, when the sector was still under strict restriction measures. The topic guide was developed in consultation with care home staff. Interviews were transcribed and analysed using a reflexive thematic analysis approach to identify themes and sub-themes of the impact on staff well-being.

Findings: The impact of the pandemic was overwhelmingly negative, with those interviewed reporting both mental and physical health implications. We identified three themes: emotional exhaustion (upset and trauma, increased responsibility and workload, feelings of guilt); frustration (feeling misunderstood, undervalued, unrecognised, abandoned); and relationships (the importance of supportive working relationships within the care home and with external agencies).

Limitations: Staff interviewed were managers or in other senior roles; it would be beneficial to synthesise this research with studies involving other care home staff and residents and their relatives. Given the disparate nature of the care home sector, a larger sample may have identified additional insights.

Implications: This study provides insight into the resilience of care home staff during the pandemic and challenges to this; this could help to inform future efforts as to support of the workforce and sector.

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INTRODUCTION

There are approximately 15,000 care homes in England, and around 430,000 people live in them. Care homes are essential to the health and social care system, providing care for people who often experience multiple health and other problems and who are often approaching the end of their lives (Gordon et al., 2014). The COVID-19 pandemic in the UK raised many challenges for care homes, their residents, and families and the staff who look after them (Devi et al., 2020). Care home residents are at high risk from COVID-19 because of their age, co-morbidities, frailty, cognitive impairment, and dependency (Gordon, 2020). A study published in August 2020 found that of all UK COVID-registered deaths, 31% had occurred within care homes (Bell et al., 2020), and another study highlighted that approximately 6 in 10 care homes in the UK had experienced at least one death due to COVID by August 2020 (Morciano et al., 2021). Between 14 March 2020 and 21 January 2022, there were 45,632 deaths of care home residents in the England and Wales involving COVID-19 (ONS, 2022). There were 469 deaths involving COVID-19 of social care workers (ONS, 2021), and social care workers were estimated to have twice the death rate due to COVID-19 compared with the general population (The Health Foundation, 2020b); care home workers and home carers accounted for 76% of all COVID-19 deaths within the social care workforce (The Health Foundation, 2020a).

Though care homes were mentioned in early COVID guidance in relation to hospital discharge, it was not until almost a month after the initial national lockdown and closure of schools that the UK government published an action plan for social care (PHE, 2020). By that time, many care homes were struggling with sourcing personal protective equipment (PPE), medical care, and supplies for their residents, and staff absences were common due to sickness and self-isolation. COVID-19 outbreaks within care homes meant that when hospital deaths began to decline, care home deaths did not (ONS, 2020). Guidelines changed rapidly in the first few months of the pandemic (Marshall et al., 2021), and routine support provided to care homes by external agencies, including General Practitioners (GPs) and community-based multi-disciplinary teams, was minimised to help infection control. In the absence of usual levels of external support, those working in care homes had to rapidly adapt to new working practices and reduced in-person support services, increasing the volume and intensity of work for care staff (IPPO, 2021). The sector also faced ongoing threats around the shortage and absence of care staff (Fotaki et al., 2023).

Despite the social and economic importance of the role they play, care workers are often paid minimum wage, and the work is considered of low status (Hussein, 2017). Further, the sector is fraught with challenges due to a lack of funding, poor integration with the wider health and social care system, and problems with recruiting, training, and retaining staff (The King's Fund, 2014). The first wave of the pandemic demonstrated how little data was available about social care (ONS, 2020), and the government has subsequently acknowledged a previous lack of investment in the sector, pledging to provide additional funds to 'reform' the system (DHSC, 2021). A study funded by the National Institute of Health Research is also seeking to develop and test a minimum data set for care homes which will contribute to understanding more about the UK social care data landscape (Burton et al., 2022).

Prior to the COVID-19 pandemic, research suggested that 80% of NHS care staff felt that their health and well-being had an impact on patient care (Boorman, 2009), over a third of staff felt unwell due to work-related stress, and almost two-thirds reported coming to work despite feeling unable to carry out their duties (NHS England, 2015). Further, poor staff well-being and moderate to high levels of burnout have been associated with poor patient safety outcomes (Hall et al., 2016). There is relatively little knowledge about this in relation to care home staff compared to the NHS. However, many care home staff build strong and lasting relationships with care home residents, and the impact of the pandemic brought additional stress and worry. Indeed, the rate of burnout was the highest known in both the NHS and social care in 2021 (HoC, 2021). Whilst there is some research on the impact of traumatic events on healthcare staff, such as Hurricane Katrina and the SARS epidemic (Battles, 2007; Lee et al., 2005), there is surprisingly little research on the mental health and well-being of care home staff.

The World Health Organization (WHO) identified well-being as central to its definition of *health* as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2020). The definition of *well-being* is a broad construct that encompasses multiple dimensions, and *subjective well-being* refers to the individual's internal subjective assessment of his or her own life based on cognitive judgements and affective reactions. This includes the psychological, social, and spiritual aspects of well-being. There are also numerous theories of well-being. For example, Seligman (2011) separates well-being into five domains, or building blocks: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA), which he argues impact on well-being through their presence or absence.

The current study evolved from work undertaken as part of the wider University of Exeter and Care Homes Knowledge (ExCHANGE) Collaboration, in which care staff and residents' relatives identified the well-being of care home staff as an area of key importance requiring investigation. Surveys conducted in 2020–2021 by colleagues at Ulster University found that scores for

self-reported well-being amongst UK social care staff decreased from summer 2020 to winter 2020–2021, indicating increased rates of depression and anxiety amongst the staff group (McFadden et al., 2021). For this reason, along with the case laid out above, we aimed to examine the perceived impact of the pandemic on care home staff's well-being, and to consider any lessons that might be learned to inform how best to support the workforce going forward into the future.

METHODS

AIM

The aim of this paper is to share the insights and learning from a study of UK care home staff about the real-life impact of COVID-19 on their well-being and to consider the implications for optimising support to ensure the best quality of life for people working and living in care homes.

Review and approval for the study were obtained from the University of Exeter Medical School Research Ethics Committee (reference: Aug20/B/253).

SERVICE PROVIDER AND FAMILY MEMBER INVOLVEMENT

The study included a stakeholder involvement group consisting of two senior care home manager representatives from local care homes and two people with older relatives who either recently lived or were living in a care home. They provided feedback on the protocol for the study, the topic guide, and interpretations from the analysis. All participants were provided with an information sheet about the study and an opportunity to ask questions before giving their written informed consent to take part.

PARTICIPANT SELECTION

Purposive sampling (convenience and snowball) consisted of seeking care home staff who were working in care homes in England during the COVID-19 pandemic that cared for older people. Inclusion criteria included the following: participants must be employed directly by the care home rather than by the NHS or Health and Social Care, they must be able to participate in the interview over the telephone or on Zoom, and they must be able to converse in English. Care homes could take part whether they had experienced an outbreak of COVID-19 or not. We contacted homes and organisations through existing links developed with research and care home networks nationally, on Twitter, and through help from the NIHR Clinical Research Network.

Staff who responded to the invitation were provided with an information sheet and a consent form to sign before participating. Out of 26 care home staff who initially expressed an interest, 15 provided official consent to be interviewed.

SETTING

The interviews took place between December 2020 and March 2021, during the second and third national lockdowns in England, with strict restrictions on travel, socialising, leaving your home, wearing face coverings, and self-isolation. Thirteen interviews took place virtually, via Zoom, and two over the telephone. Participants included managers and other senior care staff working in care homes from across England.

DATA COLLECTION

The interview topic guide was developed following consultation with local care home staff from the stakeholder group and was centred around gathering information on three main areas:

1. The impact of the pandemic on the well-being of care home staff.
2. Things that helped or maintained staff well-being during the pandemic.
3. How employers are supporting care home staff well-being during the pandemic.

Though the research aimed to capture information around all three of these points, given the volume of information to be reported, this paper focuses on the first two.

The interview began by asking for details about the participants' job roles and the care homes in which they worked. The main interview questions explored how working in a care home during the pandemic affected individuals' personal well-being, including their physical and mental health, as well as the things that they felt impacted on their well-being, both positively and negatively during this time (a full copy of the interview topic guide can be provided on request).

The interviews were 30–60 minutes in length, digitally audio-recorded (with permission), professionally transcribed verbatim (then checked by the interviewer), and anonymised. Reflective notes were completed by the researcher immediately or as soon as possible after each interview and were included in the analysis. The first author conducted all of the interviews.

DATA ANALYSIS

A reflexive thematic analysis process (Braun & Clarke, 2022) was used to analyse the interview transcripts, supported by the NVivo 12 analysis software (2018). The first and last author were involved in the data analysis. Firstly, we underwent familiarisation and immersion with our interview data, including generating a summary of our overall impressions from each interview and a list of potential codes. Then we developed a coding framework to manage, organise, and reduce the data based on our research focus (deductive) and to capture unexpected codes (inductive). The interview transcripts

were then coded in NVivo. We discussed our initial coding of two transcripts to ensure consensus and resolved any discrepancies via discussion, leading to minor amendments to our framework. We then extracted codes from NVivo and identified themes in the interview data. Interpretations were shared with the stakeholder groups and the themes further refined.

RESULTS

Care staff interviewed as part of the study were mostly managers of care homes (n = 13) or in other senior roles (n = 2), and each was based in a different care home. This included 13 individuals who identified as female and 2 as male. The care homes varied in location, size, type, and Care Quality Commission (CQC, the independent regulator of health and social care in England) rating. These details can be found in Table 1. Ten of the care homes had experienced at least one outbreak of COVID-19, which is defined as two or more confirmed cases in the care home (UK Government, 2021). Two care homes had cases confirmed in staff but not residents, and three care homes had not had any confirmed cases at the time of the interviews. Of those care homes in which outbreaks had occurred, two homes reported during the interview that they had lost around a third of their residents, five reported losing 20%–25% of residents, and the other two homes reported that less than 15% of their residents had died following a COVID-19 infection. Most care homes reported further (confirmed or suspected) cases of COVID-19 in surviving residents and staff.

We organise our findings below in themes and sub-themes, which were identified from the analysis of the interviews (Table 2), and provide quotations to illustrate the findings where appropriate (quotations are edited for clarity/anonymisation).

EMOTIONAL EXHAUSTION

All interviewees told us that they felt emotionally exhausted from working in a care home throughout the pandemic. Within this theme, we included examples of where staff described experiencing upset and trauma because of their caring role and the experiences they had; an overwhelming sense of responsibility towards residents, other staff, and residents' relatives; an increased workload; and feelings of guilt. Almost all the impact described was negative, and there was no mention of any positive impact of the pandemic on

KEY THEMES	SUB-THEMES
Emotional exhaustion	Upset and trauma Increased responsibility and workload Feelings of guilt
Frustration	Feeling abandoned Feeling undervalued and misunderstood
The importance of relationships	Working relationships Relationships with residents' families and the community

Table 2 Key themes and sub-themes identified in the data.

ID	TYPE	SIZE (BEDS)	LOCATION IN ENGLAND	CQC RATING	EXPERIENCED OUTBREAK
1	Nursing	38	SE	Requires improvement	Yes
2	Residential	5	SE	Good	No
3	Nursing and residential	59	SE	Good	No
4	Nursing and residential	150	SE	Outstanding	Yes
5	Nursing (high level for dementia)	20	NW	Inadequate	Yes
6	Residential	18	NE	Outstanding	No
7	Residential	52	SE	Requires improvement	Yes
8	Residential	39	NE	Good	Yes
9	Residential and nursing	45	SE	Requires improvement	Yes
10	Residential	12	NE	Good	No
11	Residential	20	NE	Good	Yes
12	Residential and nursing	60	NE	Good	Yes
13	Residential—short stay recovery	17	SE	Good	Yes
14	Nursing	66	SE	Good	Yes
15	Respite care	9	SE	Good	No

Table 1 Details of care homes participating in the research.

interviewees' well-being. Below we describe the sub-themes in more detail.

Upset and trauma

All staff who were interviewed expressed feelings of upset, distress, anxiety, and trauma as a result of working in a care home during the pandemic. Many care homes lost numerous residents during outbreaks, and some passed away so quickly and in such close succession that it was difficult for staff to process it all. Many interviewees shared that they struggled with being unable to support residents and their relatives in the ways that they normally would at the end of life, such as hugging relatives, spending extra time with residents, and attending funerals. This was mentioned by many as being particularly difficult in the care home setting, where staff and residents know each other very well. Some staff were concerned about their colleagues and felt that there may be long-term negative effects on staff mental health. The managers and senior staff interviewed said they felt drained by the pandemic. For some, the personal sacrifices of not seeing family and friends to isolate themselves so as not to put care home residents at risk added to the upset and stress of the situation.

Increased responsibility and workload

There was an overwhelming sense of individual responsibility felt by the staff whom we interviewed, which led to increased levels of stress and anxiety. This is perhaps not surprising given that the staff were managers or in other senior roles within the care homes. They reported feeling the need to lead and support their teams even when they were struggling themselves and described feeling unable to take a break or pass responsibilities to others; both of these things contributed to their stress and exhaustion. There was a strong feeling of responsibility towards other staff and residents; interviewees reported trying to support them through regular communication and one-to-one catch-ups and by maintaining a positive working environment.

The responsibility felt by staff interviewed went beyond ensuring that the residents and staff were well cared for. They described how closing their doors to relatives meant that they had to spend more time communicating with them instead and updating them by phone or email. This was also true for communicating with other professionals who would usually come into the home, such as social workers and GPs.

Every one of our interviewees said their workload had increased because of the pandemic. The extra work included longer hours and taking on extra shifts to cover staff who were sick or isolating. The additional tasks required because of changing guidance, testing, vaccinations, infection control, and all the associated administration also meant more work. Many staff said they had been unable to take time off even when they really felt like they needed a break.

Feelings of guilt

Our interviewees described feeling guilty, and this related to several things: when an outbreak occurred, for 'letting' the virus into the care home; when residents or staff became unwell; having to confine residents to their bedrooms; and having to stop relatives from seeing their loved ones. The ongoing worry led to some staff developing their own physical health issues, such as having difficulty sleeping, drinking alcohol, or having raised blood pressure.

Many interviewees said they felt guilty about not being able to support residents at the end of their lives in the way that they normally would. For many managers, the end-of-life process was very important, and care homes had expectations of how they were to support staff, residents, and relatives through this process. Some thought that the additional pressures of the pandemic meant that this did not happen in the way they would have liked. Interviewees also felt guilty about being emotional in front of other staff and not keeping on top of everything, for 'letting the staff down' when they were working from home, and for staff losing their jobs because the care home was in financial difficulty.

Quotes illustrating the theme of emotional exhaustion are shown in Box 1.

FRUSTRATION

When we asked the managers and senior staff about the impact of the pandemic on their personal well-being, all reported experiencing frustration. The sources of the frustration varied but included feeling abandoned by other professionals and services and feeling that care home workers were misunderstood, unrecognised, or undervalued.

Feeling abandoned

Almost all interviewees shared a feeling of frustration about the lack of support provided by external agencies during the pandemic. Whilst care staff were still trying to do their jobs and care for residents, supporting services, including GPs, district nurses, social workers, and other professionals, were no longer working in the usual way. Some services became remote, such as video GP consultations and telephone social work meetings, and other services, such as chiropody, just stopped. Almost all interviewees reported experiencing issues with accessing basic PPE for staff, such as masks and aprons. This caused tremendous frustration, particularly when compared to the availability of such things for NHS workers. Some staff also described the government providing them with poor-quality or out-of-date PPE, which was also described elsewhere (Dyer, 2021), and feeling frustrated that this

Box 1 Emotional exhaustion; quotes from interviewees.

'It is going to scar us for life, to be perfectly honest. I know if I put myself back in the place, on a particular day, I know that I will cry, even now.'

'Your brain is so saturated that you cannot retain things. Suddenly you have to learn to do everything.'

'I'd worked in the NHS before I came into this role. But there's always somebody there to take over with the next shift. … Whereas as a care home manager everything stops with you, and that was the hardest thing … that there was nobody else to hand it over to.'

'One of my staff members … was so ill I thought, "Oh, we're going to lose them with COVID," and I was the one that had been telling them, "Oh, you'll be alright. Get your PPE on and dah da dah." It'll be my fault. You know, I think the managers that I've spoken to, a lot like feel like me now, that they're the ones that say, "Oh, you'll be fine. Get your PPE on." Because we've got to. Because we've got to have staff for the residents.'

'My worst thing that I'd felt that people didn't die here with dignity, because you had to choose who's the next person you're going to help turn, or go into, or sit with, or wet their lips and no relatives. It was exhaustion mixed with a sense of failure because of this with the lack of dignity.'

was allowed to happen and that many deaths may have been avoided if the equipment had been effective.

Feeling undervalued, unrecognised, and misunderstood

All the staff we interviewed felt that the care profession was undervalued and unrecognised, especially compared to the NHS. Almost all those we interviewed made this comparison and expressed specific issues with how the public were encouraged to 'clap for the NHS' but that social care received no such recognition or support. (The Clap for Our Carers (https://clapforourcarers.co.uk/) was an official applause that happened weekly across the UK during the first national lockdown in 2020 to thank NHS workers for their hard work.) Many staff thought that the media more often depicted care homes negatively and that this had a negative impact for those working in the sector in terms of how they are perceived generally by the public. A few of the staff expressed hope that the pandemic would raise awareness of the dedication and good work of care homes and help to change how they are perceived and treated in the future.

Interviewees felt that many other professionals, local and central government, and members of the public did not properly understand or appreciate what it was like to work in a care home during a pandemic—the difficulties and complexities involved in keeping the care home running and in caring for residents—and how the COVID-19 pandemic exacerbated all the challenges that ordinarily exist working in this sector. Part of this included the constantly changing guidance announced in the media and subsequently having to manage questions from, and the expectations of, staff and residents' relatives. On the flip side, recognition was one of the things that staff felt had helped with their well-being, for example, when care homes had ensured that staff were thanked and acknowledged for their efforts or where residents' relatives and the local community made efforts to support the staff and demonstrate their appreciation. Where practical support was provided, such as equipment, food, accommodation, and taxi fares, this was also noted as helpful.

Quotes illustrating the theme of frustration are shown in Box 2.

THE IMPORTANCE OF RELATIONSHIPS

Relationships were highlighted as a source of support when they were positive and as a source of stress when they were not. Many of the staff we interviewed told us that supportive relationships with their own friends and family had been valuable for their personal well-being, and several expressed sadness at being separated from loved ones in order to protect care home residents and through working longer hours. In addition, interviewees said that supportive relationships with colleagues, other professionals, residents' relatives, and members of the local community were important and also contributed towards their personal well-being, as well as the well-being and resilience of the wider care home staff team.

Working relationships

Staff reported the impact of their working relationships on their personal well-being, including relationships with their care home staff team, the wider organisation, and external services. Almost all of the staff we interviewed highlighted that pulling together as a team within the care home was one of the things that helped them through the pandemic. Many also mentioned that this was a silver lining to the pandemic, in that teams had come together and supported each other and were closer as a result. A few noted that the pandemic had allowed some staff to demonstrate their commitment

Box 2 Frustration; quotes from interviewees.

'In the early days I think it was that feeling of abandonment, as well, because, you know, it's well documented now that it was all NHS, all NHS. You know, clap for the NHS and stuff like that. We were forgotten. As a sector … we weren't getting the PPE, we weren't getting the resource, and, unfortunately, as a result of that a lot more patients I'm sure have passed away than probably would have done if we'd have got the resources.'

'So we've had no Deprivation of Liberty Safeguards assessors in, no social workers, nothing. They're all working from home. So they phone up and expect you to drop everything and, two hours later, you're still on the phone. And you haven't always got that two hours. That is putting a lot of stress on managers.'

'It's exactly what we've always said about us being a Cinderella service and we're just on the end. We're just not even an added thought at times. We're just not there until somebody wants us. I think government and everybody just don't even think about us. We just don't exist.'

'I don't think the government help, because they announce, "Care homes are now doing this. Care homes are now doing that." But actually they've not spoken to the care homes! We're about a month behind by the time we get the protocols in place and systems set up. So then you've got families saying, "Oh Boris has said you can do this." And it's just like, "Hold your horses, we're not there yet!"'

'I think one of the things that's really hard is when you see such a lot of negativity about care homes, and we get bad press about an odd care home and every care home is tarred with that same brush. There are always going to be a very small amount of homes who don't do well. But when the press run with it, it's suddenly, "All care homes are doing a dreadful job." I think that negativity had such a really bad effect on care homes and the sector. And there's so much good practice out there. But the good practice never seems to get heard or recognised.'

to their caring roles; one interviewee mentioned that some of the staff who 'stepped up' were not the ones they expected to, and another said that a staff member was nominated for a national recognition award, which helped the staff group to feel like the work they were doing was valued after all. Specific things mentioned by the staff interviewed that helped them to work better as a team included the following:

- Having supportive senior staff to help with picking up shifts and sharing responsibilities where needed.
- Staff supporting one another, forming new friendships, keeping in touch, and providing emotional support to each other.
- Staff doing things to support the wider workforce, such as making face masks and providing counselling support.
- Staff demonstrating their willingness to step up and to adapt to the new work environment, working longer hours, and taking on new tasks as required to care for residents.

Some of the managers and senior staff reported that specific support from the organisation and care home management was helpful in meeting both their physical and emotional needs, such as ensuring that all staff had access to well-being support as well as essentials, including food and protective equipment.

Whilst there was huge variety in how well supported staff felt by external agencies, this was not related to whether the care home had an outbreak or not or how many residents were affected. Staff all felt that this external support was essential, and those who received it reported benefiting greatly. Some staff mentioned specific individuals who had been particularly helpful, such as community matrons, and others noted that the local authority had been very supportive. Some mentioned that a positive outcome of the pandemic was recognising the importance of working in partnership and that some of these relationships had been strengthened as a result of working well together. Factors highlighted as helpful about working together with other agencies included the following:

- Acknowledging that there is a mutual need for one another.
- Providing access to funding to support the care home, residents, and staff and to ensure the home is as safe as it can be.
- Having access to valuable support from other health and local authority professionals.
- Improving working relationships with external agencies such that future working will benefit as a result.

Relationships with residents' families and the community

Where the relatives of care home residents were kind and supportive, this was noted as something that really 'propped up' the care home. In addition, some of our

interviewees highlighted the support they had received from the local community, who had provided gifts to demonstrate their support and appreciation for the staff working at the care home. This had led to new and strengthened relationships with businesses and individuals in the community.

Many staff also mentioned their professional community as a source of support, such as other care home managers. This was sometimes through personal connections but most often through networks and groups on social media. Staff used these networks and groups to share and source information and guidance as well as to support one another.

Quotes illustrating the importance of relationships are shown in Box 3.

DISCUSSION

This study aimed to capture the impact of the COVID-19 pandemic on the well-being of care home staff in England. Findings from our interviews indicate a significant impact on staff well-being, both mentally and physically. The impact described by staff was overwhelmingly negative, with emotional exhaustion being a major theme. Frustration was another major theme, with interviewees describing feeling abandoned and undervalued by external agencies, the media, and the wider public. The third major theme related to the importance of positive and supportive working relationships and constructive partnerships and was raised by all those interviewed as essential in navigating the pandemic.

Prior to the pandemic, there were already long-standing systemic challenges in the care home sector, including lack of funding, fragmentation, poor integration with health and social care system, and care work regarded as being low status (Marshall et al., 2021). The increased workload and demands generated during the pandemic exacerbated these pressures further and led to feelings of responsibility and guilt amongst the managers and senior staff we interviewed, resulting in many becoming physically and mentally exhausted. Emotional exhaustion is considered one of the key symptoms of burnout, a term typically used to describe the effects of work-related stress on the mind and body (WHO, 2019). In addition to exhaustion, burnout is also characterised by reduced professional efficacy. Some of the staff who were interviewed reported reduced confidence in their professional work and their ability to carry out their jobs as required, supporting the idea that the pandemic contributed to an increase in burnout amongst care home managers (HoC, 2021). Marshall and colleagues (2021) also reported increased stress experienced by care home managers during the pandemic.

Research has suggested that whilst care staff are particularly susceptible to work stress, there are certain factors that can increase or decrease the amount of stress experienced; for example, Islam and colleagues (2017) reported results from a survey of care home staff in Wales that indicated that carers working in nursing homes

Box 3 The importance of relationships; quotes from interviewees.

'They've been wonderful with what they've had to take on, and everybody's had to just do completely different jobs to what we were doing before, really. We never thought we would be working in these conditions and things, but everybody's just adapted to it.'

'I have to say our Community Matron Team held up the service, they propped us up completely. … It definitely taught me the importance of joint working, and, like I say, I just think community matrons now are my favourite in the whole wide world.'

'I think it's brought some organisations closer together … the CQC relationship, for instance. Our relationship with our Commissioners … we're extra pulling together now. They've become more accessible to us. … Before I might have been a bit more reticent to contact her in that way, and I'd probably have sent her an email. But now I know I can phone her up.'

'The relatives and friends of the people living here have been amazing towards me and my team. I got supportive emails back again, actually, often … that's helped me, I suppose, and my well-being. I've shared those with the staff. I've created a sense of us, not that they're outside and not allowed to come in. You know, they've been phenomenal.'

'One of the things that's been really good for me as a means of support are online forums for care home managers. … I've joined quite a few of those. You start to get an impression across the sector of what other care home managers are experiencing. … I think what's been really evident with that is that whatever I've been feeling, I'm not the only one.'

reported more stress than those working in residential homes and that staff who were trained in dementia care reported less stress and a more positive approach. These findings indicate the level of care provided by staff as well as how prepared the carer is to provide the care may be moderating factors in determining the level of stress the carer is likely to experience.

The findings from our study broadly fit within Seligman's (2011) key elements of well-being: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA). For example, the extent to which individuals can experience positive emotion about the past, present, and future differs according to their personal characteristics and emotional capital, that is, the effective use of one's emotions to enable success (Cottingham, 2016). An individual who is rich in emotional capital has high self-esteem, can self-regulate their own behaviours, has positive emotional energy (such as enthusiasm), is able to form emotional bonds with others, has resilience, gets along well with other people, and is optimistic. The findings from our study demonstrated individual differences between care home managers and senior staff with regards to their emotional capital, and those with low levels appeared to report greater struggles and feeling of isolation compared to peers with higher levels.

Those who took part in this study shared frustration at a lack of sufficient recognition and understanding from other organisations, the authorities, and the public. Whilst individual differences and personal outlook inevitably play a role in one's feelings of meaning and accomplishment (from Seligman's theory), this study also highlighted the importance of recognition from others in how valued and appreciated care staff feel for their hard work and dedication. Indeed, Hegel's theory of recognition (Hegel, 1977) suggests that recognition is of both normative and psychological importance and that in order to develop a practical identity, people fundamentally depend on the feedback of others (and of society as a whole). The staff who were interviewed demonstrated a huge amount of frustration at the differential treatment they perceived between the NHS and social care and at how the media stories predominantly portray care homes in a bad light. Many described feeling misunderstood and forgotten, and others underlined the benefit of supportive residents' relatives and the community, emphasising the importance of recognition for overall well-being.

Our study did not find any obvious differences in reported well-being between staff from care homes who had experienced outbreaks and the death of residents due to COVID-19 and those from care homes who had not experienced an outbreak. What did differ, however, was the amount of support received from and the quality of the relationships they reported with their wider staff team, other care homes, external agencies, residents' relatives, and the local community. This links to Seligman's 'relationships' element of well-being.

Positive, supportive, and collaborative working relationships were described as one of the most important things for managers and senior staff in navigating and surviving the challenges the pandemic imposed. These relationships contributed to the enhanced well-being of the staff interviewed, and of the wider staff group in the care homes they worked in, with those describing supportive relationships reporting a greater sense of well-being. The value of positive personal relationships was also highlighted by interviewees in supporting their personal well-being and resilience. The benefits of positive relationships for resilience have been documented in the literature (e.g., Hartling, 2008). Further, there is evidence to support social capital as an asset for resilience at both the individual and community level (Holt-Lunstad, Smith & Layton, 2010).

IMPLICATIONS

This paper provides a voice for care home managers and senior staff in relation to how they experienced the pandemic and identifies some of the factors they consider important in supporting care homes in challenging times, such as a pandemic. It is important to consider how to maximise the resilience of our care homes not only during a global pandemic situation, or during any other crisis, but also more generally as we come to depend more and more on residential care for our ageing population. With this in mind, an additional level that has not been considered in depth within this paper but is of critical importance is the precariousness of the sector and an attention to organisational resilience—that is, the ability of an organisation to prepare for, respond to, and adapt to both incremental and sudden changes if it is to survive and prosper (Denyer, 2017). Many of these structural issues are beyond the control of care home managers and senior staff but are clearly important and warrant investigation.

Supporting the well-being of care home staff in order that they can care for residents is integral to the normal day-to-day running of a care home, where the inevitability of illness and death understandably lead to heightened emotions (Islam et al., 2017). This is ever more important during a pandemic situation, where stress is further heightened, resources are reduced, and residents are even more distanced from their loved ones. Given the responsibility and pressure felt by managers, adequate in-house and external support is recommended to ensure that the burden of responsibility is shared and that managers receive sufficient support, both practically and emotionally. Adequate training is also required to ensure staff are as prepared as they can be, as this has been found to be a protective factor to emotional exhaustion. Further, efforts should be made to build staff emotional capital and increase their personal resilience to stressful situations such as the pandemic.

Many managers and senior staff involved in this study felt frustration at a lack of recognition and

understanding from people outside of the care home. Greater recognition of the hard work and dedication of care workers is important for staff to feel their work has meaning and that their efforts are appreciated.

Given that the importance of positive and supportive working relationships was raised by all those who were interviewed, efforts to bring statutory health and social care providers together, prepare local communities to support their care homes, and create truly collaborative working relationships are required to reinforce the great work undertaken by care home workers across England.

STRENGTHS AND LIMITATIONS

One strength of our study is its focus on the well-being of those working in care homes during the pandemic, which complements earlier research that centred on the well-being of people living in care homes. Staff interviewed were from a range of different care homes from across the country, and this research provides a detailed picture of the perspectives of managers and senior staff.

Given the diverse nature of care homes in England, a larger sample size may have identified additional information not captured in these interviews. However, as mentioned above, there was significant repetition of themes across interviews. It is also important to note that the interviews for this research were carried out between December 2020 and March 2021, during the third national lockdown, and as such only provide a snapshot of the situation during the COVID-19 pandemic in the UK.

Future research could look at synthesising these findings with other studies conducted during the COVID-19 pandemic that gathered information on the perspectives of other care home staff (i.e., not just those in senior or manager roles), care home residents, and the relatives of care home residents to ensure all relevant perspectives are being captured.

CONCLUSION

This study highlights the significant impact of the COVID-19 pandemic on the well-being of managers and senior staff working in care homes, both mentally and physically, and further exposes issues already prevalent in the sector. The impact shared by care home staff was overwhelmingly negative, with emotional exhaustion being a major theme. The perceived lack of support from external agencies and the public left feelings of frustration amongst many, who felt that they were not recognised for their efforts, particularly when compared to colleagues working in the NHS. Many felt misunderstood and forgotten. It has reinforced the importance of good collaborative working relationships and support from both within and outside the care home, both professional and personal. The insights in this paper offer important considerations of relevant factors to attend to for those who are involved in optimising support for staff working in social care, and in care homes in particular, as we move forward through and beyond the current pandemic and for any future public health crises.

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

All authors contributed to study concept, design and data interpretation. KW conducted the data collection, and KW and JD contributed to the analysis. KW drafted the manuscript, and authors JD, JTC, KL, VG, GCn, GC, CM, CA, and IL provided input and revisions. JD supervised the study. All authors read and approved the final manuscript.

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