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Title

Listening and Learning: a qualitative study of Scottish care home staff experiences of managing COVID-19

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: The serious outcomes of outbreaks of COVID-19 in care homes have been described. The experiences of professionals working through outbreaks has received less attention, missing opportunities to acknowledge and learn lessons. Care homes in Scotland are defined as 24-hour residential care facilities, some have on-site registered nursing staff. Three quarters are for older adults, with the remainder supporting those living with learning disabilities, mental health problems, physical and sensory impairments and substance misuse. Objective: To explore the experiences of care home staff in Scotland of managing COVID-19 within their homes to help inform understanding and future practice. Study Design and Analysis: Qualitative semi-structured interview study. From April to August 2022, 34 individual interviews were conducted with care home staff working in homes which experienced an outbreak(s) of COVID-19. Reflexive thematic methods were used to analyse verbatim deidentified transcripts. Setting: Adult care homes in Scotland. Population Studied: Social care professionals working in a range of roles and settings. Intervention/ instrument: Not applicable. Outcome Measures: A semi-structured interview guide was developed with input provided from care home representatives and other interested stakeholders, to explore the experience of managing COVID-19 in care homes from the perspective of care home staff. Results: There was no singular experience of COVID-19 outbreaks within care homes. We identified four broad groupings of homes with outbreaks, with overlaps in timing and severity. The national response to the COVID-19 pandemic resulted in fundamental change to care home relationships. Staff responded by adaptation in uncertainty. However, they were challenged by emerging inequalities. There were tensions between staff experience and evolving external approaches to regulation and oversight. All this change resulted in psychological impacts on staff. However, there was also widespread evidence of compassionate leadership and teamwork in their responses. Conclusions: The lived experiences of care home staff during the COVID-19 pandemic provide valuable insights applicable beyond the pandemic context around: recognition of the specialism of care home practice and value afforded by genuine representation and participation; the

need for individualising to individuals in their contexts and fostering respectful relationships across professional groups.