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Assignment Title: A qualitative study of organisational resilience in care homes in Scotland.

The health and social care sector have significant challenges, particularly within the UK's growing, aging population. Maintaining service consistency and best practice in this environment is vital to supporting the wellbeing of staff and residents. Alistair Ross et.al (2022) provides a valuable examination of this through their qualitative study of care homes in Scotland. By focusing on these experiences of the thirty-two participants –including staff, residents, families and an inspector-the authors explore daily challenges, human feelings and ways which staff maintain their well-being while providing care.

This research is incredibly important across the UK because there is a growing, aging population, meaning people are entering care homes much later in life with a wide range of complex health conditions. Many residents suffer from severe physical frailty alongside cognitive illnesses such as dementia and Parkinson's disease. Looking after individuals with these advanced needs requires an immense amount of staff time, emotional energy, and a deep empathy to ensure that vulnerable adults are receiving high-quality, dignified care daily.

Furthermore, the social care sector has suffered greatly and has not truly recovered from the aftermath of the COVID-19 pandemic. Care homes continue to battle severe staffing shortages and intense budget constraints alongside a heavy emotional and physical toll (Tulloch et al.2021). Frontline workers faced immense trauma, experiencing the direct loss and deaths of both vulnerable residents and their own staff colleagues.

Because of these everyday pressures, the main issue this research paper explored is how traditional, rigid paperwork and numerical auditing act as a barrier to care. The authors argued against forcing staff into box-ticking exercises. Instead, care settings must rely on organisational resilience. The real heart of the care home is the human, the teamwork, the staff, and the adjustments frontline staff make daily to keep residents safe. They are forced to carry the pressures of work while simultaneously maintaining a calm, reassuring environment. The impact of these systemics issues is felt most acutely by the residents and front-line staff who are caring for them. Residents face a decline in the quality of personal attention as staff shortages limit time spent on social interaction and individual support. Simultaneously front-line staff suffer from their workload intensifying, burnout and distress, as the focus on auditing does not account for the human-centred needs of the residents who require support (Chen et al. (2023).

The main objective of this research paper was to look at how care homes manage to keep going and survive under a massive amount of daily pressure. Instead of just focusing on the

mistakes that were made at the care home or what goes wrong, the researchers wanted to show what goes right because of the staff's pure diligence and hard work. Their core question was about exploring the big difference between the official, rigid rules on paper and what happens in real life on the shop floor in care homes. They aimed to show how frontline staff adapt to keep residents safe.

Research is the process of gathering information to answer a specific question or solve a problem. In health and social care, researchers typically choose between a qualitative, quantitative and mixed-methods system, each offering different insights into care delivery (Ayton et al. 2023).

Qualitative research is the 'human perspective'. Rather than just looking at the number's aspect, it focuses on the 'why' and the 'how' of human/personal experiences. It captures personal viewpoints, stories and emotions. This method is incredibly important in health and social care because it allows us to understand the reality of the individual (staff/residents etc.), which is something you cannot get from numerical data alone (Ayton et al.2023). For example, a researcher using qualitative methods might do one-to-one, open-ended interviews with frontline staff to ask about burnout. By listening to their stories, the researcher can uncover the emotional toll workers face when rigid paperwork forces them to cut short their time with vulnerable residents.

Quantitative research is essentially the 'numerical approach'. It involves collecting data that can be measured, counted and analysed with statistics. When researchers use this method, their goal is to identify patterns and averages across a large group of people. It is objective and can use audited records such as medication logs, incident reports or staff rotas to provide numerical evidence (Ayton et al. 2023). For instance, this could look like counting the exact number of medication errors on a shift or tracking the percentage of staff who leave the job each year. These numbers give a clear view of the structural issues occurring, but they cannot explain the underlying reasons or the emotional impact on the staff working the shifts.

Mixed methods research is the combination of both methods. It associates the numbers with the human perspective. By using both, researchers can get a more comprehensive view of the service, as the numerical data can highlight general patterns while the human perspective provides context to explain them (Ayton et al. 2023). A real-world example of this is a care home manager looking at a spreadsheet that shows a significant increase in resident falls. To understand the root cause of this trend, they would then hold a discussion

with the care team to learn about the daily challenges faced on the shop floor. This allows the management team to see the human stories behind the statistical data.

Having explained the different research methods, this section will now focus on the reasoning for choosing a qualitative approach.

Primary vs Secondary data

When gathering the evidence needed for research, it is important to distinguish between primary and secondary data. This is based on whether the information is being generated for the first time or if it has been taken from an existing source.

- **Primary data** is information that a researcher collects or collates firsthand for their own study. This is original data, gathered directly the source. For qualitative research, this involves human perspective methods like one-to-one interviews or focus groups. For quantitative research, primary data is gathered through surveys or audits to collect numerical evidence (Appleton and Rozansky, 2026). Gathering data firsthand is useful because the information fits the exact research question. However, in a busy care home, collecting primary data is very difficult. It takes a lot of time and planning to organise. Frontline care staff are very busy looking after residents and dealing with heavy workloads. Because of these daily pressures, staff simply do not have the spare time to sit down for interviews or fill out long surveys. This means that while primary data gives you fresh information directly from the staff, it is often too hard for a researcher to gather it themselves. The researcher must also get official approval and signed consent forms from managers and residents before any primary study can begin. This paperwork adds a lot of delay, which is another reason why primary research is difficult to complete, this is why secondary data is the most practical choice.
- **Secondary data** refers to information that has already been collected by other researchers or organisations for their own purposes. For example, a researcher might use NHS service records or findings from previous studies. Even if this data was not originally created for this specific project, it provides valuable evidence that can be analysed and applied to new research (Miller et al. 2025). Using secondary data is very efficient in health and social care because it saves a lot of time and money. In this assignment, the care home study by Ross et al. (2022) is our

secondary data. The original research team did the primary work by spending 68 hours observing care homes and interviewing thirty-two staff members. Because their findings are already published, we can safely use their results as evidence. Relying on this study gives the essay strong academic weight. It allows us to look at real workplace experiences and care pressures without needing to go into a fast-paced residential facility ourselves. This makes it a much safer and faster way to get reliable evidence for an academic essay ensuring that the research remains within the professional care standards and support the study's findings.

This report has explored the different ways research is carried out in health and social care. By comparing quantitative, qualitative and mixed methods research, I have gained a clearer understanding of how different types of data work. While primary research provides valuable insights from staff and residents, it is difficult to maintain in a busy care home environment. Using secondary data proved to be a more practical and efficient method for gathering real-time evidence, guaranteeing the research remains consistent with professional standards. I found it interesting to see how choosing the right method makes a difference, when needing to get a clear picture of what is happening in real-time.

Reflecting on this assignment, I have learned how vital it is to understand the difference between quantitative, qualitative and mixed methods research. Before starting, I did not understand the time required to conduct primary research, such as obtaining consent and approvals. Developing research skills has been a challenge but it has improved my understanding of finding and evaluating evidence. Moving forward, this knowledge will be essential for my university studies and my future career as a Medical Secretary, where being able to access and understand information accurately is important. In a medical environment, the ability to source reliable data quickly and accurately will be a key part of role, guaranteeing I can support clinical teams with confidence and precision.

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