

LCHS4007 Component 2 Report

Selected paper: Ross et al. (2022), *A qualitative study of organisational resilience in care homes in Scotland.*

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Introducing the Research Paper and Topic Development

The selected research paper for this report is Ross et al.'s (2022) article, *A qualitative study of organisational resilience in care homes in Scotland*, published in *PLOS ONE*. The authors are Alastair Ross, Janet E. Anderson, Santhani Selveindran, Tamsin MacBride, Paul Bowie, Andrea Sherriff, Linda Young, Evie Fioratou, Edel Roddy, Heather Edwards, Belinda Dewar and Lorna M. Macpherson. The main subject of the paper is organisational resilience in Scottish care homes. The article examines how care organisations respond to complexity in everyday work and how staff adapt their practice to maintain care quality.

This issue is important because care homes deal with elderly clients who have multiple physical, psychological and social care needs. According to Ross et al., (2022), care workers within care homes need to provide care to vulnerable clients at the same time as dealing with issues of efficiency, resource constraints, policy and regulation. This results in a difficult working environment whereby the quality of care can be influenced by issues such as staffing, documentation, time constraints and changes in client needs. There are also existing issues in care homes regarding quality care such as nutrition, oral care, pressure ulcers and medication administration. Care homes are complicated settings within healthcare and social care environments because care workers need to ensure the well-being of the elderly clients.

This paper examines care homes in Scotland and features the perspectives of care home staff, care home managers, care inspectors, care home residents, their families, as well as other health and social care professionals. This topic is crucial for UK health and social care due to the importance of care homes in terms of provision of support services for dependent elderly. Indeed, the quality of services in these facilities is directly related to residents' dignity, independence, safety and overall quality of life. The current paper is significant as it addresses the issue of improving care homes and focuses on systems thinking and resilient healthcare. Thus, instead of problem-oriented approach, it investigates how positive results are obtained through adaptation to complicated conditions (Ross et al., 2022).

Understanding the Purpose and Research Question

The purpose of the study conducted by Ross et al. (2022) was to comprehend the process of delivering care within Scottish care homes. In particular, the authors were interested in exploring how care home employees respond and adapt in case of facing challenging circumstances, for example, staffing shortages, needs and requirements of residents and organisation as a whole. Thus, the central goal of this study was to discover how to improve

organisational resilience in order to provide safe and effective care. The study was based on Resilient Healthcare theory and CARE model.

Understanding the Research Methods

Quantitative research is a form of research methodology where numbers are collected and analysed. Quantitative research is mostly used in instances where there is the need to measure, compare and examine relationships among variables. Quantitative data is often presented using figures, percentages, statistics, graphs, diagrams or tables. Within health and social care, quantitative research can be used to count the number of falls within a care setting, medication errors, infection rates, hospital admissions and satisfaction levels. This research methodology is helpful since it is able to reveal trends within a large population sample and make comparisons easier. However, it may fail to capture people's experience and behavior (Creswell and Creswell, 2018).

Qualitative research involves collecting information that is not numerical in nature, e.g., people's opinions, experiences, emotions, behaviors and meanings. Methods used in this approach include interviews, focus groups, observations and open discussion sessions. The use of qualitative research is appropriate where there is need to get insights on how people actually experience situations. Qualitative research can be used in the field of health and social care, where it may enable exploration of the processes of decision making, care experiences of the residents and reactions of the organizations to pressures within the organizations. According to Tong et al. (2007), qualitative research is especially helpful where the experience and perception of the participant have to be explored.

Mixed method research involves both the use of quantitative and qualitative research designs within one study. In other words, mixed method enables researchers to utilize numerical data like questionnaire scores or services and non-numerical data like interviews or observation data in their studies. One strength associated with mixed methods is that it enables researchers to have a more comprehensive perspective of research topics since numeric data can indicate the level or frequency of a problem while qualitative data explains the reasons for such problems or peoples' experiences of them. For instance, if the topic under research is care homes, the number of falls can be measured while the way falls risks are managed can be explained through interviews (Onwuegbuzie et al., 2010).

The use of qualitative methodology in the study by Ross et al. (2022) is evident. This is certainly relevant in view of the fact that the purpose of the research was to investigate the ways care is provided in care homes. The study aimed at understanding how care is delivered

on a day-to-day basis and what staff and organizations need to do in order to cope with complicated situations and make decisions and adaptations. In this respect, the authors note that it was decided to employ a qualitative methodology since it was more relevant to describe the way care work is done and how staff and organizations adapt.

Primary data implies new information gathered through direct research by the researcher for his own study purposes. It includes the use of surveys, interviews, focus group discussions, observation, and experimentation. Secondary data implies already existing data collected by someone else like journal articles, government documents, statistics, organisational documents and past studies. In the case of Ross et al's (2022) study, primary qualitative data prevailed since data was obtained directly from the care homes and participants. They conducted 68 hours of non-participant observation, 33 one-to-one recorded interviews, three focus groups, resident and family interviews and five round-table discussions. The sample consisted of care home managers, senior carers, care workers, nursing assistants, residents, relatives, inspectors, dentists, pharmacists, GPs, public health specialists and other stakeholders. From Table 1 in the article, it is evident that various care homes were involved in the study and also there were different professional perspectives. It enabled the researcher to comprehend the organisational resilience from multiple perspectives.

The data analysis was also qualitative. According to Ross et al. (2022), interviews, focus groups, and workshop data were transcribed. Using QSR NVivo 12.0, the authors managed transcripts, fieldnotes, visuals, and care documents. The analysis of the data was based on the Resilient Healthcare approach and CARE model. Firstly, the researchers looked into "work-as-done". Work-as-done refers to what care really looks like in practice not what is supposed to be seen according to policies or plans. Secondly, the themes of resilience within everyday care practices were outlined. The primary themes included care planning and the use of information, coordination of everyday care activities, and provision of person-centred care. This type of analysis was appropriate because it allowed demonstrating how staff responded to the actual cases of medication management, nutrition, oral care, mobility, fall risks, frailty, and end-of-life care. Some examples of the staff responses to the actual cases can be found in Table 2. These examples include prioritization of direct care due to staffing shortages and adaptation of assistance according to the changes in residents' needs. Thus, the qualitative approach to the data analysis helped researchers understand resilience in care homes as an everyday practice.

Conclusion

To summarize, the chosen research paper “Qualitative Study on Organisational Resilience in Scottish Care Homes” is a qualitative research which aims at exploring the issue of organisational resilience in Scottish care homes. According to the report, care homes are complicated health and social care facilities where professionals should meet the needs of residents and manage their resources and other factors. In order to explore these experiences and work routines, the researchers have chosen a qualitative research design because it allows to obtain information of qualitative rather than quantitative nature. With the help of observations, interviews, focus groups and round tables, the paper describes how care is provided and the role of resilience in it.

This report has enabled me to know the basic skills required to read and explain a research paper. I was able to recognise the title, the author(s), year, topic, purpose and research methods of a study. I also learned how to identify qualitative research and distinguish it from other types of research such as quantitative and mixed methods. The paper helped me to know the difference from primary and secondary data, and how the detailed evidence is collected by using the interviews, focus group and observation. It also demonstrated the ability of data analysis to provide themes for researchers from the participants' experiences. They will benefit children in their future study and work in health and social care as they require them to use evidence to think, improve the services they can provide and reflect on the quality of the care they provide.

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