

Module Name: Digital Skills and Research Methods

Module Code: LCHS 4007

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Individual Report

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Section 1:

Caring for older adults in care homes:

Ross et al. (2022) explored the organisational complexities associated with delivering safe, effective and person-centred care to dependent older people living in care homes. The study highlighted that care-home staff are required to support vulnerable residents with increasingly complex needs while simultaneously managing resource constraints, efficiency expectations, regulatory requirements and organisational priorities. Persistent concerns surrounding nutrition, oral care, pressure ulcers and polypharmacy further demonstrate the challenges involved in maintaining consistently high standards of care. These pressures are intensified by residents' disabilities and multiple long-term conditions, as well as the substantial impact of the COVID-19 pandemic on the care-home sector. The research also identified broader systemic challenges, particularly the historical separation between health and social care, which has negatively influenced staffing, funding and the implementation of quality-improvement initiatives within social care. Ross et al. (2022) suggest that Conventional approaches that primarily focus on identifying and addressing problems may be insufficient to achieve sustainable improvements within complex care environments. The I-SCOPE (Improving Systems of Care for the Older Person) project examined how care-home staff successfully balance competing priorities and adapt their working practices under continually changing circumstances. Using the theoretical framework of Resilient Healthcare and the CARE model, the study investigated organisational capacity to anticipate challenges, respond appropriately, monitor care systems and learn from experience, with the broader objective of identifying sustainable opportunities to enhance quality and safety.

This study is particularly significant within UK health and social care because care homes support an increasingly vulnerable older population with complex needs, including disability, comorbidities and polypharmacy. Ross et al. (2022) highlight that care-home staff must balance residents' individual needs with staffing pressures, limited resources, regulatory obligations and organisational demands. Persistent challenges related to nutrition, oral healthcare, pressure ulcer prevention and medication management highlight the need for continuous quality improvement to protect care home residents from avoidable harm and promote their overall health and well-being. Furthermore, the COVID-19 pandemic exposed substantial vulnerabilities within the care-home sector, particularly among residents with dementia and other pre-existing conditions. The historical separation between health and social care has also contributed to challenges surrounding staffing, funding and quality

improvement. Therefore, understanding organisational resilience is essential, as it enables care services to anticipate potential challenges, respond effectively to evolving circumstances, and apply learning from previous experiences, thereby supporting safer, more sustainable, and person-centred care for older people. (Ross et al., 2022).

Section 2: The principal purpose of the study was to develop a comprehensive understanding of how everyday care is delivered within care homes and how staff modify their practices to achieve positive outcomes under complex and changing circumstances. Rather than concentrating exclusively on deficiencies, the research examined the practical strategies and organisational processes that enable effective care delivery. A further objective was to identify opportunities to enhance organisational resilience and facilitate sustainable improvements in the quality and effectiveness of care delivery. The research further sought to integrate diverse perspectives by actively engaging care-home staff, residents, and family members, thereby providing a more comprehensive understanding of their experiences and perceptions of care delivery. Purposeful and theoretical sampling enabled the researchers to capture experiences across different provider types, geographical locations, organisational sizes and levels of nursing provision. Resident and family experiences were explored through structured emotional touch-point interviews, allowing participants to express their perceptions and feelings regarding everyday care.

Section 3: Research methodology provides a structured and systematic framework for investigating complex issues, generating evidence and developing informed conclusions. Within health and social care, methodological decision-making is particularly important because research findings can influence professional practice, service development, policy implementation and the quality of support provided to vulnerable populations. The selected paper by Ross et al. (2022) examines organisational resilience within Scottish care homes, focusing on how staff deliver everyday support to dependent older adults while adapting to changing circumstances, resource limitations and competing priorities. The research is particularly relevant because care-home residents frequently experience multiple health conditions, disability, dementia, polypharmacy and increasing dependency. Consequently, understanding how care organisations maintain safe, effective and person-centred provision under challenging circumstances can contribute to sustainable improvements across the health and social care sector.

Quantitative, Qualitative and Mixed-Methods Research and the selected methodology: Health and social care research generally employs three primary methodological approaches: quantitative, qualitative and mixed methods. While each approach contributes valuable evidence to inform professional practice, they vary considerably in their research aims,

methods of data collection and processes of analysis. Quantitative research examines measurable phenomena through the collection and statistical analysis of numerical data. It is frequently used to identify patterns, associations and differences between variables. Common sources include structured questionnaires, clinical measurements, population datasets and administrative records. Within care-home research, this approach is particularly valuable for investigating mortality, infections, falls, pressure ulcers and medication-related incidents. For example, Burton et al. (2020) conducted a population analysis involving 189 care homes in the NHS Lothian region of Scotland to examine COVID-19 testing, confirmed cases and mortality. The researchers identified confirmed outbreaks in 69 establishments, demonstrating how statistical evidence can quantify health risks among vulnerable older populations. A principal strength of quantitative methodology is its capacity to produce measurable and comparable findings. However, numerical data alone may not sufficiently capture residents' lived experiences, the complexities of professional practice, or the organisational factors shaping the outcomes identified.

Qualitative research seeks to develop an in-depth understanding of experiences, perceptions, behaviours and social processes within their natural contexts. Evidence is commonly generated through interviews, focus groups, observations and descriptive inquiry. Rather than concentrating on numerical measurement, this methodology enables investigators to explore how individuals interpret their circumstances and why particular practices occur. Emmel (2013) emphasises the importance of strategically selecting participants so that the information collected aligns with the research objectives and provides meaningful insight. Qualitative investigation is particularly relevant to care-home environments because service delivery involves complex relationships between residents, relatives, practitioners, organisational structures and available resources. Although qualitative research generates rich, detailed and contextually informed findings, its reliance on relatively small, selectively chosen samples may limit the extent to which the results can be generalised to wider populations.

Mixed-methods research integrates quantitative and qualitative techniques within a single investigation to develop a more comprehensive understanding of a research problem. Statistical findings may establish the frequency or distribution of an outcome, while descriptive accounts explain the experiences and contextual influences underlying those results. For instance, numerical information concerning falls or medication errors could be examined alongside interviews with residents, relatives and employees. Integrating different forms of evidence through triangulation can enhance the credibility, reliability and comprehensiveness of the study's conclusions. Nevertheless, this design can be time-consuming, resource-intensive and analytically demanding.

Ross et al. (2022) adopted a qualitative methodology to investigate organisational resilience and everyday working practices within Scottish care homes. This choice was appropriate because the researchers sought to understand how support was delivered and how employees, teams and organisations adapted to complex, variable and changing demands. Such experiences and institutional processes could not have been examined sufficiently through numerical measurement alone.

The investigation incorporated non-participant observations, individual staff interviews, focus groups, resident and family interviews, workshops and round-table discussions. Using multiple techniques enabled the researchers to examine organisational resilience from several perspectives and compare evidence obtained from different sources. Care homes were selected through theoretical sampling to achieve variation in provider type, organisational size, geographical Health Board area and level of nursing provision. Individual participants were subsequently recruited through purposive sampling because their professional knowledge, organisational roles, or personal experiences were directly relevant to the study's research objectives. This strategy corresponds with Emmel's (2013) account of qualitative sampling, in which cases are selected to generate diverse and information-rich evidence rather than statistical representativeness. Overall, the qualitative design employed by Ross et al. (2022) was appropriate for examining the complexity of organisational resilience. It generated detailed contextual insight into how care-home personnel and organisational systems responded to anticipated and unanticipated pressures while maintaining safe, effective and person-centred support for older residents.

Primary and Secondary Data: Primary data refers to original evidence collected directly to address a study's specific aims and research questions. It may be generated through interviews, observations, questionnaires, focus groups and workshops. Conversely, secondary data comprises pre-existing information, including academic literature, government statistics, organisational reports, policy documents and clinical records. Therefore, primary evidence is produced specifically for the current investigation, whereas secondary material was created for another purpose. Ross et al. (2022) predominantly employed qualitative primary data to examine organisational resilience within care homes across Scotland. Evidence was collected through non-participant observations, individual staff interviews, focus groups, resident and family discussions, stakeholder engagement and workshops. These methods enabled the researchers to examine how staff supported older adults with complex health and social care needs while managing staffing pressures, resource constraints, regulatory responsibilities and competing priorities. They also generated valuable insights into medication management, nutrition, mobility, falls prevention, dementia support and residents' quality of life.

Secondary evidence, including academic literature, mortality statistics, regulatory guidance, the Scottish Health and Social Care Standards and the CARE model, established the study's theoretical and contextual foundations. Primary data provided detailed, context-specific accounts but required ethical approval, organisational access and participant cooperation. Secondary material was more accessible and economical, although researchers had limited control over its original quality and collection. Integrating both forms of evidence therefore facilitated a comprehensive understanding of the factors influencing the provision of safe, effective and person-centred care for older adults living in care homes (Ross et al., 2022).

Conclusion: The available evidence underscores the critical importance of organisational resilience within UK health and social care, particularly in care home settings, where professionals are routinely required to adapt effectively to complex, unpredictable and increasingly demanding circumstances while maintaining safe, high-quality and person-centred care. Rather than relying solely on standardised procedures, the findings emphasise the need to design effective working systems that enable professionals to adapt safely to anticipated and unexpected variations. This is particularly significant within the UK care sector because residents frequently have complex health and social care needs, requiring coordinated, person-centred and responsive support. Effective collaboration among care providers, regulatory bodies and multidisciplinary professionals can enhance organisational adaptive capacity, optimise working practices, and promote the consistent delivery of safe, high-quality and sustainable care. From a research perspective, the study adopted a qualitative methodology, enabling the researchers to explore organisational resilience through the experiences and perspectives of individuals involved in care-home services. Primary data were generated directly through interviews, focus groups, observations and reflective diaries involving care-home staff, residents and other stakeholders. This approach provided detailed insight into everyday practices, challenges and adaptations within real care environments. Secondary data, including existing academic literature, organisational theories and previous healthcare research, were used to contextualise the findings and strengthen the interpretation of the evidence. The research demonstrates that improving UK health and social care requires more than prescribing ideal procedures. Sustainable improvement depends on understanding how care operates in practice, strengthening organisational resilience and incorporating residents' perspectives into service design. Combining primary evidence with established secondary research provides a comprehensive foundation for developing adaptable, evidence-informed and person-centred care systems.

Reference list:

- Brown, A. and Commission on the Future of Health and Social Care in England (2014) *A new settlement for health and social care: Final report*. London: The King's Fund.
- Burton, J.K., Bayne, G., Evans, C., Garbe, F., Gorman, D., McCormick, D., Stevenson, J., Swietlik, S., Templeton, K.E., Tranter, M., Willocks, L. and Guthrie, B. (2020) 'Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK', *The Lancet Healthy Longevity*, 1(1), pp. e21–e31. doi: 10.1016/S2666-7568(20)30012-X.
- Emmel, N. (2013) *Sampling and choosing cases in qualitative research: A realist approach*. London: SAGE.
- NHS Health Scotland (2013) *Caring for Smiles: Guide for care homes – Better oral care for dependent older people*. Edinburgh: NHS Health Scotland.
- Ross, A., Anderson, J.E., Selveindran, S., MacBride, T., Bowie, P., Sherriff, A. *et al.* (2022) 'A qualitative study of organisational resilience in care homes in Scotland', *PLoS ONE*, 17(12), e0279376. doi: 10.1371/journal.pone.0279376.