



Individual Report

Module Name: Digital Skills and Research Methods

Module Code: LCHS 4007

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Submitted on: Aug 18 2026

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Section 1: Introducing the Research Paper and Topic Development

The research paper chosen for this assignment is "A study of organisational resilience in care homes in Scotland" by Ross et al. (2022), published in PLOS ONE. The study focuses on how care homes in Scotland manage situations and adapt their everyday work to provide safe, effective, and person-centred care for older people. The research uses the concept of Resilient Healthcare (RHC), which refers to the ability of healthcare organisations and staff to adapt to challenges and changes while maintaining high-quality care.

The research is mainly about people living in care homes who may have complex health and social care needs, including dementia, frailty, disabilities and long-term conditions. It also examines the experiences and work of care home staff, inspectors, multidisciplinary teams, residents and family members. The researchers collected information through 68 hours of observation 33 interviews, three focus groups and discussions with participants. This allowed the researchers to understand how care is actually delivered in situations and how staff respond when they face different demands, limited resources or unexpected problems.

The topic is important because providing care for people can be challenging. Care home staff must balance residents' needs with staffing pressures, financial limitations, organisational procedures and health and safety requirements. The paper highlights concerns about areas such as nutrition care, pressure ulcers, medication use and person-centred care. It also explains that the COVID-19 pandemic increased the challenges faced by care homes and highlighted the importance of organisation and coordination.

This research matters in UK health and social care because care homes provide support to vulnerable older people. Good organisational resilience can help care staff respond effectively to changing circumstances, coordinate care and maintain residents' quality of life. The study suggests that resilience can be strengthened through the use of information, flexible adaptation, improved coordination, appropriate physical environments and meaningful involvement of families. Therefore, the research provides evidence for improving the quality, safety and person-centredness of care for older people, in Scotland and the wider UK.

1.1 Paper Details

This report examines a research paper entitled **"A qualitative study of organisational resilience in care homes in Scotland,"** written by **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, and published in **2022** in *PLOS ONE*.

1.2 Main Topic or Problem Explored in the Paper

The paper focuses on how care homes in Scotland handle the difficulties of giving good-quality care to older people. The researchers looked at how care home workers manage changing needs, not enough resources, pressure on staff, and various care requirements while still trying to offer care that is based on the needs of each person. The study also examined how care homes can change their activities and work well together to make sure the care for residents is better and safer.

1.3 Who Is the Research About?

The research was mostly about the people who work in care homes in Scotland and the people who live in them. They talked to 32 care staff, one inspector, people who work for the Care Inspectorate, a group of people with different jobs, and eight residents and their family members. The researchers wanted to hear from all these people so they could understand what care is like from different viewpoints. They also wanted to see how the staff handle the problems they face every day while taking care of the residents. The researchers chose care homes because the people who live there often need a lot of care, and they rely on the staff to stay healthy and safe and have a life. Care homes are a place for older residents to get the care they need. The care homes in Scotland are where the researchers did their work, focusing on the care that the residents receive.

1.4 Why Is This Topic Important in UK Health and Social Care?

This topic is important in the UK health and social care sector because care homes provide support for older people with complex health and social care needs. Care home staff must provide high-quality care while managing limited resources and staffing pressures. The UK has an ageing population, increasing the demand for care and support services. Many older people in care homes have conditions like dementia and multiple health problems, making their care more complex.

The need for integration between health and social care services is also important. Historically, they have operated separately, creating difficulties with communication and

coordination. Organisational resilience can help care homes manage these challenges. The COVID-19 pandemic demonstrated how vulnerable care homes can be during pressures and emergencies. Understanding resilience can help UK health and social care organisations prepare for future challenges and maintain safe care.

Improving resilience supports safer and more coordinated care for older people. It helps care homes respond to staffing pressures, complex resident needs and emergencies. This topic is important because UK health and social care organisations need to improve quality of life and maintain standards of care for people living in care homes. UK health and social care organisations can benefit from resilience to provide better care for older people, the main goal of these organisations.

Section 2: Understanding the Purpose and Research Question

2.1 Research Question(s) or Objectives

The main goal of this study was to figure out how care homes in Scotland take care of people every day and how the staff handle changing situations. The people doing the research wanted to see how the care staff deal with lots of things- not enough resources and competing priorities all while making sure the residents are doing well. This study also wanted to find out how care homes can be helped to keep going and get better when things get tough. Specifically, the researchers looked at how the staff gets ready for problems, handles changes, works together to give care checks to see how things are going and learn from what happens. They hoped to find things that could help make care in Scottish care homes safer and more effective, for the people who live there.

Section 3: Understanding the Research Methods

3.1 Overview of Quantitative, Qualitative, and Mixed-Methods Research

Research methods are the ways that researchers collect and look at information to answer a question they are studying. There are three ways to do this: quantitative research, qualitative research, and mixed-methods research. Each of these ways has a goal and is better for certain types of questions.

Creswell and Creswell said in 2018 that the way you choose to do your research should depend on what you're trying to find out and what kind of information you need.

Quantitative research is mostly about numbers and things that can be measured. It is often used when researchers want to know how big or how often something happens or how things are related to each other. Researchers usually collect this kind of data by asking people questions in a way doing surveys or experiments or taking measurements. Then they use statistics to understand the data. For example someone who studies health might want to know how many older people take their medicine correctly, so they would ask them questions and report the answers as percentages. This kind of research is useful when you need to compare numbers between groups of people. Creswell and Creswell said this in 2018.

Qualitative research is about understanding what people think and feel. It uses words and descriptions to look at a problem in detail. Researchers often do interviews, gather people together to talk, or observe things. For example, someone might talk to people to understand what it is like for them to live in a care home. This kind of research can help us know why people do things or feel ways, and it can help us understand complicated situations as they happen naturally. Creswell and Creswell also said this in 2018.

Mixed-methods research combines qualitative and quantitative research. It lets researchers collect numbers and detailed information about what people think. Then they can connect these two kinds of information to get an understanding of the problem they are studying. For example, someone might ask patients questions to see how happy they are with a healthcare service. Then talk to them to understand why they gave certain answers. Using both ways can give us a complete picture, rather than using just one way. Creswell and Creswell said this too in 2018.

3.2 Research Methodology Used in Your Chosen Paper and Why

The paper I chose is "A study of organisational resilience in care homes in Scotland" by Ross et al. From the year 2022. This research uses a **qualitative methodology**. A qualitative methodology was chosen as most appropriate because the researchers wanted

to understand how everyday work is performed and how staff, teams and organisations adapt to complex conditions and demands.

. The authors say that they used this approach because it is the way to describe how staff do their everyday work and how they adapt to difficult situations.

The research was part of the I-SCOPE project. It looked at how care homes deal with changing demands and still provide care. The researchers wanted to know how staff do their jobs every day, rather than just counting problems or doing statistics. This is why they used research; they needed to understand what people experience, how they behave, and how organisations work.

The researchers used methods to collect data. They watched care staff at work for 68 hours without getting involved. They also did 33 one-to-one interviews, three focus groups with 19 people, and five round-table discussions with 31 people. They even talked to residents and their families using touchpoints to understand their experiences.

Using these methods helped the researchers understand organisational resilience from many angles. By watching staff, they saw what actually happens every day. Interviews and focus groups let people share their thoughts and experiences. So the study gave information on how care staff manage different demands, work together and adapt to changes.

This methodology was a choice because care homes are complicated places. Staff have to balance what residents need with staffing, resources, rules, and organisational needs. These things are hard to understand by looking at numbers. Qualitative research let the researchers dig deep and find patterns related to care planning, working together, and person-centred care. They used QSR NVivo 12.0 to help analyse the data and found themes from what people told them, as explained by Ross et al. In 2022.

3.3 Primary and Secondary Data: Definitions, Differences, and Application to Your Paper

Primary data is information collected directly by researchers for their project. It comes from interviews, questionnaires, observations, focus groups, or experiments. Secondary data is already collected by others for a different purpose, such as government statistics or previous studies. The main difference is where and why the data was collected. Primary data is gathered specifically for a study, while secondary data is reused. Collecting data can take time and resources but offers information that matches the study's goals. In the Ross et al. (2022) Paper, primary data was used for the I-SCOPE research. They collected data from

care homes and participants through observations, interviews, and discussions. The data was transcribed. They used QSR NVivo 12.0 to analyze the information. Their focus was on work, staff adaptations, and care planning. They also found themes about how care is delivered. This approach helped identify ways to improve care organizations. It showed how primary qualitative data can offer insights into health and social care settings. Instead of relying on numbers they used direct input from staff, residents, and families. This helped understand care practices better. It also highlighted ways to improve resilience and person-centred care.

Section 4: Conclusion

This report looked at how important research's in the health and social care sector, especially when it comes to care homes in Scotland. The research by Ross et al. (2022) showed how care homes deal with situations and keep providing good care. They used an approach, including observations and interviews, to see how care is given every day.

The research found that care home staff have to balance a lot of things while dealing with changes. To improve, they need to use information, be more flexible, work together and think about the physical environment. They also need to talk to families about the quality of life. This shows that teamwork, communication and person-centred care are crucial in health and social care.

Doing this research helped me learn skills, like finding good information, understanding research methods, and evaluating evidence. I learned to use evidence to support what I say rather than just giving my opinion. These skills will help me in my studies and professional practice in health and social care. I will be able to make decisions and provide good care because I can find and use reliable evidence. The research skills I developed, such as research by Ross et al. (2022), will be useful in my work in health and social care.

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