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Table of Contents

1. Introduction to the Research Paper and Topic Development	3
2. Understanding the Purpose and Research Question	4
3. Understanding the Research Methods	4
3.1 Understanding Research Approaches	4
3.2 Research Design Used in the Selected Study	4
3.3 Primary and Secondary Data Collection	5
3.4 Data Collection Methods	5
3.5 Data Analysis	6
3.6 Evaluation of the Research Methods	6
4. Conclusion	6
References	8

Section 1: Introducing the Research Paper and Topic Development

The selected research paper is titled '**A qualitative study of organisational resilience in care homes in Scotland**', written by Ross et al. and published in **2022** in the peer-reviewed journal **PLOS ONE**. The study explores how care homes maintain safe, effective and person-centred care despite facing everyday operational challenges. Rather than focusing solely on clinical practice, the researchers examine organisational resilience, which refers to the ability of care homes to adapt to changing circumstances while maintaining high-quality care for residents (Ross et al., 2022).

The research topic was developed because UK care homes increasingly face challenges such as an ageing population, residents with complex health needs, workforce shortages and rising expectations for safe, high-quality care. Although previous studies have examined specific clinical issues, limited research had explored how organisational systems, teamwork and leadership enable care homes to respond effectively to everyday pressures. To address this gap, the researchers investigated how organisational resilience is demonstrated in routine practice and identified practical ways to strengthen care delivery within residential settings (Ross et al., 2022). Recent evidence also highlights that resilient organisations are better equipped to manage changing care demands, improve service quality and support positive outcomes for older adults receiving long-term care (Brereton et al., 2023; Wiig et al., 2020).

The research involved multiple stakeholders from Scottish care homes, including care home managers, registered nurses, care workers, senior care assistants, allied health professionals,

residents and family members. Including these diverse participant groups enabled the researchers to examine organisational resilience from different perspectives and understand how collaboration influences daily care delivery (Ross et al., 2022).

This topic is highly important within UK health and social care because organisational resilience affects the quality, safety and continuity of care provided to older people (Kings Fund, 2022). The findings demonstrate that effective care depends on coordinated teamwork, strong leadership and adaptable organisational systems rather than individual performance alone. By identifying practical strategies to improve communication, care planning and multidisciplinary working, the study provides valuable evidence that can help care homes strengthen person-centred care, improve staff performance and enhance residents' wellbeing (Ross et al., 2022; Health Foundation, 2023).

Section 2: Understanding the Purpose and Research Question

The primary purpose of this study was to explore how organisational resilience is developed and maintained within Scottish care homes to support the delivery of safe, high-quality and person-centred care. The researchers aimed to identify the organisational processes, behaviours and interactions that enable care home staff to respond effectively to everyday challenges. Specifically, the study examined how resilience influences care planning, coordination of daily activities and person-centred care, while identifying practical strategies that could strengthen organisational performance and improve outcomes for residents living in long-term care settings (Ross et al., 2022).

Section 3: Understanding the Research Methods

3.1 Understanding Research Approaches

Researchers choose different research approaches depending on the type of evidence needed to answer a research question. **Quantitative research** collects numerical data and analyses it statistically to examine trends, measure outcomes or test relationships between variables. It is commonly used in health and social care to evaluate interventions or compare treatment outcomes (Gray and Grove, 2021). **Qualitative research** focuses on understanding people's experiences, perceptions and behaviours by collecting descriptive information through methods such as interviews, focus groups and observations. This approach provides detailed insights into complex situations that cannot be explained using numbers alone (Merriam and Tisdell,

2022). **Mixed-methods research** combines quantitative and qualitative approaches within a single study, enabling researchers to integrate statistical findings with participants' experiences to gain a broader understanding of a research problem (Guetterman, Fetters and Creswell, 2023). Selecting the most suitable research approach ensures that the evidence generated is appropriate for the study objectives and supports informed decision-making within health and social care.

3.2 Research Method Used in the Selected Study

The selected study adopted a qualitative research approach because the researchers wanted to understand how organisational resilience is demonstrated in the everyday operation of Scottish care homes. Since resilience involves staff experiences, teamwork, communication and decision-making, collecting detailed opinions and observations was more appropriate than gathering numerical data. The researchers used an ethnographic approach, combining observations, interviews and focus groups to examine how care home staff adapted to routine challenges while maintaining person-centred care (Ross et al., 2022). This methodology enabled the researchers to explore real workplace practices and identify practical factors that strengthen organisational resilience within residential care settings.

3.3 Primary and Secondary Data

Primary data are collected directly by researchers to answer a specific research question, whereas secondary data involve analysing information that has already been published, such as journal articles, policy documents or organisational records (LoBiondo-Wood and Haber, 2022). The selected study collected primary data because the researchers gathered original information directly from care home managers, staff, residents and family members through observations, interviews and focus groups (Ross et al., 2022). Using primary data enabled the researchers to capture authentic experiences of organisational resilience within care homes, providing evidence that reflected real practice rather than relying on previously published findings.

3.4 Data Collection

The researchers collected primary qualitative data over a 24-month period using several complementary methods to develop a comprehensive understanding of organisational resilience in Scottish care homes. Care homes were selected through theoretical sampling to ensure

variation in provider type, organisation size, geographical location and the services offered. Individual participants were then recruited purposively to obtain perspectives from different stakeholder groups. The study included 68 hours of non-participant observation, 33 one-to-one interviews with care staff and a senior inspector, three focus groups involving 19 participants, five round-table discussions with 31 stakeholders, and eight interviews with residents and family members using emotional touchpoints (Ross et al., 2022). Observations initially examined everyday care broadly before focusing on key areas such as medication management, nutrition, mobility, oral care and social activities. Interviews were conducted in private rooms within care homes, while all interviews and discussion groups were digitally recorded, transcribed verbatim and supported by field notes, photographs and care documentation. Ethical approval was granted by the University of Glasgow Institutional Review Board (Project Reference: 200150178), and informed consent was obtained from all participants before data collection commenced (Ross et al., 2022). This structured process enabled the researchers to capture authentic experiences from multiple perspectives while ensuring ethical and trustworthy research practice.

3.5 Data Analysis

The collected data were organised and analysed using QSR NVivo 12.0, which enabled researchers to manage interview transcripts, observation notes, photographs and care documents efficiently (Ross et al., 2022). Analysis followed a two-stage process based on the Resilient Healthcare (RHC) framework and the CARE model. The first stage examined 'work-as-done', exploring how staff balanced care demands, available resources and daily adaptations within complex care home environments. The second stage synthesised these findings into broader themes describing organisational resilience. To enhance the credibility of the findings, experienced researchers independently coded the data, analysis continued until data saturation was achieved and the emerging themes were validated through stakeholder workshops (Ross et al., 2022).

3.6 Evaluation of the Research Method

The qualitative methodology was appropriate because it generated rich, detailed evidence about everyday practice that could not have been obtained through quantitative methods alone. Using multiple methods and involving managers, staff, residents and family members strengthened the credibility of the findings by capturing diverse perspectives. However, the study was conducted

in a relatively small number of self-selecting care homes in Scotland, which may limit the transferability of the findings to other settings. The rigorous data collection, systematic analysis and stakeholder validation provide valuable evidence for improving organisational resilience and person-centred care within UK care homes (Ross et al., 2022).

Section 4: Conclusion

This report examined the research paper by Ross et al. (2022), which investigated organisational resilience in Scottish care homes and its role in maintaining safe, effective and person-centred care. The report explained how the researchers developed the topic in response to increasing challenges within long-term care services, including workforce pressures, complex resident needs and the growing demand for high-quality care. It also identified the study's research purpose and demonstrated that a qualitative research approach was the most appropriate methodology because it enabled the researchers to explore the experiences and perspectives of care home staff, residents and family members. Furthermore, the report discussed the collection of primary data through observations, interviews and focus groups, together with the systematic analysis of data using the Resilient Healthcare framework and NVivo software to identify key themes related to organisational resilience (Ross et al., 2022).

Completing this report has improved my understanding of research literacy and the importance of critically evaluating research evidence before applying it in practice. I have developed a clearer understanding of different research approaches, the distinction between primary and secondary data, and how carefully planned data collection and analysis contribute to producing trustworthy findings (LoBiondo-Wood and Haber, 2022). This knowledge will strengthen my future academic studies by enabling me to interpret research more critically and select appropriate evidence to support assignments. In future health and social care practice, these research skills will help me contribute to evidence-based decision-making, improve multidisciplinary collaboration and support the delivery of person-centred care. Understanding how organisational resilience influences care quality will also enable me to recognise practical strategies that improve the safety, effectiveness and wellbeing of both residents and staff within care home settings.

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