Supporting the Wellbeing of Care Home Staff: Lessons from the First Wave of the COVID-19 Pandemic

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ABSTRACT

The wellbeing of care home staff and the need to support them at work was highlighted with devastating clarity by the COVID pandemic. This small study explores what online and at work wellbeing resources were available to frontline care home workers during the first wave of the pandemic. A mixed methods study was undertaken May and July 2020. A multi-disciplinary team undertook a rapid review of online wellbeing information and resources relevant specifically to the care home sector and its non-nurse staff. Qualitative data comprised of digital recordings of semi-structured interviews with six care home managers of five care homes, and an online survey sent to 55 Scottish care homes with a response rate of 18%. Five overarching lessons were identified from the data. The first two ('managing information overload' and 'medium not appropriate for the message') relate to the awareness and use of the online wellbeing resources by frontline care workers. Three others ('visible and supportive leadership', 'building team camaraderie' and 'maintaining a focus on wellbeing beyond a crisis response') highlight the in-house, practice-based issues of supporting the wellbeing of staff. Although small, the findings from this study are of relevance and use by those in the UK and beyond working develop and sustain more effective ways to support and retain of this vital workforce.

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INTRODUCTION

The COVID-19 pandemic brought additional and unprecedented challenges to health and social care providers across the globe. (Kinman et al., 2020). Prior to the pandemic, work-related stress and burnout had been a longstanding and documented problem within the care home workforce, (Armstrong & Jansen, 2015; Costello et al., 2020; Pijl-Zieber et al., 2018; Rai, 2010; Yeatts et al., 2018), with links to reduced professionalism, decreased patient safety, increased risk of errors or adverse events, and lower quality care (Heath et al., 2020). In 2020, supporting and protecting the mental well-being of frontline staff quickly became a pressing priority for service providers and planners across the United Kingdom (UK) and globally as the COVID-19 pandemic took hold. (Maben & Bridges, 2020; Shanafelt et al., 2020; Lancet, 2020). However, during the UK's first wave of the pandemic, initial attention focused predominantly on supporting, protecting, and staffing the National Health Service (NHS) and its hospital-based services. (McGilton et al., 2020). At this time, national and local organisations and employers were working at pace to design and disseminate a range of services including practical support and resources aimed at mitigating the psychological impact of working on the frontline of healthcare during a pandemic. Less consideration was given to staff working in care homes for the elderly, and other wider social care settings. This was despite care home residents having the highest risk of morbidity and mortality from the virus, (Gordon et al., 2020; Oliver, 2020), despite the sector having bed numbers three times greater than that of the NHS (Illife et al., 2015), despite the overall UK adult social care workforce outnumbering that of the NHS, specifically 1.6 million social care employees compared to 1.4 million in the NHS. (Kings Fund, 2012).

The authors (LJ, JH, SS) are members of the Lothian Care Home Innovation Partnership (CHIP) (Hockley 2019), this is an established group consisting of care home managers, academics, and specialist clinicians with a shared vision and commitment to increasing research and education within the care home sector. At CHIP meetings held during the initial months of the pandemic, care home manager members sought input and ideas on good practice and sources of evidence-based wellbeing supportive practices, and resources that could be used to support their staff at this crucial and unprecedented time. They raised specific concerns around frontline care workers, who make up majority of staff in their care homes, having different training, skills, and duties compared to the registered nurses and allied health professionals they work alongside. As a result, they may be less likely to have connections to professional and regulatory bodies and lower levels of awareness of how to identify and access evidence-based information and support. This concurs with sector-wide statistics highlighting that the vast majority of the estimated 700,000 people who work in residential and nursing homes in the UK (carehome.co.uk, 2021), providing direct personal and social care to residents, are not registered nurses.

Emerging national guidance, specifically targeted at care homes for older people, focused on the need to manage various new policies and operational aspects of the pandemic within care homes such as infection control and personal protection equipment. (PPE). In addition, it included recommendations that the care home staff is made aware of well-being resources available to them and where to access additional support when needed. This point was emphasised in correspondence issued to the sector. (Billings et al., 2020; British Geriatrics Society, 2020; WHO, 2020b).

This study, therefore, aimed to (i) identify and collate a list of online resources designed to support the psychological wellbeing of frontline care workers in homes for the elderly during the first wave of the COVID-19 pandemic; (ii) investigate from the perspective of care home managers, whether their staff were aware of these resources, and if they had accessed and/or used any of them; (iii) draw together examples of initiatives and activities that care homes themselves were implementing to support the wellbeing of their staff during the pandemic; and (iv) finally, use the lessons from these findings to make recommendations for the future on how to better support the health and well-being of frontline care home workers.

METHODS

This exploratory study was conducted between May and July 2020, during the 'first wave' of the COVID-19 pandemic in the UK. Three research approaches were followed, as described below. Throughout this project and paper, we use the term *wellbeing* as an umbrella term to convey the many related concepts of work-related health and well-being. For example resilience, emotional stress, psychological and mental health, fatigue, anxiety, depression, distress, and work-related burnout.

Ethical approval was provided by Edinburgh Napier University's Research and Integrity Committee (reference SHSC20025).

1) RAPID REVIEW OF ONLINE WELLBEING RESOURCES AVAILABLE TO FRONTLINE CARE HOME STAFF

An online review exercise was undertaken between 1 May and 30 June 2020. The website and social media accounts of key Scottish and UK-wide health and social care organisations and networks, such as NHS Education Scotland, UK Government Department of Health and Social Care, Scottish Care and the National Wellbeing Hub

were searched. Both general wellbeing resources and those specifically targeted to the COVID-19 pandemic were reviewed.

The websites of all 14 NHS Health Boards in Scotland and all 31 Health and Social Care Partnerships were also searched for specific local resources, interventions, guidelines, and other tools. In addition, two international COVID-19 specific sites were accessed: LitCovid, an online literature hub curated by the United States' National Library of Medicine (NLM) for tracking up-to-date scientific publications on COVID-19 (NLM USA, 2020), and the World Health Organization (WHO) COVID-19 online information resource (WHO, 2020a). Google and OpenGrey online search engines were also accessed, with searches undertaken using the following terms: 'care home staff', 'frontline care workers', 'health and social care workers', 'wellbeing', 'psychological wellbeing', 'emotional wellbeing', 'resilience', 'mental health', and 'self-care'.

Resources were included if they were (i) specifically labelled as being for care homes/care home staff or (ii) labelled as being of relevance to 'health and social care staff', that is not just NHS workforce. Resources available prior to COVID-19 and those developed in response to the pandemic were included. Relevant resources were logged and used in a structured template, with key aspects extracted to an Excel spreadsheet, including location, date, source, target workforce, format, and topic content.

2) SURVEY OF CARE HOME LEADERS AND MANAGERS TO INVESTIGATE EXISTING WELL-BEING TOOLS IN USE

A short five-question online survey targeted to managers of care homes in Scotland was developed to gather information on practices, initiatives, and processes they were using to support the wellbeing of their frontline staff. They were also asked to describe ways in which they had implemented and encouraged use of this support by their staff.

The survey was administered using NOVI survey. It was distributed to a total of 55 care homes in Scotland who were existing members of either the ENRICH (Enabling Research in Care Homes) Scotland (NHS Research Scotland, 2018) or Project ECHO (Extension of Community Health Outcomes) networks (Agley et al., 2021).

3) TELEPHONE INTERVIEWS WITH CARE HOME LEADERS AND MANAGERS

Leaders and managers of the six care homes within the CHIP were invited to participate in a telephone interview with a member of the research team. These homes are all located with the Lothian area of Scotland. The interviews were designed to explore which of the well-being resources identified in the earlier desk-based exercise

their staff had been made aware of, or signposted to, and to provide additional comments on both their use by staff and any perceived benefits.

Participants were also asked to share any practices or processes their own care home had implemented to support the wellbeing of their staff since the start of the pandemic and to share their perceptions on both the uptake and benefits of such practices. The care home managers were approached by an email invitation introducing the purpose and details of the research, with a request that they respond via email to indicate their interest to take part. Semi-structured interviews were conducted by a senior research fellow via telephone in July 2020. The interviews were digitally recorded, transcribed verbatim, and anonymised. Reflective field notes were also captured.

DATA ANALYSIS

Analysis of the interview and open-text survey data was undertaken using content analysis. The approach consisted of a systematic process of familiarisation with the outputs of the interview transcripts and survey responses, generation of initial codes from the data, a search for themes, review of themes, defining and naming of themes, and finalising the analysis for report writing. (Hsieh & Shannon, 2005; Vaismoradi et al., 2013). Two authors (LJ, CM) analysed the data independently to identify initial patterns and themes and then engaged in repeated discussions and debate as the analysis developed. All authors participated in reviewing the themes to allow for consensus to be reached in the defining of key learning from the research. Reporting of the interviews followed the consolidated criteria for reporting qualitative studies (COREQ) guidelines (Tong et al., 2007).

RESULTS

IDENTIFICATION AND COLLATION OF WELL-BEING RESOURCES FOR CARE HOME STAFF

Our rapid review of wellbeing resources identified nine online sources that were targeted specifically to frontline care home staff (Table 1). Of these, one was a website repository of wellbeing resources, three were interventions or services, one was a research report, and four were guidance documents. At the time of our search, the Social Care Institute for Excellence (SCIE) was the only organisation to separate out resources for care home staff from those of more general relevance to all social care staff and settings.

One of the support interventions found was a counselling and listening support service offered by Faith in Older People (FiOP), a charity based in Scotland that focuses on education and support of health and social care workers to improve understanding of spiritual care.

WEBSITES					
SOURCE/ ORGANISATION	**DESCRIPTION**	**TARGET STAFF AUDIENCE**	**COUNTRY**	**PRE OR POST COVID**	**LINK**
Social Care Institute for Excellence (SCIE)	A range of resources and practice examples to support care home staff during COVID-19.	Care home	UK-wide	Post	https://www.scie.org.uk/care-providers/coronavirus-covid-19
INTERVENTIONS					
Faith in Older People (FiOP)	Provides listening and pastoral support to care home and care at home staff via a confidential and free listening service.	Care home	Scotland	Post	https://www.faithinolderpeople.org.uk/listening-service/
Queen's Nursing Institute (QNI)	Facebook support page for Care Home Registered Nurses.	Care home Registered Nurses	UK-wide	Post	https://www.facebook.com/groups/142108340504857/
Strathcarron Hospice Scotland/Project ECHO	Remote learning and development activities for care home staff using the Project ECHO model of collaborative learning via an online platform – helping build resilience and caring for self.	Care home	Scotland	Pre	https://www.strathcarronhospice.net/project-echo-information
RESEARCH FINDINGS					
NIHR Applied Research Collaboration	Top tips for tricky times – working with and for care home staff during a pandemic. Synthesis of research findings	Care home	UK-wide	Post	https://arc-eoe.nihr.ac.uk/covid-19-projects-innovations-and-information/covid-19-resources-training-information/top-tips
ADVICE/GUIDANCE					
UCL – COVID Trauma Response Working Group	Guidance for managers and decision makers in supporting care home workers during COVID-19. The guidance is based on a rapid synthesis of published research, expert clinical opinion and the experiences of care home managers and staff.	Care home	UK-wide	Post	https://232fe0d6-f8f4-43eb-bc5d-6aa50ee47dc5.filesusr.com/ugd/95d7e1_28532ddac201489184dd4c96302f6cea.pdf
Public Health Agency Belfast	Guidance document on death and grieving in a care home during the COVID-19 pandemic and how to support residents, staff and families	Care home	Northern Ireland	Post	https://www.publichealth.hscni.net/sites/default/files/2020-04/Death%20and%20grieving%20in%20a%20care%20home%20-%20support%2004_20%20final.pdf
British Geriatric Society	The BGS developed a good practice guide for care home staff to manage the COVID-19 pandemic in care homes.	Care home & NHS within care home	UK-wide	Post	https://www.bgs.org.uk/sites/default/files/content/attachment/2020-04-14/BGS%20Managing%20the%20COVID-19%20pandemic%20in%20care%20homes%20V2.pdf
My Home Life	Bulletin Issue 17 focused on how care home managers can support themselves and others during the pandemic	Care home managers	UK-wide	Post	MHL-issue-17.pdf (myhomelife.org.uk)

Table 1 Online well-being resources specifically labelled as being for care homes/care home staff.

FiOP partnered with colleagues experienced in listening and pastoral support to offer staff working in care homes and those providing care at home access to a confidential and free listening service. Another intervention was provided by Queen's Nursing Institute, a UK-wide charity dedicated to improvements of nursing care of people at home and in the community. They established a Facebook support site called Care Home Nurses Forum,

described as a site where care home nurses can network, ask for advice, and get support from fellow nurses. At the time of our research, the page had 549 members. A third intervention, Strathcarron Hospice's ECHO Care Homes Programme, moved online and provided opportunity for learning and sharing of guidance and support.

WELLBEING RESOURCES FOR HEALTH AND SOCIAL CARE STAFF

We identified 22 individual sources of information, signposting, and support resources promoted as being

targeted at 'health and social care staff' (*n* = 14) and 'social care' workers (*n* = 8). These are documented in Table 2, illustrating the range of resources provided from online tips and advice, guidelines, infographics, telephone helplines, e-learning modules, training courses, virtual networks/support groups, and access to virtual counselling with therapists or counsellors. Of these, only two had been established before the COVID-19 pandemic (Iriss and Skills for Care).

Overall, the content of the available online wellbeing support information and resources could be categorised

WEBSITES					
SOURCE/ ORGANISATION	**DESCRIPTION**	**TARGET STAFF AUDIENCE**	**COUNTRY**	**PRE OR POST COVID**	**LINK**
Healthcare Improvement Scotland/iHub	Practical examples from across the UK of staff compassionately supporting each other during the COVID-19 pandemic.	Health & Social Care	Scotland	Post	https://ihub.scot/improvement-programmes/people-led-care/person-centred-health-and-care/supporting-person-centred-care-in-covid-19-situations/connecting-colleagues-to-support-wellbeing/
Iriss	National and international resources to help social service practitioners manage through the coronavirus crisis.	Social Care	Scotland	Post	https://www.iriss.org.uk/resources/tools/coronavirus-covid-19
MindEd	Best advice and tips for coping with anxiety and stress during COVID-19.	Health & Social Care	UK-wide	Post	https://mindedhub.org.uk/top-tips-for-covid/
Palliative Care Scotland	A collation of resources, graphics, and guidelines about taking care of mental health and wellbeing during the pandemic.	Health & Social Care	Scotland	Post	https://www.palliativecarescotland.org.uk/content/covid-other-resources/
PRoMIS National Wellbeing Hub	A collection of resources, to support health and wellbeing of health and social care staff and managers.	Health & Social Care	Scotland	Post	https://www.promis.scot/
Skills for Care	A range of resources on wellbeing and building resilience in the form of guides, case studies, templates, and links to e-learning material. They also have a telephone helpline, virtual networks, and a facebook group.	Social Care	UK-wide	Pre	https://www.skillsforcare.org.uk/Leadership-management/managing-people/Wellbeing/Wellbeing.aspx
Scottish Social Services Council (SSSC)	A range of resources on supporting resilience and wellbeing during the COVID-19 pandemic	Social Care	Scotland	Post	https://learn.sssc.uk.com/wellbeing/
Social Work Scotland/Iriss/ SSSC	Resources for social service practitioners and their organisations to support them to think about & promote wellbeing and resilience.	Social Care	Scotland	Pre	https://www.iriss.org.uk/resources/reports/resilience-resources

(Contd.)

WEBSITES					
SOURCE/ ORGANISATION	**DESCRIPTION**	**TARGET STAFF AUDIENCE**	**COUNTRY**	**PRE OR POST COVID**	**LINK**
UNISON	A compilation of online resources to support staff in dealing with trauma and bereavement during COVID-19 pandemic	Social Care	UK-wide	Post	https://learning.unison.org.uk/2020/04/21/bereavement-resources-social-care/
UNISON	COVID-19 pandemic advice for care workers, including residential, homecare, and community care for both children and adults.	Social Care	UK-wide	Post	https://www.unison.org.uk/care-workers-your-rights/coronavirus-advice-social-care-workers
INTERVENTIONS					
Frontline19	Free UK-wide service providing an online debriefing and emotional support service via Zoom/Skype/Facetime to support frontline workers affected by COVID-19 in their role.	Health & Social Care	UK-wide	Post	https://www.frontline19.com/
Know You More	Free digital coaching service available to all health and social care staff during the COVID-19 pandemic.	Health & Social Care	Scotland	Post	https://www.knowyoumore.com/coaching-for-wellbeing
Our Frontline	24-hour phone or text support for frontline COVID-19 workers from trained volunteers. Resources, signposts, toolkits, tips and ideas to look after your mental health are also available.	Health & Social Care	UK-wide	Post	https://www.mentalhealthatwork.org.uk/ourfrontline/
NHS Dumfries and Galloway	An app created by medical students to help NHS and social care staff with needs such as childcare, pet care, grocery shopping, etc. for free during the pandemic.	Health & Social Care	Scotland	Post	https://www.nhsdg.co.uk/new-app-to-support-health-and-social-care-staff-during-covid-19/
INFOGRAPHICS					
NHS Education for Scotland	Self-care infographic for health care staff working during a crisis.	Health & Social Care	Scotland	Post	https://learn.nes.nhs.scot/29311/psychosocial-mental-health-and-wellbeing-support/taking-care-of-myself/working-in-a-crisis-daily-psychological-protection
NHS Education for Scotland	A 'TALK' graphic made by NES to encourage carers to 'Tell, Ask, Listen, and be Kind'.	Health & Social Care	Scotland	Post	http://www.sad.scot.nhs.uk/media/16398/nes-flyer-copywrite.pdf
LEARNING RESOURCES					
NHS Education for Scotland	A learning resource on 'looking after yourself and others during COVID-19' for team leaders in health and care staff	Health & Social Care	Scotland	Post	https://www.qnis.org.uk/wp-content/uploads/2020/04/NESD1256-Resource-for-team-leaders-FINAL.pdf
NHS Education for Scotland – TURAS Learn	A collection of resources on various topics including wellbeing and personal resilience for those working in community settings during COVID-19	Health & Social Care	Scotland	Post	https://learn.nes.nhs.scot/28247/coronavirus-covid-19/practice-in-the-community-setting

WEBSITES					
SOURCE/ ORGANISATION	DESCRIPTION	TARGET STAFF AUDIENCE	COUNTRY	PRE OR POST COVID	LINK
NHS Education for Scotland – TURAS Learn	Key resources to support the mental health and wellbeing of staff during the COVID-19 pandemic	Health & Social Care	Scotland	Post	https://learn.nes.nhs.scot/28063/coronavirus-covid-19/psychosocial-mental-health-and-wellbeing-support
UCL – COVID Trauma Response Working Group	A collection of publications, research and guidance developed by the COVID trauma response working group to provide psychological response to COVID-19 for health and social care staff. Also includes links to relevant external resources.	Health & Social Care	UK-wide	Post	https://www.traumagroup.org/
ADVICE/GUIDANCE					
Department of Health and Social Care (DHSC)	Guidance paper 'Health and wellbeing of the adult social care workforce'. includes a section on staff wellbeing and building resilience with links to a number of national initiatives/resources and gives examples of 'good practice' across England.	Social Care	UK-wide	Post	https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce#advice-for-the-social-care-workforce
Home Care Insight	An article from the trade magazine Home Care Insight outlines key information from the WHO for care workers including tips and advice.	Social Care	UK-wide	Post	https://www.homecareinsight.co.uk/care-workers-get-who-advice-on-managing-mental-health-amid-coronavirus-outbreak/

Table 2 Online well-being resources available to health and social care staff during first wave of COVID-19 pandemic.

as (i) those primarily for supporting individual self-care behaviours; (ii) approaches for managers and wider organisations to support their staff; and (iii) resources designed to support specific areas of care and practice, such as end of life care.

Three main formats were identified: (i) text: wellbeing resources to be read, such as guidelines and principles of wellbeing behaviours and best practice advice and tips; (ii) audio-visual: resources to be listened to or watched, such as webinars; and (iii) action: those to be 'used' or 'engaged with', such as wellbeing applications (apps), telephone-based counselling services, and online coaching/mentoring.

A number of health and social care organisations responded to the pandemic by collating relevant resources and hosting them on their websites, often as a hub or repository that could be accessed via their organisations' main home web page. In Scotland, for example, by early May 2020, the Scottish Government had launched the National Wellbeing Hub (https://wellbeinghub.scot/), a new digital platform/website to host information and resources, such as self-care guides and signposting to relevant support for those working in health and social care roles.

All NHS Boards and HSCPs in Scotland had to varying extents collated local and national guidance and resources for wellbeing support for NHS and social care staff and hosted them on their websites. Many also publicised very local services and locations of support for all frontline workers, unpaid carers, and local population groups that had been developed in response to the COVID-19 pandemic.

FINDINGS FROM SURVEY AND INTERVIEWS WITH CARE HOME MANAGERS

Of the 55 care home managers to which the online survey was distributed, responses were received from ten (18% response rate). Managers representing five different care homes, within CHIP, agreed to participate in an interview. These care homes were similar in size (60–80 beds), with one run by a local authority, two run by charities, and two that were independent. Following analysis and interpretation of the interview and online survey data, five key themes were identified. The first two ('managing information overload' and 'medium not appropriate for the message') relate to the awareness and use of the online wellbeing resources by frontline care workers that were identified as part of this project. Three others ('visible

and supportive leadership', 'building team camaraderie', and 'maintaining a focus on wellbeing beyond a crisis response') highlight the in-house, practice-based issues of supporting the wellbeing of staff.

Managing information overload

The sheer volume of online well-being resources, from multiple organisations, that were made available in response to the COVID-19 pandemic resulted in information overload for both care home managers and their frontline staff. Managers reported that the need to identify the most relevant resources was time consuming, requiring them to sift through vast amounts of material. When identified, the information was distributed to staff either via email, on central noticeboards, at individual or group supervision sessions, or at team meetings or debriefings. Whilst email was the primary method of circulation, managers highlighted that frontline staff have limited time to manage high volumes of email correspondence and so are likely to miss potentially valuable resources distributed in this way. With time constraints also impinging on senior staff and managers, they reported that they gave priority to resources and guidance developed by external organisations with which they were most familiar and held most trust in the quality of materials.

> One of the big problems we've had is actioning websites. So everyone wants to help [by making these resources available online] and that's great, but all that does is it creates a muddy landscape of us saying so where can you actually put someone or send someone to? I have not signposted staff to any other online resources other than PRoMIS and SSSC because I have to be aware of the quality of what I am sending them to. (Care Home Manager ID6)

The drawback of this approach by managers to rely on only a few large and well-known organisations is that novel and innovative well-being resources that may have been of value at this time, could be missed.

Overall, the well-meaning number and volume of online well-being resources and information made available meant that it was both difficult and time consuming for frontline staff themselves and care home managers to identify relevant and evidence-based resources. Moreover, interviewees and survey respondents reported that few staff, to their knowledge, had used the available online wellbeing support and resources we identified, and information overload was believed to be a factor in this.

Medium not appropriate for the message

All of the care home managers who participated in the study commented that they considered online wellbeing hubs (websites collating a range of information resources) to be the least appropriate and effective medium through which to route wellbeing resources to frontline care home staff. They reported that, in their experience, few of their staff had used the available online wellbeing support and resources and suggested that the medium, being an online method of delivery, was a key factor.

Care home managers shared firsthand experience of their staff not having or prioritising the time required to navigate the online resources between shifts in addition to them perhaps having less familiarity, digital literacy, or confidence to use online technology for wellbeing.

Managers felt that many frontline care home workers would not know where to start their search or, more specifically, what they were looking for. They also questioned whether any of the 'host' organisations for resources we identified and collated may readily come to mind as a relevant source when care home staff are searching for wellbeing resources, as they generally do not see themselves as belonging to the NHS. From their experiences, care home managers considered the best way to ensure staff are aware of and can benefit from these external wellbeing resources is via in-house, face-to-face communication at team meetings and formal and informal discussions with supervisors, managers, and peers:

> But I think it's about the more senior staff recognising what's important and knowing how to verbally signpost somebody to go there without just saying, well, here's a list of stuff, get on with it, it's, well, have you done it and following that up. (Care Home Manager ID2)
> So, for us, certainly, it's very verbal, and it's about being able to come and speak to your line manager, or your manager. (Care Home Manager ID5)

There was also consensus that the most effective means of disseminating information and resources to staff within their care homes was 'from each other'. Care staff are more inclined to access and utilise resources to support their wellbeing if they hear their peers talking positively about a resource and how it had benefited them. This was thought to encourage others to seek out these resources:

> There is a lot of stuff [information] sent. There are staff who just don't use their email but then other staff will say 'Oh I was looking at this, do you want to? I could tell you about it.' And that sort of thing. … So, it's word of mouth as well. (Care Home Manager ID1)
> I think that if we had people who had used some of these services, and they said to other staff, I think that would be the best way for other staff to go and use it. (Care Home Manager ID3)

Care home managers also suggested, from their experiences, that a preferred alternative to their frontline staff accessing or using available online resources was for them to either seek more informal social support from colleagues, family, or friends or go direct to their GP for support.

Visible and supportive leaders

The importance of visible and supportive leadership resonated strongly. Managers and those in leadership positions increased their visibility around the care homes during the pandemic and prioritised working alongside their staff in delivering care to residents where possible. This 'leading by example' proved effective during the uncertain and rapidly changing time they were working through, as articulated in the quote below:

> Part of that is about visible leadership. So, [Manager] is on the floor, going around, wearing appropriate PPE. ... Staff know that [Manager] is there, and that [Manager] is getting involved in things. So, a simple thing like taking a COVID-19 test, the fact that staff see [Manager] doing the test, that the manager is in it with us. It's not just being dictated from afar to do those things. (Care Home Manager ID6)

Managers stressed the importance of providing a working environment where frontline care staff know that senior staff are accessible, are actively listening to their concerns, and encouraging them to share their feelings and experiences about how they were coping. All participants highlighted the value of daily meetings, supervision, or debriefing sessions with small groups as a successful way to connect with their staff to provide information and updates. These also provided a safe forum for frontline staff to raise any concerns. For example, one care home implemented small group supervision sessions with a mental health theme, called 'wellbeing in-service sessions', which encouraged their staff to share experiences and share coping strategies that had worked for them during the uncharted territory of working in a care home during a pandemic. Such sessions also provided a forum for reinforcing best practices and providing reassurance by, for example, dispelling the myths or inconsistencies in guidance that frontline care staff may have observed through platforms such as social media and the widespread negative media portrayal of the COVID-19 pandemic in care homes. This was necessary, as reported by care home managers, in response to the constant change and ambiguity around policies and protocols which led to confusion and anxiety amongst frontline staff. Another home encouraged staff to attend one-to-one supervisions with senior colleagues as a way of 'checking in' with individuals to establish how they were coping and managing with the situation. Two

managers described how their organisations previously established 'open door' approach, meaning that staff already knew that they could access those in leadership or management positions at any time and had confidence that managers were available and approachable.

Building team camaraderie

Staff of all roles and grades within care homes took the initiative to support their colleagues during the pandemic through a variety of actions and activities that helped to keep morale high and spirits positive. These ranged from working extra shifts, forgoing annual leave, taking on additional tasks and responsibilities, and work reciprocity.

Care home managers described a new sense of camaraderie amongst their staff during the height of the first wave, with everyone working together and providing support to each other. Examples ranged from supporting colleagues who needed a short 'time out' during a shift to organising fun and creative collective activities, such as photography competitions; distributing 'happy thought' Post-it notes throughout the home; and sharing gratitude, gifts, and well wishes from relatives and the wider community with all staff. Care home managers highlighted the importance of ensuring staff have their work recognised and appreciated, both within the organisation and externally. This was identified as a key factor in maintaining staff motivation and satisfaction with their role. A number of 'rewards' distributed to care home staff from the wider organisation's management team and from local businesses, such as free meals for staff and distribution of treats or 'goodie bags', were gratefully received by frontline staff.

Collectively these actions and activities provided the much-needed social support during this challenging time and demonstrated creative ways of bringing laughter and happiness back into the care home community:

> There was something about them [care workers] taking on that shared responsibility for each other's health, that came through from this, very strongly and very clearly. (Care Home Manager ID6)

Maintaining a focus on wellbeing beyond a crisis response

Participants described how their staff went 'above and beyond' during the crisis to continue to provide quality care to older people, as outlined under the building team camaraderie theme. However, they also expressed concern that such practices were not sustainable as a strategy for staff wellbeing. The care home managers were acutely aware of the need to support well-being in the longer term and not just as a crisis response. It was also recognised by some participants that the mental health and wellbeing of some of their staff was an issue prior to the pandemic and had only have been compounded by the current crisis.

When thinking about how to best maintain a focus on staff wellbeing for the duration of the pandemic and beyond, it was an organisation's existing leadership culture and their prior commitment to education, training, and continuing professional development that was regarded as the foundation factor for supporting well-being amongst care home staff. The previous training undertaken by staff better equipped them to draw on and apply knowledge and skills during the pandemic:

> All of the things that you're underpinning in training and delivering all the time like infection control, like death and dying and end of life care, when it comes to the crunch, they have that knowledge inside them. (Care Home Manager ID2)

Managers stressed that in order for their staff to be able to continue to provide effective and compassionate care to residents beyond the pandemic, there is a critical need for services and support.

DISCUSSION

Frontline care home staff faced some of the most challenging and stressful work environments of the COVID-19 pandemic. In this study, we explored what well-being resources were available to these staff, illustrated sector-specific challenges in relation to supporting the well-being of care home staff, and identified five key areas of learning from the first wave of the pandemic that can inform future development of strategies for much needed longer-term workforce wellbeing.

We learned that care home managers more commonly used bespoke 'in-house' support initiatives as their preferred option to address well-being concerns within their frontline care workforce. Examples included providing close colleague supervision and check-ins, holding regular team meetings and debriefings, encouraging team camaraderie, and ensuring leaders and managers were visible, accessible, and supportive.

Our findings suggest that despite early mobilisation of a plethora of online resources targeted at promoting the wellbeing of health and social care staff and care home staff, there was a disconnect between the availability and use of these resources. We know the pandemic acted as a catalyst for the development of a significant volume and variety of wellbeing resources and guidance for the health and social care workforce. These were swiftly assembled and mobilised via online platforms and included individual well-being-related bespoke web or app-based resources and collections of several online or web-based wellbeing resources into one single location ('hub'). However, whilst this is positive, these online resources were predominantly targeted at NHS and hospital-based staff, with limited resources

specifically directed towards staff working in care homes for older people. This resonates with the wider narrative emerging from the first wave of the pandemic, where the emphasis was on supporting NHS workers, with care home staff often being an afterthought (McGilton et al., 2020).

In addition, key aspects of the dissemination and delivery mechanisms adopted early in the pandemic by national and regional organisations possibly served to limit the awareness of frontline care home workers and their access to wellbeing support information and resources that were being made available. Navigation within the sites could be difficult if they were not well signposted (International Public Policy Observatory, 2021).

Terminology around staff wellbeing is varied (Johnston et al., 2021), making it difficult to locate the information resource best suited to specific individual needs. This led to an 'information overload' of frontline staff due to the volume and variety of resources available, thereby undermining the intended outcome of those who had generated the content in attracting engagement by the staff to support their wellbeing.

Care home managers were pivotal in filtering through and disseminating external wellbeing resources to their staff, either via email or during face-to-face meetings. With an abundance of resources and limited time to review them, priority was given to those resources hosted by organisations already known and trusted by care home managers. We believe that relying on signposting of resources to staff by already burdened care home managers is both ineffective and insufficient at having the desired impact on the wellbeing of frontline staff.

A rapid review of policy guidelines highlighted a similar emphasis on the scale and consequences of information overload for care home managers and frontline care home staff (Towers et al., 2020). Many of the uncertainties and support needs of care home staff during the pandemic could have been better addressed by clearer and more efficient signposting of care home staff to relevant context specific resources and guidance (Spilsbury et al., 2020).

There will be value if wellbeing digital content is more effectively targeted to frontline care home workers and is extracted from general health and wellbeing messaging. There is also a need to identify ways to better support care home managers to encourage uptake and use of these targeted resources by their care home workers and to help address the reported high prevalence of anxiety, depression, distress, sleep problems, acute and post-traumatic stress disorder, and burnout among health and social care workers, both during and after the outbreaks (Kisely et al., 2020; Serrano-Ripoll et al., 2021). Furthermore, there is a need for acknowledgement by national governments that there is an opportunity to harness digital resources to help alleviate the mental

health challenges faced by frontline care home staff that have been exacerbated by the pandemic (Scottish Government, 2021).

Within care homes for older people, our findings highlight the importance of supportive leadership and good working environment culture, both described as being of critical benefit and value to staff wellbeing at the height of the pandemic. This concurs with the findings of other studies that explored the stress and coping experiences of care home workers during the pandemic (Beattie et al, 2022; Hanna et al., 2022) and those working in the wider NHS, particularly acute hospital settings, where despite the availability of a range of cognitive and behavioural interventions to support staff well-being during the pandemic, there were barriers to staff accessing them; it was organisational factors such as supportive leadership which were deemed as most important for staff well-being (Clarissa et al., 2021).

Our research found that the primary wellbeing resource for frontline care home workers were well-being activities, initiatives, and related care practices delivered by and available within the home in which they worked. Care home staff benefited greatly from morale-boosting activities, team camaraderie, and staff groups and individuals 'going the extra mile' during this stressful and uncertain period. This echoes the wider international body of evidence which strongly supports that 'at-work' experiences, culture, and practices have most impact on staff wellbeing (Beattie et al., 2022; Lee et al., 2019; Cope et al., 2016; Woodhead et al., 2016; Rajan et al., 2020; Hoedl et al., 2022). However, few of the multiple predictors and indicators have been rigorously tested (Johnston et al., 2021), and there is much work to do this, in partnership with the workforce and care home providers (Towers et al., 2020).

Effective and enduring solutions to wellbeing at work cannot solely target individual staff, and the provision of wellbeing support and resources, whether digital or not, at their best will encompass the whole care setting, staff, and systems, including residents and their families, and importantly will be developed in-context and in-situ (Brand et al., 2017; De Kock et al., 2021; Devi et al., 2020).

STRENGTHS AND LIMITATIONS

A key strength of this study was that the research was undertaken during the first wave of the COVID-19 pandemic. This enabled issues and lessons raised by the care home managers to be documented 'in the moment'. One limitation was the short three-month timeframe within which online resources were identified. Whilst we cannot guarantee that online well-being resources and guidance were not missed, we undertook a comprehensive and systematic approach to locate as many resources as possible within this timeframe amongst Scotland-based, UK-wide, and international organisations.

We note also that our survey response was 18%, the sample of care home managers was small (n=6) and limited to one health board area of Scotland which may limit generalisability of the findings. The homes included may be atypical as they are larger than average size, and the managers volunteered to participate in a Care Home Innovation Partnership. Moreover, frontline care home workers were not interviewed directly. This was due to the impact of significant additional pressure and limited available time within their roles at the time the research was conducted. We recognise that there is a clear need to engage with this group in future research and practice development.

CONCLUSION

The COVID-19 pandemic has shone a spotlight on the need for a strategic and sustained focus on staff wellbeing and to apply lessons learned as we continue to navigate our way through subsequent waves and towards recovery. This study explored what online and at-work wellbeing resources were available and utilised by frontline care home workers during the first wave of the pandemic. It has identified some of the challenges in providing wellbeing support information and resources online for use by frontline care home workers. It has also provided insight into key learning from the first wave that should be used to build immediate and longer-term policy and practice responses.

Going forward, there is a need for evidence-based online and digital wellbeing resources to be tailored and targeted to care home staff to bridge the identified delivery and uptake gaps. This is vital given the strategic emphasis now being placed on digital wellbeing.

The priority that should be given to in-house care-based activities and initiatives that also act as preventative practices has been highlighted. If staff are to be able to continue to provide effective and compassionate care to residents and look after their own health and well-being, there is a real need to shift the emphasis of how best to support care home staff from an emergency footing and focus on the long-term embedding of enduring wellbeing practices and resources within care homes. The findings of this study suggest that a more effective and sustainable route to better staff wellbeing will be work within care homes, to embed quality improvement and training initiatives based around practice-based learning and reflection by care home staff buttressed by high-quality leadership and communication.

To contribute to the development of priority areas and guide planners and the research community, we have conceptualised this as the need for construction of practice-embedded wellbeing support 'rails' (**r**esources, **a**ctivities, **i**nitiatives, and **l**earning **s**hared) (Figure 1).
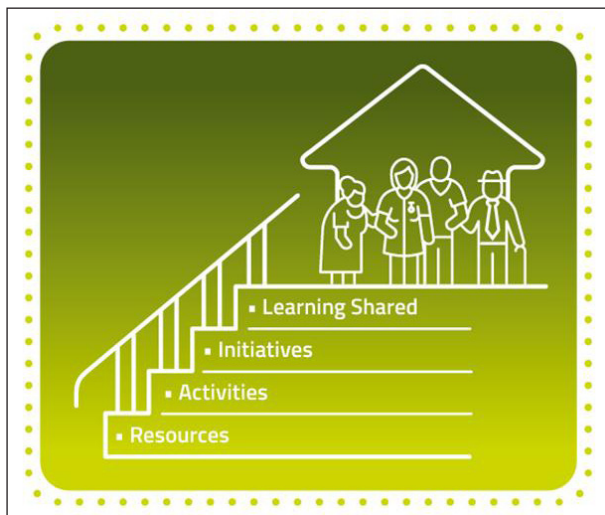
Figure 1 Support RAILS for well-being of care home staff.

Whilst it may have taken a global pandemic to focus attention on the wellbeing and support needs of frontline workers in care homes for older people, by presenting the lessons learned this critical and valuable insight, this can inform future development of strategies for longer term workforce wellbeing.

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The authors have no competing interests to declare.

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