

Enhancing Work Quality for Long-Term Care Professionals: Understanding the Why and How of Measuring their Work-Related Quality of Life

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Why Care Workers' Wellbeing is Important

- ❖ Recruitment & retention
 - ❖ Attracting talents
 - ❖ Productivity
- ❖ Quality of care & users' satisfaction



Developing a scale to measure care workers' wellbeing at work

Hussein, S., Towers, A-M., Palmer, S., Brookes, N., Silarova, B., Mäkelä, P. (2022). Developing a Scale of Care Work-Related Quality of Life (CWRQoL) for Long-Term Care Workers in England. *International Journal of Environmental Research and Public Health*. 19(2): 945.
<https://doi.org/10.3390/ijerph19020945>

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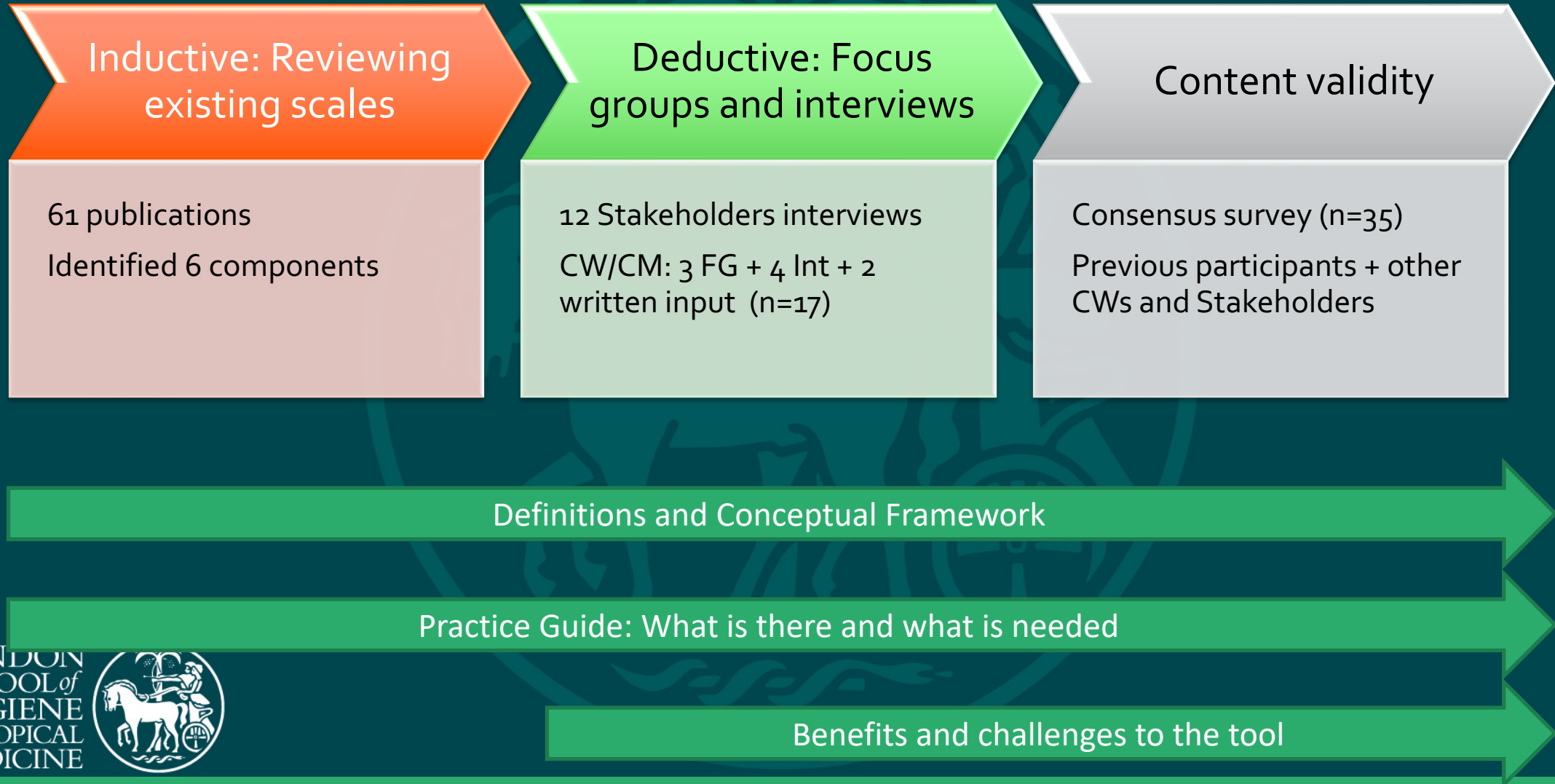
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Phase 1: Aims and Objectives

- Define CWRQoL for care workers
- Develop a conceptual framework of relations
- Provide examples of how to support CWRQoL for care workers
- Understand the benefits and challenges of using such tool/scale
- Few additional COVID19 elements
- To begin the development of a Care Workers scale, measuring the quality of life at work of care staff
- The first stage, and the focus of this project, is to determine the domains and items of the scale

Phase 1 Methods: Sequential mixed-methods. Iterative, deductive/inductive methods to establish domains and items





Inductive process:
existing evidence

SCOPING REVIEW

Eligibility

Type of study

**Primary research studies
qualitative, quantitative or
mixed methods.**

**Systematic reviews, meta-
analyses and other types
of evidence synthesis.**

Protocols.

Language

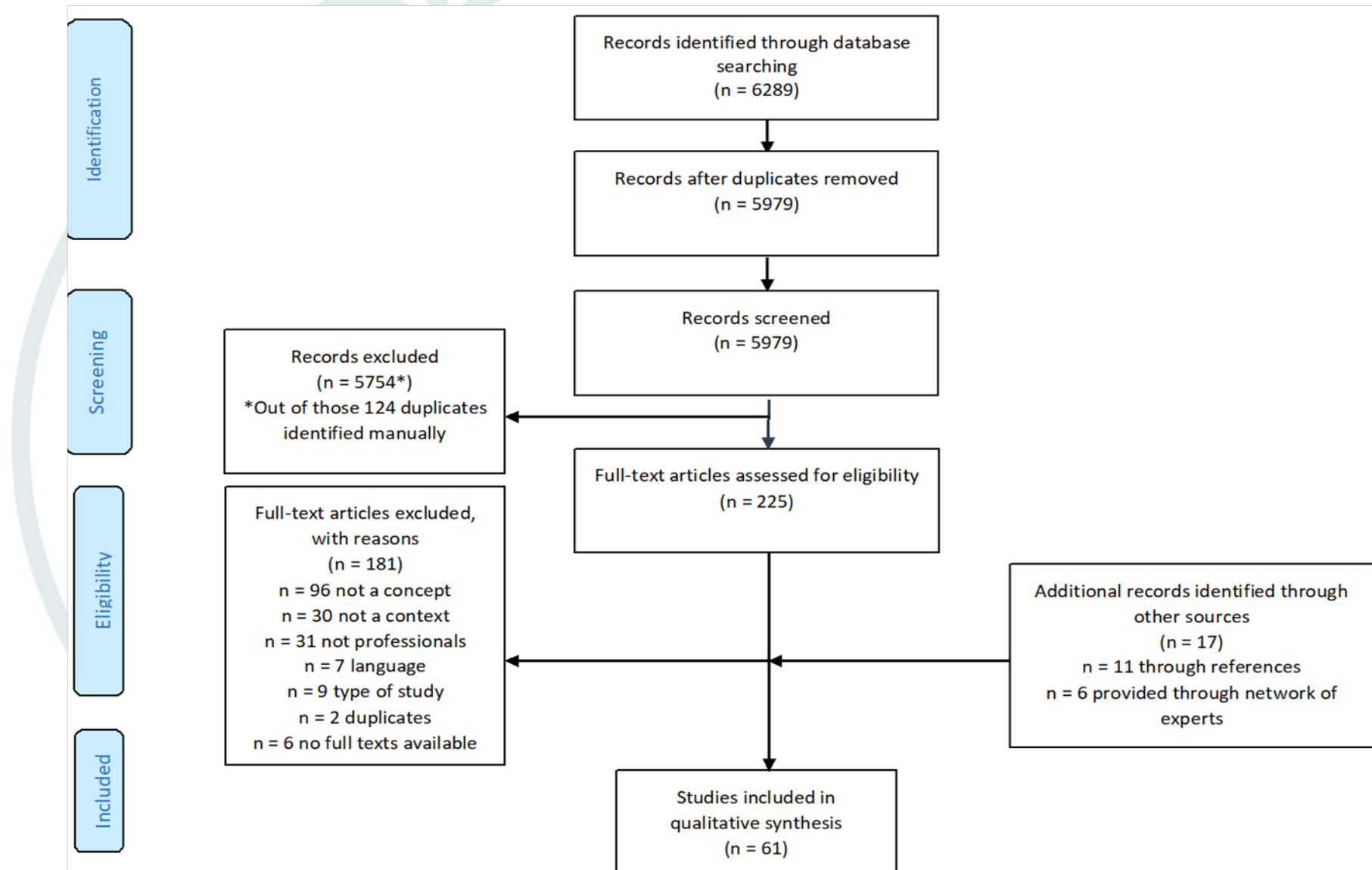
English

Time restriction

None



Flow chart of studies identified in the literature search



From the Literature: Six key components of CWRQoL

1. Organisational characteristics:

- Working culture
- Working climate

2. Job characteristics:

- Job–person match
- Autonomy/Control at work
- Time
- Responsibility for people
- Learning and growth opportunities/self-actualization
- Meaningful work
- Feedback from work

3. Mental Wellbeing

- Satisfaction
- Compassion fatigue
- Burnout
- Work engagement

4. Physical wellbeing

5. Spillover from work to home

6. Professional identity

Measures of WRQoL

Table 1. Characteristics of sources of evidence and identified key areas of work-related quality of life they reflect

	Study citation	Country	Study design	Context	Type of participant	Measures of <u>WRQoL</u>	OC	JC	<u>MWaH</u>	<u>PWaH</u>	S	PI
STUDIES IDENTIFIED THROUGH DATABASE SEARCHING												
1	André, Sjøvold et al. 2014(1)	Articles from the USA and Canada	Evidence synthesis	Nursing homes	Administrators; ombudsmen; department staff, different kinds of healthcare workers	Not applicable	●					
2	Arts, Kerkstra et al. 2001(2)	Origin of studies included not reported	Evidence synthesis	Domiciliary care	Home help aides	Not applicable	●	●	●	●		
3	Arts, Kerkstra et al. 1999(3)	The Netherlands	Cross-sectional	Domiciliary care	Home helps	<p>Workload: 'Experience and Assessment of Work'(4)</p> <p>Psychological and physical outcomes: <u>job satisfaction</u>: from Boumans(5)</p> <p><u>burnout</u>: the Dutch translation of the Maslach Burnout Inventory (MBI-NL)(6)</p> <p><u>health</u>: a self-assessment of general health</p> <p>Capacity for coping:</p> <p><u>social support</u>: from the Organizational Stress Questionnaire (VOS-D)(7)</p> <p><u>leadership style scale</u>: by Boumans(5), based on the Algeera(8)</p> <p><u>ways of dealing with problems</u>: shortened version(9) of the Utrecht Coping List (UCL)(10)</p>	●	●	●	●		



Deductive/Inductive process

INTERVIEWS AND FOCUS GROUP DISCUSSIONS
WITH CARE WORKERS, CARE MANAGERS AND
STAKEHOLDERS

Aims

- To explore how working in social care impacts on the life of frontline staff and managers
- To find out if the components of CWRQoL established in the scoping review resonated with frontline staff and managers

Additional aim for managers

- To explore how they and their organisation support staff wellbeing

3 focus groups

- 2 with managers
- 1 with frontline staff

4 individual interviews in place of focus group

- 1 manager/frontline
- 3 frontline staff

2 written responses

- Both frontline staff

Total number of participants:

- 6 managers
- 10 frontline staff
- 1 deputy manager who also worked as carer

Fieldwork: Expert stakeholders Interviews

Aims:

- To get key stakeholder and policymaker perspectives on CWRQoL components
- To explore how best a tool like this could be used in the sector
 - Barriers and facilitators
 - How best utilised
 - Knowledge of other existing tools
- To investigate how organisations, support care staff wellbeing/ CWRQoL

12 interviews

Job roles included CEOs, Directors, Academic lecturer, workforce statistician, independent consultant

Organisations included various charities, Think Tank, Workforce organisations, Government

Data synthesised using framework approach, based on aims and structure of interview

Analysis

Framework approach (Ritchie and Spencer, 1994)

Thematic framework established in scoping review stage

Transcripts indexed against themes

Mapping and interpreting the data

Searching for patterns and associations

Establishing a structure

Identifying additional domains and subdomains of CWRQoL



Content Validity

CONSENSUS SURVEY



Survey purpose:

To seek feedback on the domains and items identified through

- Stage 1 (inductive: the scoping review)
- Stage 2 (inductive/deductive: focus groups and interviews)

...to establish **importance and priorities**, and to incorporate views of project participants and wider stakeholders in the **final selection** of CWRQoL scale content

- Stage 3 (Content analysis: survey)
- Piloted and some changes made (e.g. added impact of client death)

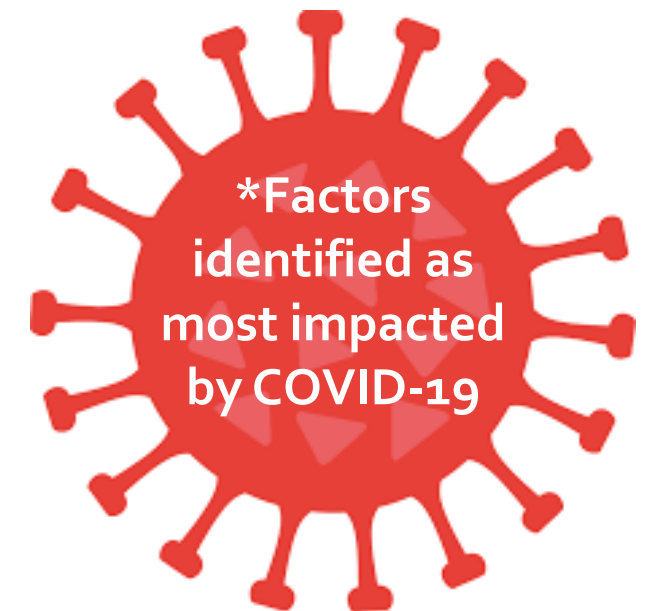
Some survey findings

Understanding 'work-related quality of life' for care workers:

Most important factors	Least important factors
Work factors outside your control (e.g. working conditions)	Non-work life affecting work-life
What you actually do in the job	Personal social factors (e.g. family support)
Work-life affecting non-work life	Personal psychological factors

Order of importance:

1. Financial wellbeing
2. **Mental wellbeing***
- 3= Features of the organisation/employer
- 4= What care workers do in their jobs
5. **Impact of work on home-life***
6. Professional identity as a care worker
7. Physical wellbeing





Synthesis of findings and developing a conceptual framework

Care Workers' Wellbeing at Work

- Have several dimensions
 - For example: emotional, physical and financial
- Affected by work-related factors that are similar to other work
 - For example, pay and working conditions
- Affected by a unique set of features related to care work
 - The relational nature of care work
 - How care work is organised and rewarded
 - How the society perceive the importance of such work

Impact on care workers



Mental/emotional wellbeing

I occasionally just kind of get compassion fatigue, and a kind of, not overwhelmed, but I get kind of like burnt out from they ask a lot from us emotionally (CW, community support, male)



Physical wellbeing

There are periods when it is all consuming and it's all I can think about and I don't sleep, I don't eat properly, I stop exercising (Care manager, community support, male)



Financial wellbeing

Low pay – inability to have financially secure life[...] Better pay so I do not have to pick up so much overtime to have enough money to provide my needs. (CW, care home, female)



Spillover from work to home

I can't remember having a holiday, or it's been a long time since I have actually had a holiday where I haven't been interrupted whilst being awaybecause you're kind of waiting for that phone call to come through (FG, manager, care home, female)

Domains, Subdomains & items

Financial Wellbeing	2 sub-domains: 1 -Job security; 2 - Having enough money to meet needs
Mental Wellbeing	3 sub-domains (6 items) : 1- Burnout/exhaustion (3 items); 2- Satisfaction/motivations (2 items); 3- Impact of clients' loss (1 item)
Physical Wellbeing	4 sub-domains: Physical injuries; Adequate equipment to do work; Physical health (aches & pains); Impact on health behaviour (sleep, diet)
Organisational Features	5 sub-domains (11 items): 1- Sufficient staffing (1 item); 2- Management & supervision (3 items); 3- Working environment (2 items); 4- Training & Development (4 items); 5 – Pay & Benefits (1 item)
Nature of care work	4 sub-domains (16 items): 1- Time (4 items); 2- Relations (5 items); 3- Tasks & Responsibilities (5 items); 4- Care client's needs (2 items)
Recognition of Care Work	2 sub-domains (5 items): 1- Feeling valued and respected by (4 items); 2- Professional identity
Work-life spill-over	3 sub-domains: 1- Work limits out of work activities; 2- Positive mood from work improves personal life; 3- Negative work-related thoughts stays out of work

Societal recognition of care work

Professional identity

Valued

Care Organisation Characteristics

Staffing

Management & Supervision

Environment

Training & Development

Pay & Benefits

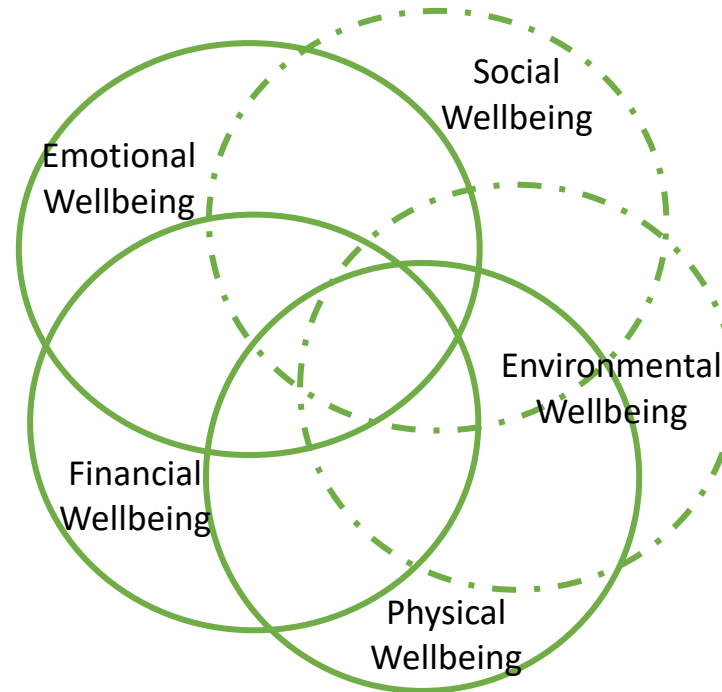
Nature of Care Work

Time

Relations

Tasks

Clients' needs



Spill over

Wellbeing in life beyond care work

Source: Hussein et al. (2022)



Three factors underlining the domains with three components of CWRQoL impact were identified



CAWRQoL Definition: At a *particular time*, a care worker's work-related quality of life corresponds *to their experiences of work tasks*, determined by and rewarded within an *employment context* in which *interacting emotional, physical, social and financial components* of wellbeing are impacted in work life and non-work life, and potentially shape their engagement with care.



Building on Phase 1

Fully develop and test the Scale (ongoing)

- Acquired further funding to develop, test and validate the scale March 24- March 26 (ASCK-Well); NIHR RfSC (NIHR205165)
- Co-Is: Sarah Smith & Mirza Lalani (LSHTM) + SC partners: Care Workers Charity, National Care Association & Skills for Care

Policy dialogue and impact (ongoing)

- Quality of life at work practice guide (completed)
- Utility & acceptability of the tool (completed)
- National policy
- Awareness & practical support
- International guidelines

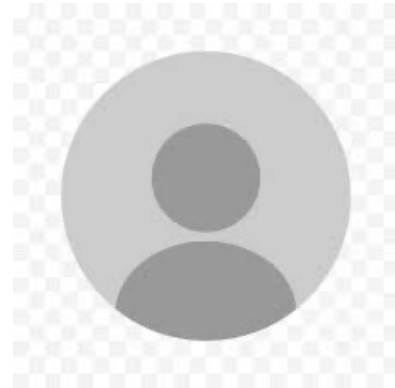
Future research to utilise the ASCK-Well scale

- Examine to quality of care and users & workforce outcomes (e.g. retention and sick leave)
- International cross-culture adaptation & comparative research

ASCK-WELL Study



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The views expressed in this presentation are views expressed are of the ASCK-WELL team members and are not necessarily those of the NIHR or the Department of Health and Social Care.

ASCK-WELL Aims and Methods

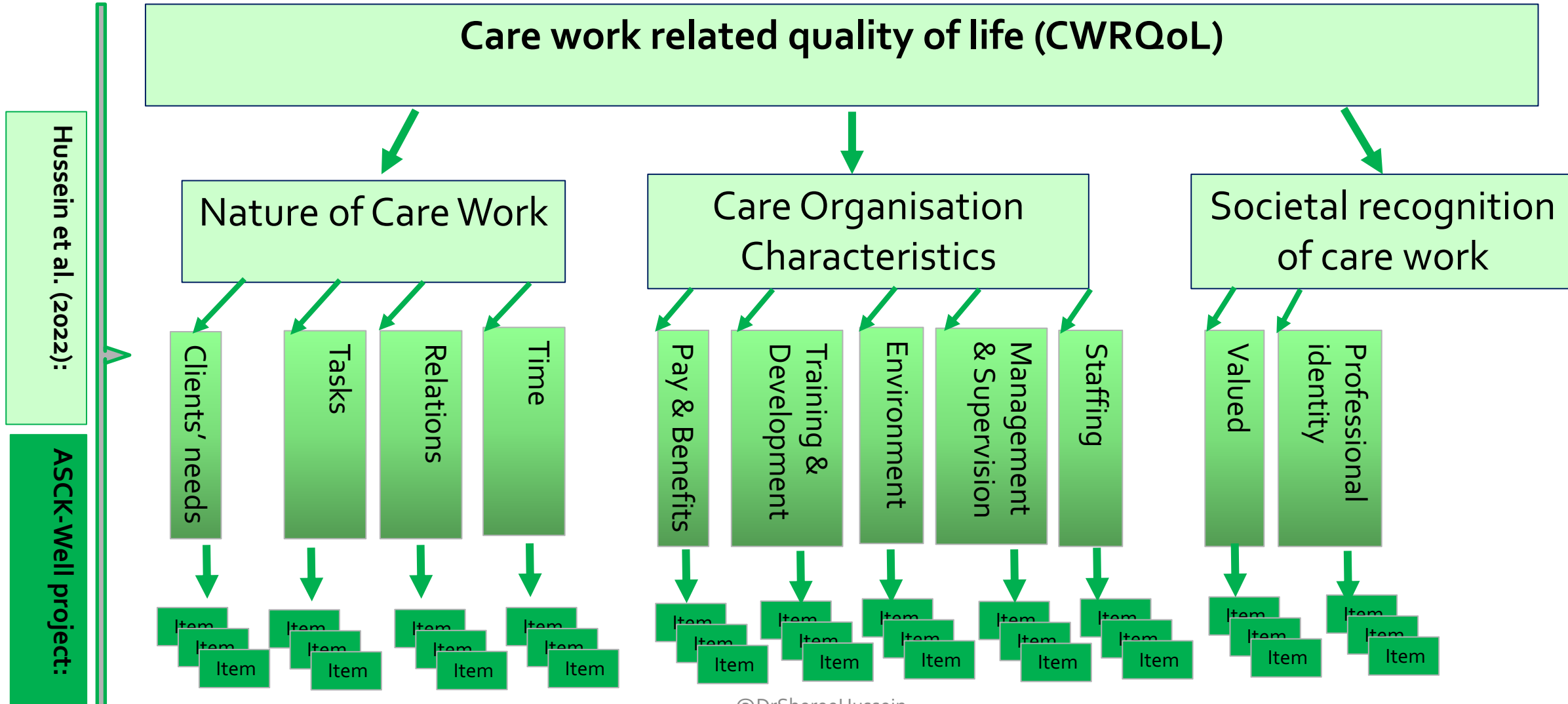
AIMS

- RO1: Finalise a conceptual framework to describe ASCK-WELL
- RO2: Develop questionnaire items to reflect every component of the final conceptual framework
- RO3: Establish the extent to which the new instrument is psychometrically (scientifically) robust
- RO4: Develop a practical implementation plan to improve the utility and uptake of the new instrument

MEHTODS

- A mixed-method design
- Qualitative group and cognitive interviews to finalise the instrument framework, questionnaire wording, and structure.
- Both modern Rasch-based psychometric methods and classical psychometrics
- A work-strand of engagement with regular communications and three roundtable discussions to co- develop an impact logic model (to utilise the tool in practice)

ASCK-Well: From conceptual framework to questionnaire items



Psychometric methods – why it matters

- Paradigm shift – from classical test theory to modern psychometric methods (based on Rasch measurement theory or item response theory)
- Classical psychometric methods produces problematic scores because:
 - potentially imprecise and inaccurate
 - not truly interval
 - not “invariant” making understanding and interpretation impossible
 - cannot be used at the individual level (and therefore not useful to a clinician)
 - not helpful/meaningful to the respondent (care worker)
 - conceptual framework is not always retained
- Using Rasch based psychometric methods:
 - potentially produces scores that are accurate, precise, invariant, truly interval, can be used with individual care workers and meaningfully interpreted

ASCKWell project – psychometric evaluation

- Rasch-based psychometric analyses will determine how robust the new instrument is by addressing the following questions:
 - do the response categories work as intended?
 - do the items map out a continuum from high levels to low levels of CWRQoL?
 - do the items work together?
 - do the responses to one item bias responses to another item?
 - is the performance of items stable across relevant groups (do the items perform in a similar way irrespective of gender, age or work setting (home care vs care homes) of the respondent)?
- Initial analysis to identify any likely anomalies – solutions/new wording for problem items generated through focus groups with care workers
- Full field test to establish final measurement properties of the instrument and responsiveness (sensitivity to change)

Policy Dialogue & Impact



QUALITY OF LIFE AT WORK

What it means for the adult social care workforce in England and recommendations for actions

FEBRUARY 2022

Authors Ann-Marie Towers, Sinead Palmer, Nadia Brookes, Sarah Markham, Helen Salisbury, Barbora Silarova, Petra Mäkelä, Shereen Hussein

Practice Guide

National & Int. policy



International Institute on Ageing
United Nations - Malta

Received: 10 May 2021 | Revised: 23 November 2021 | Accepted: 13 December 2021
DOI: 10.1111/hsc.13718

REVIEW ARTICLE



Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review

Barbora Silarova PhD¹ | Nadia Brookes PhD¹ | Sinead Palmer MSc¹ | Ann-Marie Towers MSc² | Shereen Hussein PhD¹

Journal Articles



International Journal of
*Environmental Research
and Public Health*

an Open Access Journal by MDPI

Developing a Scale of Care Work-Related Quality of Life (CWRQoL) for Long-Term Care Workers in England

Shereen Hussein; Ann-Marie Towers; Sinead Palmer; Nadia Brookes; Barbora Silarova; Petra Mäkelä

Int. J. Environ. Res. Public Health 2022, Volume 19, Issue 2, 945



Health and Social Care Committee @CommonsHealth · Apr 20
We have commissioned our Expert Panel to evaluate the Government's progress in achieving its commitments made regarding the health and social care workforce in England.



Health & Social Care Committee's Expert Panel

NEW EVALUATION:

Government commitments made in the area of the health and social care workforce

- Utilise the final scale in research & practice
 - The relationship between workers wellbeing and key outcomes (for the workforce and care delivery)
 - The impact of different workforce interventions, including support initiatives
 - The impact of policy reforms on workers' wellbeing (SC & broader policy, e.g. immigration & employment)
- International comparative studies
 - Can start cross-culture adaptation from month 10-12 of ASCK-Well

Thank you for listening
Happy to respond to questions

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