Scottish Care
Voice of the independent care sector

VOICES FROM THE NURSING FRONT LINE

CONTENTS

FOREWORD

"Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion."

So said Florence Nightingale over a century ago. Her words ring as true today as they did when they were first uttered. They describe the core and central attributes required of being a nurse. Human touch, assuring presence, open acceptance and simply being there, all lie as the beating heart of nursing in our care homes. The stories in this report give voice to the thoughts and feelings of the women and men who dedicate themselves day in and day out to the care and support of some of our most vulnerable and at times challenging citizens. Nursing is hard, emotional and costly work, just as much as it is rewarding, renewing and inspiring.

I am delighted to welcome this report because it brilliantly captures the spirit and the voice of those who nurse in social care. It captures the joys and the frustration, and it offers challenge also. It celebrates the unstinting work and at times sacrifice of those who nurse. What is clear from this report is that despite the challenges of paperwork, shortage of numbers and an increasingly demanding clinical role, our nurses are not at all short of compassion, dedication and caring.

But this report also issues clear and stark warnings that the current system is fragile. We are at a critical juncture for nursing in social care in Scotland. A lack of investment, huge difficulties around recruitment and retention, the absence of an equal playing field with the NHS are some of the issues which those who work in the sector demand us to deal with as a matter of urgency. We cannot ignore that voice and only concentrate on the words we might want to hear.

Yet this report is more than a litany of challenges, it is also a description of why individuals come to nurse in a care home, why they stay and what they want to tell to those who have not worked in that environment. It scotches the myth that this is not 'real nursing.'

In its words we hear voices that daily give hope, remove fear, celebrate happiness and embed joy. This is what nursing in care homes is all about. This is what Florence Nightingale hoped for all who followed her. Her words are alive and well in our care home nurses.

Dr Donald Macaskill
Chief Executive, Scottish Care

1. INTRODUCTION

"We are the guardians of our older people, this is a huge responsibility."

Nurse recruitment and retention difficulties have reached a critical point within care homes in Scotland. Why do nurses come into the sector and what makes them stay?

These are the questions that this report seeks to answer, through the voices of nurses working in the sector themselves.

It is easy to rehearse the assumptions that abound about why the social care sector struggles to attract and retain skilled staff, and why nursing in particular experiences difficulty in achieving recognition of its role and value in the social care sector.

However by only focusing on the strategic planning and policy challenges of nursing in care homes and by articulating a narrative of problems and crisis, we risk alienating the 5,020 nurses who do choose to undertake this invaluable role in independent sector care homes.[1] We must also understand nurses' own particular experiences in order to more meaningfully articulate the numerous benefits of working in social care, and to better support them and their employers through the inevitable challenges.

This report is therefore an important opportunity for some of these nurses to tell their story, using their own voices. It explores their experiences and perceptions of nursing in the care home sector and what motivates them in their day-to-day activities. In doing so, it tells us more about the qualities and skills front line nurses need and what can be done to improve the profile of this difficult, demanding yet rewarding job.

It is hoped that this report will serve as a valuable resource for care organisations, whereby the stories it tells can be used to help them shape approaches to nurse recruitment, retention and engagement.

What's more, it is our intention that the findings of this work will be of value to a range of key stakeholders including the Scottish Government, the Royal College of Nursing, the Care Inspectorate, the SSSC, COSLA and Health and Social Care Partnerships. Through positive joint working, we hope the findings will inform the practical exploration of how we can attract more nurses into work in the social care sector - and how we can encourage them to stay.

We expect a significant outcome of this report to be the way it raises awareness of how crucial the values, skills and dedication of nurses in the social care sector are. If we don't listen to the front line workforce and recognise high quality nursing staff as a crucial component of health and social care, we will lose the wealth of experience and knowledge they offer, we will not improve outcomes for those who require care and support services and we will be unable to promote choice, personalisation and innovation in our care services.

[1] *Scottish Social Service Sector: Report on 2015 Workforce Data An Official Statistics Publication for Scotland. Scottish Social Services Council (2015).*

As the National Clinical Strategy states[2]:

"As we move to integration of health and social care, it is important that we plan for the wider workforce employed across health and social care, ensuring that the important contribution of care staff is recognised, and that these roles are as attractive as possible for potential care workers."

[2] *A National Clinical Strategy for Scotland. Scottish Government (2016).*

1.1 The nurse recruitment and retention challenge

Whilst Scottish Care isn't directly funded to explore social care nursing as part of the wider workforce agenda, it has become such a crucial issue in recent years that it is imperative that we explore how the current challenges are impacting on the independent care sector.

There is a growing recognition that the views, opinions and ideas of front line workers are essential in shaping and informing a variety of national health and social care policies and initiatives. Indeed, there is a real need to tap into their expert knowledge and experience about the people they support and how they, as workers, can be enabled to be the best they can be.

Scottish Care remains committed to front line engagement and to those engaged in our Front Line Support Worker Strategy Forum, which was established in 2014 and has grown to include over 100 workers, including nurses. It is therefore important that we seek to gain an understanding of their experiences and enable them to contribute to organisational, local and national policy discussions within an integrated health and social care setting, in the same way that we promote the engagement of care workers.

Feedback from Scottish Care members has increasingly highlighted nursing as a critical issue in the sector. For this reason Scottish Care formed a Nursing Strategy Group in 2015, comprised of independent sector providers who employ nurses, nurse managers and front line nurses, to look at the various challenges and to raise the profile of nursing within the social care sector. To date, this group has explored the issues of nurse recruitment and retention, the increased use of agency staff and the impact upon quality and sustainability of that usage, as well as exploring issues of revalidation, training, Personal Development Plans (PDPs), and career structures within the independent and third sectors.

It is widely recognised that we must work in partnership to find long term solutions to the nursing challenges we are facing in the continuously evolving context of integrated health and social care services.

1.2 Voices from the nursing front line in context

Scottish Care published a number of reports in 2015/16 which not only detailed the general recruitment and retention issues that exist in the social care sector, but began to explore the particular challenges facing the nursing component of the care workforce.

In the Front Line: Social Care Providers Survey Report on Recruitment and Retention[3] identified that recruitment and retention of nursing staff in Scotland's care homes is becoming increasingly challenging, with 66% of providers finding it difficult to fill nursing vacancies. The report highlighted that an insufficient supply of nurses and a perception that the care home sector is an unattractive career path are inhibiting services from ensuring they have a sufficient number of high quality nurses in their employment. In relation to retention, the report raised concerns that whilst nurse turnover rates were lower than for other care staff, the vast majority of those who did leave did so for preventable reasons and often went on to work for the NHS. In the Front Line: Supplementary Report on the Use of Agency Staffing[4] established that there are increasing pressures on services in relation to recruiting and retaining nursing staff, with the independent sector finding itself unable to compete with agencies, the NHS and local authority organisations with regards to competitive terms and conditions. As a result 46% of services had increased their use of agencies in relation to nursing staff to fill outstanding vacancies, often at great cost.

The report concluded that:

"We need to ensure that the social care sector is sufficiently attractive for all individuals to choose it as the setting for their work and career. A particular focus needs to be given to ensuring that nursing staff can find social care nursing to be both professionally beneficial and career enhancing."

Whilst Voices from the Front Line: Exploring Recruitment & Retention of Social Care Support Workers[5] didn't focus specifically on nursing, a number of those interviewed as part of the research were in nursing roles or had nursing backgrounds. Therefore the reflections of respondents, which highlight a dedicated yet undervalued workforce, can equally be attributed to nurses and mean they aren't protected from the negative perceptions of working in social care.

Problems recruiting and retaining nurses, combined with the increasing use and cost of agencies, are placing many providers in an increasingly precarious position. There are risks not only to the quality and continuity of care, but to the sustainability of services because of the lack of available trained nurses who are willing to work in the sector. Some geographical areas and particular types of services, such as care homes with nursing, are now describing this as a crisis.

The criticality of these challenges couldn't be reflected more clearly than in Scottish Care's most recent survey on nurse recruitment and retention. The results show an overall nurse vacancy level in the independent social care sector of 28%, with 98% of care home providers having difficulty filling nurse posts. On average, vacant nurse posts are taking seven months to fill but can take in excess of one year, with organisations having to significantly increase their use of agency nurses to cover shifts to the detriment of both organisations' viability and continuity of care for residents. Retention of nurses is also a significant concern, with an average of 30% turnover of nurses and 42% of organisations facing known nurse retirements in the next year. What's more, a significant number of those not looking to retire are leaving the care home sector to join the NHS. If these challenges cannot be overcome in the very near future, care home providers tell us that they will have to explore different models of care which do not include nursing or will consider having to close their services. This is a source of grave concern for the future health and social care landscape, and clearly evidences the importance of the nurse role in care homes.

Independent and voluntary sector providers combined employ 5,020 nurses within Care Homes for Adults and Housing Support/Care at Home services.[7] This is approximately 10% of the total nursing workforce in Scotland, but this figure is often overlooked in relation to workforce planning and professional development.

As we move towards closer integration of health and social care services, it is expected that different services and job roles will work more collaboratively to improve care for those who require it. This, together with the growing number of people with complex needs and the policy ambition to support people at home or in a homely setting wherever possible, will inevitably mean that the lines between hospital and community care will become increasingly blurred. Nurses, including those working in social care settings, will play a crucial role in this. Indeed, one of the outcomes of health and social care integration is:

"People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide".[8]

The evidence Scottish Care has gathered so far suggests that there may be a long way to go before this outcome can be fully achieved unless we better understand how to value, reward and support nurses and prospective nurses in social care.

[3] *In the Front Line: Social Care Providers Survey Report on Recruitment and Retention. Scottish Care (2015).*
[4] *Scottish Care: In the Front Line: Supplementary Report on the Use of Agency Staffing. Scottish Care (2015).*
[5] *Voices from the Front Line: Exploring Recruitment & Retention of Social Care Support Workers. Scottish Care (2016).*
[6] *Independent Sector Nursing Data Report 2016. Scottish Care (2016)*
[7] *Scottish Social Service Sector: Report on 2015 Workforce Data An Official Statistics Publication for Scotland. Scottish Social Services Council (2015).*
[8] *National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services. (2015).*

1.3 How we developed the report

This study is based on semi-structured interviews with 28 nurses working in the independent care home sector. Each interview lasted around 45 minutes and was carried out by one of five people either on the phone or face to face. (The interview questions can be found in Research Questions)

We decided to research people's experiences by collecting their stories, as this method offers an opportunity for people to describe their experiences from their own perspective and to assert their own interpretation using their present expectations and understanding of their situation. Story-collecting cannot and this report does not claim to provide a wholly representative view of a situation, but we believe the consistency of the themes which arose gives a very accurate picture of what it is like to be a nurse working in social care in Scotland today.

Who was involved?

In order to get a broad range of inputs, it was decided to seek expressions of interest from those who had already become involved with Scottish Care's Support Worker Strategy Forum and Workforce Development Strategy Group, as well as appealing to the wider Scottish Care membership.

In the end, 28 nurses took part in the research (a list of participating organisations can be found in Appendix 2). Those interviewed were not asked specifically about their grade, but it emerged through the interviews that six of the participants were care home managers or clinical service managers and six were deputy managers or charge nurses. The remaining 16 nurses included a mixture of grades and some had specialist roles in their organisations.

Interestingly, all 28 participating nurses were female. It was neither possible nor desirable to influence the gender split, since participants were either self-selecting or invited to take part by their organisations.

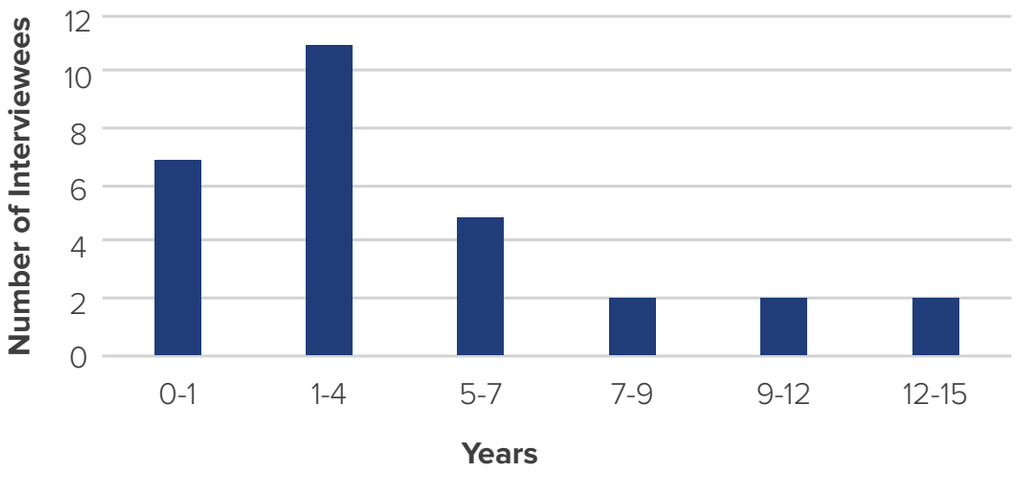
Where were the nurses working?

Interviews took place in a total of 20 care homes across 18 different organisations throughout Scotland. The regional breakdown of the interviews is as follows:

Area	Number of Interviews
Glasgow	7
Edinburgh	2
Fife	4
Argyll and Bute	3
Perthshire	2
North Lanarkshire	3
South Lanarkshire	1
North Ayrshire	1
Borders	3
Clackmannanshire	2
Total	28

Length of experience in current role

The length of time that the nurses interviewed had been in their present post ranged from under one year up to 15 years. The graph below shows the length of service for all interviewees. It shows that most (18) people had been in their present post less than five years. Although not specifically asked, it emerged through the interviews that length of service within nursing and care for the group as a whole was far greater (at least 356.5 years combined), compared to the relatively short time in current posts (108.5 years combined). This intimates mobility and career progression opportunities within care homes.



2. WHAT NURSES TOLD US

2.1. Why social care?

"I am working in an area I love and am passionate about. I have seen huge changes for the people being cared for in nursing homes – this is brilliant."

A fundamental part of this study was to find out how nurses enter social care and whether this is as a result of choice, or circumstance.

Routes into nursing in a care home

15 (over half) of the interviewees had come straight into a care home setting after they had qualified. Of these, five had been carers in the home they were working in before going on to do their nursing qualification. In fact nine nurses talked about their previous experiences as a carer prior to becoming a nurse but four of them had worked elsewhere, typically as bank staff, before taking up a post in a care home. This is important in that we often talk about care being a stepping-stone to a career in nursing. It is clear that where there have been positive experiences of working in care, individuals do go on to do their nursing qualification and return to social care nursing through choice.

"In three cases, care assistants have undertaken nurse training and have come back to work here."

"I worked here as carer and I knew I wanted to return to care homes when I completed my nursing training."

Three nurses had gone from training into the NHS, but had moved quite soon after to work in care homes. Two of these said they had left because they felt unsupported in their jobs in the NHS. Some other nurses, especially the more senior managers, who had longer careers in the NHS before taking up posts in care homes.

"My first job was with the NHS but I was just left alone to get on with it and was not supported at all, I love working here in a nursing home."

"I felt I could make a difference in a smaller organisation – I felt constrained in the NHS at times."

Care home nursing as a preferred option

Of the 28 people interviewed, 26 spoke about whether or not working in a care home had been their first choice of workplace. 17 people (65% of respondents) said that nursing in a care home was not their first choice of nursing role.

Most of the interviewed nurses said that their initial ambitions had been to work in acute or community settings or they had ambitions to pursue specialisms. However, there had not been opportunities open to them in those areas at the time they were seeking employment and now, most of them had grown to like working in a care home more than they had thought originally.

"I stumbled across it by accident – but it was the right choice."

"I never even thought about trying to phone a care home – it never even entered my head. It was just the hospital."

Conversely, eight (35%) of the nurses said that a care home was their first choice of place to work. Three of these had always wanted to work with older people in particular. One nurse said she wanted to move to community nursing in time, but the remainder appeared settled in a care home environment.

Reasons why nursing in a care home setting was their preference included having worked in or been on placement in a care home previously, or because they saw the approach taken in care homes as fitting with their values.

"I always knew I wanted to care for older people ever since I left school."

"Nursing in a nursing home was definitely my first choice of job."

Why stay?...

Questions were then asked as to the nurses' fundamental motivation behind working in a care home.

Half of the nurses interviewed gave, as their primary answer, reasons associated with the people that they care for. Some had a particular passion for dementia care or care of older people, whilst others simply cited 'the residents' as their main reason for staying. Three of the nurses talked about the importance they placed on older people's care and how, in their opinion, it appeared to be regarded by society as less important than other forms of nursing.

"Having worked in lots of different settings and nursing homes, I think this is the most intrinsically rewarding, especially dementia care. We're very privileged to be in the positions we are."

"Knowing that you are making a difference is absolutely a motivator."

"You have time to get to know the residents….as a person, their backgrounds. In hospitals you don't have time to do this."

Four people specifically mentioned positive working relationships with their team and colleagues as reasons why they choose to stay working in a care home environment. For three others, it was supportive management that meant they opt to remain.

"We get regular supervision and it is good here because you have management to discuss things with."

The availability of regular hours, but also the flexibility of shifts were brought up as attractive features by three nurses.

"There is flexibility in the job – you can work days or nights to suit, nursing homes are generally very accommodating."

The opportunities and potential for learning and development was also raised as a positive factor.

"There are plenty of opportunities for development – we are always encouraged to do further learning and development."

The autonomy of the role both in frontline and management roles was given as a motivator by two people.

"You will have more autonomy (in a care home than on a ward) and if you have passion you can develop a career."

"Job satisfaction has motivated me. This has been through having an autonomous role."

The themes of teamwork, support, flexibility, autonomy and development potential were repeated regularly throughout the discussion and were clearly central to nurses' decision-making around their current and future career pathways.

... and why leave?

Not everyone interviewed was positive about their workplace or motivated to stay. Two of the interviewees (from different organisations) had recently handed in their notice. In both cases these people were dissatisfied with their particular workplace rather than nursing as a whole. Frustrations included short staffing, low staff morale, and a lack of recognition, as well as poor terms of employment.

"I know I make a difference because I do care and it hurts when you are short staffed because you can't spend time with people one-to-one and that means people get lonely and loneliness promotes a worsening of dementia."

"People in Asda get almost £10 an hour. Staff here are caring for people at end of life, day in day out."

"I am scunnered with nursing, it can be a thankless job. I get no sick time, 5 weeks holidays, sometimes I wonder what I am doing."

Although these two people articulated their frustrations more strongly than others, some of these themes also emerged from nurses who were otherwise happy in their work.

A third nurse was considering letting her registration lapse as she had become disillusioned with the lack of time available to spend with residents.
Again there was a commonality in negative comments relating to the loss of capacity to be a nurse due to time and practice pressures, especially around the complexities of medication management and having the responsibility of supporting residents as the only qualified nurse on a shift. This is a particular challenge for smaller care services and on night shifts.

"The pressure of the job has done it.... I'm not spending enough time with people... I'm not having time to value them. This is the last home they will ever have... they need to be reassured. I hate saying, "I'll be with you in a minute" because the minute never comes till a half hour later. By that time they will say, "It disnae matter. I ken you're busy."

"Being alone on shift as the only qualified nurse. There is a direct effect on the residents of the home if the only qualified nurse on duty is constantly busy, you can be pulled in 5 different directions."

2.2 Differences between care home and NHS nursing

"You can feel very appreciated working in this sector because you have that relationship."

To understand more about why care home nursing was or was not a first choice of nursing career, nurses were asked what differences they perceived between working in NHS hospital wards and in care home settings.
By far the most regularly mentioned topic centred on the belief that there is much greater opportunity to develop relationships with residents in a care homes compared with patients in a hospital. It was a key reason for people wanting to work in care homes in the first place, but also a significant factor in why they wanted to remain working there. Eight people spoke specifically about why having time to spend with residents, getting to understand their needs better, and having the opportunity to provide emotional support was of high importance to them.

"Now I wouldn't work for the NHS. I think it has gone down and down. You don't know anybody. You don't meet the patients. You see them for 10 minutes then they're horsed away."

Comments from nurses indicated that there are also real pressures on the amount of time available to spend with people in care homes but in general, the duration of relationships in care homes was seen as a good reason to work there, rather than on a ward.

"Being a nurse here, we can spend much more time with one resident."

The other perceived differences between hospital and care home nursing comprised a mixture of factors:

Positive aspects of nursing in care homes:

- More person-centred care delivered in care homes
- More autonomy in the nursing role and more direct influence over the care provided to individuals
- A more homely environment and positive atmosphere
- More regular, predictable shift patterns that can support a better work/life balance
- More opportunities for personal and career development

"There are plenty of opportunities to be involved in different roles – I have made some management suggestions to make small changes and these have been accepted and I feel I could possibly do a management role in the home in the future."

"It's so homely. It's a nice atmosphere. You've got time. You know the residents like the back of your hand, I just love it. I love being a nurse."

"This is person centred care at its best."

Negative aspects of nursing in care homes:

- Being the only nurse on shift in a care home without immediate back up is a significant pressure
- Better terms and conditions in relation to holidays, sick pay and pensions are available within the NHS

"You don't get an awful lot of holidays in care. NHS is different."

"The pay differential is the major problem in terms of us attracting people to work here rather than the NHS."

"In hospital you get paid if you're off sick or on maternity leave. That's why some of the younger nurses in here have left."

A number of these factors were raised again when discussing challenges in the role and whether it was a career that the nurses would promote to others.

2.3 The image of social care

"Near the end of 3rd year, people came from the NHS to talk about nursing jobs. The room was packed with about 200 students. In the afternoon, people came in from nursing homes to talk about jobs. There were 20-30 people left. The lecturer had said, "You won't want to stay around because you want to be real nurses."

The image of care homes turned out to be one of the most dominant themes within the interviews. Overwhelmingly, the nurses interviewed felt that care home nursing had a negative image both amongst other nurses and professionals and in wider society and the media.

Only five nurses spoke of how they acquired a positive understanding of the reality of care homes before they qualified. This was based on either their own time working as a carer or undertaking bank work, or from family members who worked in the social care sector. A further five said they had little or no prior knowledge having come straight from school or training and having never been told about, or personally experienced care homes.

Seven of the nurses spoke about the media and public image of care homes. The general feeling was that care homes never get a positive write up in the papers and that this shapes wider perceptions. Comments included:

"They never show the good stuff."

"It's hard for care homes when you only hear negative stories – I think that's why it puts nurses off coming."

The role of education in influencing perceptions

By far the greatest source of the care sector's negative image was attributed to what nurses had been told about care homes from colleagues or lecturers whilst training. Nearly half of the nurses spoke about how, during their time undertaking their nursing qualifications, they had been exposed to negative comments about working in a care home. Several of the participants spoke about care home nursing being described to them as 'not real nursing'.

The off-putting factors related to the following:

- Nurses will lose skills in care homes
- The job is insufficiently rewarding or challenging, in that there are insufficient levels of complexity to warrant nursing input
- There is a greater risk of loss of registration, because the risk of mistakes when working as the only nurse on a shift is greater

“In my nurse training the focus was about NHS work. Student nurses and lecturers were quite negative about nursing homes.”

One nurse did speak about how she was encouraged by her lecturer to work in care homes because it gives experience of a broad range of conditions. However, most people talked about being discouraged from working in care homes. One nurse spoke of how placements in care homes were not warmly received:

“I was never given a placement in a care home. Some nurses were and they would all mump and moan as soon as they found out they had a placement in a care home.”

Most of the interviewees had not had placements in care homes as students. However, four nurses who had been on care home placements spoke about their experiences. Two had previously had poor experiences:

“I didn’t learn anything - I felt like a glorified carer.”

“I was used more as an auxiliary.”

Interestingly, those who had more positive experiences said that the care home placement had influenced their decision to pursue their nursing career in this setting.

”I was a student in a nursing home. I knew I wanted to work in nursing homes, you get to know the residents much more.”

A few of the nurses identified shortcomings in the promotion, availability and importance placed on care homes as a unique learning experience and career option, and made suggestions in relation to future nurse training and placements:

“Perhaps there should be a particular course for nurses in nursing homes.”

“A nurse should do a year in a nursing home before they start their degree… you can become comfortable in hospital wards and forget there is a career out with hospitals.”

“Universities need to have more open communication with care homes.”

Those who had positive experiences in a care home as a carer or a student nurse could clearly see that, whilst often different from hospital work, care home nursing offers valuable, rich learning experiences leading to a rewarding career. Negative societal perception of care home nursing, compounded with the discouragement by some in higher educational establishments is creating a perfect storm, and is contributing to the recruitment difficulties the sector is facing. Time and again the nurses were acutely aware of how they are perceived by others, and sadly the role and the image of care homes is not seen in a positive light.

3. QUALITIES AND ATTRIBUTES OF A SOCIAL CARE NURSE

The nurses were asked what qualities and attributes they felt they had that make the most difference to the people they care for. Whilst many recognised the difficulty in reflecting positively on their own qualities, a vast range of responses were elicited.

The most prominent were:

A high degree of empathy and understanding:

"Empathetic to families and residents. The network of care is wider that the person in receipt of care and this is important to recognise."

Respectfulness, whereby you value people and treat them with dignity as if they were your own loved ones:

"Nurses need to have respect, understanding, empathy and to treat people as their own family."

Excellent communication skills:

"Getting on with people, being able to communicate well is essential"

A caring and kind nature:

"It's important to be warm towards the residents."

Many other 'softer skills' were also highlighted as important in order to have the greatest positive impact in the nursing role within care homes.

"I am honest, trustworthy and have a bubbly personality and I cover up stress well!"

"For this job you need compassion, definitely compassion."

"It's important to me that they get looked after properly. That's my main goal. I don't know what quality that is."

Although people were asked about qualities and attributes, several also suggested the important skills that are required in the job. These were:

- A good clinical knowledge across a wide range of conditions
- Skills in specialisms such as dementia and palliative care
- Managerial and leadership skills, with the ability be assertive, lead and take control

"We need damn good nurses who are highly skilled, qualified and passionate."

This emphasises the important interdependence of high level, clinical skills and particular personal qualities for nurses in care homes. It is important that this is recognised in training and recruitment processes, and it further emphasises the highly skilled professional role undertaken by nurses in care homes. Not everyone would be suited to undertake this complex role, and therefore those who do have the right values, attributes and skill set must be identified, supported and nurtured in order to recruit and retain them in care homes.

4. THE MOTIVATORS

"I love the hands on resident care – filling up the bath and the bubbles go everywhere and we just have a big laugh about it!"

This study was keen to explore what nurses enjoy about their role, what motivates them, how they know they are having an impact on the people they support and if there are opportunities for learning and development.

Enjoyment

21 of the 28 (75%) people interviewed attributed, in some shape or form, enjoyment to the direct work with families and residents. More specifically, this enjoyment related to:

- Getting to build meaningful relationships with residents and families
- Helping people to plan and make choices
- Working out what people are trying to tell you, particularly in relation to dementia
- Having a laugh and a chat
- Being able to help
- Being hands on
- Supporting residents' reminiscence

"Putting smiles on resident's faces."

"We all love to dance and sing so you can't be shy!"

"I love seeing all the residents happy and well cared for."

"I think this is the most intrinsically rewarding nursing, especially dementia care."

Other less dominant responses included the enjoyment of teaching and mentoring others, and the training and learning opportunities made available to them.

Feedback

The study asked how nurses knew they were making a difference to the people they support or care for. This was an attempt to find out who the nurses were getting feedback from, how frequently, and the extent to which feedback is a motivating factor for these individuals.

Feedback from residents and families was generally mentioned first by the interviewees, with 17 of the interviewees describing its importance. The nurses felt this form of feedback was particularly given towards the end of a resident's life and was significant because of the strength of relationship that has been established. They also talked about how this type of feedback was readily given by families and residents on a regular basis, generally through informal comments and discussions.

"Relatives are thankful, they are thankful every day."

"Families write in about myself and the staff (about the end of life care delivered). If anybody writes in you'll be informed and will be congratulated."

It was acknowledged that the dependency levels experienced in care homes meant that some residents were not able to give as much feedback as had once been the case. However some nurses felt that the positive changes they could identify in residents less able to communicate, through their relationship with the individual and understanding of their needs, meant they could still get some form of feedback on how well they were doing their job.

An equal number of nurses talked about supervision, appraisal and reviews, reflecting that these supports were provided regularly or that the feedback provided by their manager was positive. A few of the participants linked this to their sense of feeling valued by the organisation or in their role.

"Good management gives me confidence in my role."

Half of those interviewed expressly noted that knowing that they were making a difference and being acknowledged for helping people was a hugely important motivation for them. Although in the minority, there were also some negative comments in relation to feedback. Some, but not all, came from people who have already chosen to leave care home nursing or who were thinking about it.

"It feels quite negative, the feedback we get from them (management). We don't even get a thank you. It's quite soul destroying at times because, generally, all of us will go over and above what we need to do."

Learning and Development

The study hoped to gain a greater insight into what the quality and availability of learning and development opportunities existed for nurses in care homes.

Almost all the participants (around 85%) said they felt that there were opportunities for development or training within care homes. A few added they felt well supported to develop and to go on relevant training. Others talked about how their organisation has invested in specific programmes such as Best Practice in Dementia Care[9].

"You definitely don't get de-skilled in a care home. I got the required 35 training hours for revalidation in the first three months at a care home."

Other nurses felt that there were not the same opportunities as there would be within the NHS, either in hospital settings or community roles. For example, one nurse noted that it was possible to do prescribing in the NHS whereas that isn't the case within social care settings.

"I probably wouldn't be supported to do training if I asked for it, it would cost too much and I would have to pay for it myself."

What's more, seven of the people who felt that there were development opportunities in care homes added the caveat that they exist if you are proactive, keen on self-development, willing to do your own research and are accountable for your own learning.

"E-learning is in your own time."

What became clear was the desire amongst nurses to undertake training and pursue development opportunities, but limitations on care home resource and capacity can make this extremely difficult and therefore learning becomes disproportionately the responsibility of individuals. A number of nurses identified the benefits that could be gained through more shared learning and training endeavours, for example with nursing colleagues in other sectors and in NHS settings. At present, these opportunities are rare and some nurses reflected on the intimidation they felt when attending training courses, due to a perception that care home nurses shouldn't be part of these development sessions. Inclusive access to these opportunities to further develop skills would be extremely welcome.

[9] *http://dementia.stir.ac.uk/education/flagship-courses/best-practice-learning-programme*

5. CHALLENGES AND CHANGES

"Work in a care home is not valued."

Inevitably, any discussion around the benefits of working as a nurse in social care had to also reflect on the existing challenges experienced by nurses in these roles. Four themes emerged strongly from this group of nurses:

- Stigma and misunderstanding of care home nursing
- Staff shortages
- Paperwork
- Level of responsibility

5.1 Existing challenges

Stigma and misunderstanding of care home nursing

"When visiting a family member in hospital, I overheard them (ward nurses) say, "Watch out, there is nurse in there… well not a real nurse, a dementia nurse."

There was real frustration displayed by many of the nurses at the degree to which their role is misunderstood. The issue of image surfaced time and time again as a huge challenge. The key point made was that the stigma and misrepresentation of the role is compounding the recruitment problem currently being experienced in nursing, but there was also something about the perceived attack on their worth as nurses that was presenting a challenge.

This was reflected in the nurses' retelling of negative statements they had heard:

"Nurses in nursing homes are not really like nurses in hospitals because you are only looking after old folk."

"What skills will you get from working in a nursing home?"

"You're going to a nursing home, really?"

"You'll be wasted working in a nursing home."

Whilst image has been explored in detail earlier in this report – highlighting the negative image of nursing in care homes frequently perpetuated by universities, colleges and nursing colleagues - the stigma seems to run much deeper than this. In fact, the negativity seems to resonate through society as a whole, not only in how people perceive care homes but also in how society values older people. This emerged as an important factor:

"I feel the older adult is forgotten about…it's not right."

"Society doesn't see us in an equal position but we are just doing a different job."

"In hospitals, nursing homes were considered second class establishments. Our skills are undermined by the NHS due to us not using IV drips! The complex nature of communicating with those with dementia is not recognised."

Staff shortages

Eleven of the nurses brought up the subject of staff shortages as being a challenge for them or their organisation.

On a personal level, one nurse spoke of the anxiety she felt waiting to see if someone would call in sick because of the difficulty she then faced in securing cover. Managers spoke more generally of the difficulty in recruiting nurses and the pressure this puts on them.

"Hardly anybody is coming through the door and those here are leaving."

"The local care homes won't work together on recruitment issues as they are in competition. We tried to put in increments but the minimum wage increase will blow that away."

The use of agency staff was also highlighted by a number of nurses as having a negative impact on personal and team morale, and on quality of care delivery as a result:

"Some nurses come and they don't stay – they see it as too hard work. So they go to an agency and it is so much easier. You don't have the care plans to do or have to do the drugs orders. It's better money without the stress of the long days."

Paperwork

The issue of excessive paperwork was brought up by ten of the nurses as a challenge but it came up a further nine times when the interviewees were asked about changes they have seen to nursing in care homes, making it one of the most prevalent themes emerging from the study. The issues behind the general concern of paperwork were:

- Difficulty to oversee everything when nurses are really busy and fear making mistakes
- Not being given enough time to complete care plans, with some saying that the care planning process was more detailed than it is in hospital settings. One nurse said that they had been threatened with being reported to the Nursing & Midwifery Council if they did not get care plans changed into the format desired by their organisation by a certain deadline
- Paperwork appears to be given more importance than care outcomes
- There is a perception that more is being demanded by regulators and inspectors and that this is often disproportionate
- More numerous audits are requiring to be undertaken
- More complex processes and greater involvement with multi-disciplinary teams are leading to more paperwork

"The role has changed greatly. There was very little writing to be done when I first started, but now every day I have to deal with heart failure, family demands, making decisions with families and all this has to be documented."

"You try your best and then you get pulled up for a small mistake like not having signed a food and fluid chart."

There was no sense that the volume or complexity of paperwork would diminish in the future. In fact, there was a fear that even more paperwork would be required.

Furthermore, nurses identified inconsistency of expectation in relation to regulation and inspection as a challenge, whereby different processes were prioritised by different inspectors. This led to additional pressures on nurses' time to continually change paperwork to suit, in some cases, individual preferences.

Level of responsibility

Seven of the nurses raised their concern of being the only nurse on the floor or on duty as a significant pressure. Many admitted that they were used to it and could 'handle it', but that it was significantly different to working in a hospital where there were more colleagues and support in decision-making and managing workload. It was suggested by at least a couple of the nurses that this sense of 'being alone' was a key off-putting factor for nurses considering working or already working in care home settings.

"We've got a lot more responsibility sometimes than they (NHS nurses) have. They've always got a doctor there to back them up. We don't."

"In the NHS there is a ratio. I'm not sure what it is but around 1 nurse to 8-10 patients. I have 32 residents. I think it is shocking."

5.2 Support

Emotional support: palliative and end of life care

"Palliative care is the last thing you can do for someone. How privileged are we, to be there for someone that's dying?"

Interestingly, over half of the nurses interviewed highlighted that one of the main challenges of their job was the emotional impact brought about by one of the benefits of care home nursing - the ability to form longer-term relationships with residents. This was especially raised in relation to dealing with palliative care, death and bereavement, including losing touch with families whom staff had gotten to know well.

"It is really hard sometimes to do your work when someone you have known for a long time dies. But we have to roll up our sleeves and get on with it. I don't think people realise how much hurt we feel."

"Getting to know residents better rather than them coming and going, I really like that. Although when they do die, it's really hard. It's a lot harder because you've built up those relationships."

"I still don't like someone dying. I've had 3. They were on palliative care but it's still hard. It always will be, I suppose."

There was also a sense that staff needed more training, not just to support individuals at the end of their life but for them as professionals to cope with these difficult experiences.

"Don't really get supported with palliative/end of life care. A couple of months ago I had 2 people die on me in a week."

"If we could have the support it would help greatly. Nurses have the skills – they just need the support."

"A lot of the time they (residents) don't have their DNACPRs in place and we don't know what their funeral arrangements are, and it's very hard to discuss that with families. It's not a very nice topic to bring up, and a lot of the time we can't ask them (the resident) because they don't have capacity so we have to speak to the families. How do you just bring that up in conversation? Having training around how to bring the topic up, how to discuss it, what you need to ask, etc. would be of benefit. You've just got to wing it. I feel like I wing it every day, to be honest!"

Nurses recognised the changing needs of care home residents and the increased requirement to deliver palliative and end of life care. In fact, it was often an area that they identified as something they valued being able to deliver and wanted to do more of. However, the challenge here lay in being able to do this well within the constraints on their time and capacity.

"I would love to do more palliative, to spend time with the wee woman who only has a few days to live. That's what she deserves but we are just giving basic care, not anything more. We can't give good end of life care. We don't have time to be with people, to hold their hands."

"We are getting more and more people with complex needs and at the end stage of life."

Lack of Primary Care support

A frequent observation both in terms of the challenges of care home nursing and what has changed in the role related to the degree of support received from other health colleagues. This lack of support was felt by the nurses but even more importantly, related to the support to care home residents.

The overwhelming view was that there was a lack of appropriate intervention and engagement from colleagues in health in general, but specifically from general practice and allied health professionals such as Occupational Therapists (OTs). This impacted on the health and well-being of residents, put extra pressure on the nurses but also diminished any sense that care home nurses were part of a wider clinical support team.

"There are no physios or OTs coming in. OTs have to be arranged through social services…it's a disgrace. Somebody living in their own home would get it (the support)."

"The service we get from the GPs is non-existent. We might as well be invisible. It's all left to us."

5.3 The changing role of nurses in care homes

"Older people's care is so complex, yet people don't appreciate that."

Increased dependency levels and complexity of care

By far the most significant change recognised was the increase in complexity of physical and mental health needs of care home residents, in particular greater frailty levels and the prevalence of multiple chronic conditions and co-morbidities. Eleven of the people who took part in the study commented on this change. To put this number into perspective, other topics relating to change only came up with a repeated frequency of two or three times.

Whether this change has any bearing on recruitment or retention difficulties is unclear. However, it certainly relates back to the issue of misunderstanding of what working as a nurse in a care home really comprises of. Nurses talked about the greater clinical skills levels that they require to be able to support people appropriately and to prevent residents entering hospital unnecessarily.

"When people come into us now, they're staying at home (first) longer. Their needs are greater coming into social care than what they have ever been."

"Care homes are now cottage hospitals."

"We are now being expected to deal with people who have really serious mental health challenges and we don't have the time and sometimes the skills to be able to dedicate to their needs."

This group commented on the following associated issues:

- People being supported in their own homes for longer before entering care homes, resulting in less opportunity to build relationships, particularly in dementia cases
- More challenging behaviours and physical attacks
- More end of life care
- More varied client groups, such as people with mental health issues and younger people with dementia
- Larger and longer drug rounds
- Social problems involving families, for instance substance abuse, alcohol addictions or challenging backgrounds

It is very clear that there has been a great deal of change over the last 20 years for nurses in care homes. The role has transformed from one which comprised of supporting more basic physical and emotional needs to one which now deals with complex co-morbidities – COPD, dementia, cancer, Multiple Sclerosis, Parkinson's disease, and many more. Residents are generally frailer and older than they were in the past, making management of a range of complex conditions even more complicated, not to mention the increasing prevalence of mental health issues experienced by older people. Mental health challenges result from more individuals entering care homes with life enduring mental health needs as well as a growing number of older individuals who develop mental health challenges later in life, both before and after they enter a care home environment.

In addition there are also increasing demands from families and a significant amount of regulation and documentation pressures. None of these were specifically recognised as negative, including regulation, but the majority of the interviewees felt generally over-stretched by the huge transformation and complexity of their role.

"There have been huge changes – the role is wider – taking bloods, larger drug rounds, more involvement with the multi-disciplinary team and therefore more paperwork – this has increased 10 fold since I started."

"Skills are just not recognised. I think that nursing home nurses are specialists."

"There are numerous audits and a huge amount of paperwork. The last two years has seen a big increase for managers but I can't see any changes in the care from doing all of this."

"The nursing role is now much more demanding with more medical and clinical needs."

"The role has changed greatly. There was very little writing to be done when I first started (in nursing homes). Every day I have to deal with heart failure, kidney failure, family demands, making decisions with families and all of this has to be documented."

Senior Carers

Another interesting area of change commented on by nurses was the developing role of senior carers. Increasingly this role is being used to support nurses in care homes, particularly where recruitment difficulties are resulting in a lack of nurse availability.

There were distinctly mixed views on this subject. Two of the nurse managers described very positively how they are using senior carers to a greater extent.

"I would rather have a good senior carer than an agency nurse."

One interviewee had successfully applied to the Care Inspectorate for a variation to enable her to leave either a nurse or a senior carer in charge of the home. However, another of the managers saw nurses very much as hierarchically above carers and,

when describing the career pathway, said:

"There is a clear pathway, from carer, senior carer, nurse, senior nurse, unit manager, deputy manager then manager."

A few other nurses raised the subject of senior carers and identified challenges, or even strong negativity, in relation to clarity of roles and responsibilities between nurses and senior carers.

"A senior carer is no good to me. Don't get me wrong, they can put out tablets, but if there is an emergency, they're no good to me. Carers get trained in basic life support, but haven't nursed someone who is really unwell. They've not got the leadership head on whilst we do because we are responsible for everything."

"In some ways their (senior carers) training is higher than I received through my nurse training but if you ask the girls on the floor, they would still say they prefer a nurse because it gives them confidence. You could even offer them £10 more per shift and I still think they would say nurse. Families want to speak to a nurse."

"This is the first time I have worked with senior carers and I'm finding it difficult. In wards there is a clear hierarchy. In here there isn't."

6. ASPIRATIONS AND CAREER PATHWAYS

The research sought to understand whether nurses recognised a clear career pathway within care home nursing and what, if any, career or development aspirations they had for the future.

The responses relating to whether or not there is a clear career pathway for nurses in care homes were mixed. Four people felt that there was a pathway but a further four were either unaware of a pathway, believed there to be none or felt that it was less clear than in the NHS. The fact that there was no strong response to this question possibly indicates that people were unsure of what was meant by a 'pathway'. It certainly suggests that more work could be done to make this clearer for nurses working in care homes.

"There is no clear pathway mapped out like there is in the NHS - I found my own way."

One person recognised that progression into management was possible (although in her case not desired), but felt there were more limited opportunities for lateral development.

"There are opportunities for me to do additional courses to expand skills but the barriers to this are staffing."

It became clear through the interviews that the nurses had mostly developed or were developing their career within care homes specifically. There had been relatively little movement to and from jobs in the NHS over their working lives. Given that this study focused on nurses currently working in care homes, it cannot give us an idea of how many people who started off their careers in care homes have subsequently moved to the NHS.

When it came to future aspirations, only a couple talked about wanting to progress into higher management whilst nine spoke about how they definitely did not want to pursue this route.

"It's hard, you sit up at night thinking, did I do the right thing? Did I do my best? But if you're a manager it's worse. I wouldn't want to be the manager."

A couple of other nurses talked about how they aspired to develop skills to undertake specialist roles or to make lateral moves to different units to support different resident groups. Two people were happy exactly where they were.

"I always wanted to do palliative care and I've realised I really enjoy dementia care."

However, a couple of nurses did indicate that their career aspirations would mean working in an NHS environment in the future. For example, one nurse wants to become a midwife but has been advised to do adult nursing first. Some others had aspirations to pursue community nursing roles at some stage, but hadn't attached time scales to when they may move away from care home nursing.

"I would like to study midwifery eventually. I was told this would be good experience."

"I want to do community nursing when I am more experienced."

7. ENCOURAGING OTHERS INTO THE SECTOR

"The job is hard work and challenging, but the benefits far outweigh the difficulties."

The study was keen to understand what it takes to be a nurse in a care home and what might be deterring people from entering the social care sector. Interviewees were asked if they would encourage other nurses to work in care homes, and what they would say to someone they didn't know to persuade them to do so. There were a variety of both positive and negative observations made.

Reservations

Some of the nurses were uncertain as to whether they would recommend working in a care home or, at least, identified cautions they would wish to impart on those considering nursing in a care home.

Those with some reservations saw these as relating to career pathways, either where someone is at in terms of experience or what their career aspirations are:

- It is better for more experienced or slightly older nurses. Young people can struggle
- Nurses shouldn't join a care home first if they intend to go on to work in the NHS, because their care home experience won't be valued
- Those considering it should get some experience as a carer first

"Young staff sometimes struggle, with life experience empathy develops."

Others saw the terms, conditions and work/life balance of nursing in care homes to be a negative factor:

- You don't get many days off
- Care homes don't cover sick pay and there are poor maternity benefits

"I can understand why most people are leaving. You don't get sick pay. People are just going to jump to health."

"The pay is not that great."

Others more strongly voiced their resistance to encouraging people to work as nurses in care homes, due to challenges in particular homes and challenges in the sector in general:

- Wouldn't encourage people to join a particular home
- Would urge nurses to check out which home they were considering working in first
- Wouldn't encourage nurses to join the sector because of the high turnover, with people moving on to other jobs

"Many people have gone to the NHS, especially the last two years, because of pay and conditions. We can't compete with the NHS. The pay is around the same at graduation, but within a year they overtake us."

Terms and conditions, especially the lack of sick pay, came up at various points and was raised by different people throughout the interviews. Although there were no specific questions posed about terms and conditions, it is clearly a significant issue for nurses in care homes whose own physical and mental wellbeing can often be under pressure.

Benefits of working in a care home

However a number of positive areas of nursing in a care home were identified, which interviewees said they would share with someone who was considering joining the sector. In fact, even those with some reservations tended to conclude that they would recommend nursing in care homes overall.

The most commonly articulated benefit was the opportunity for personal development presented by care home nursing. More specifically, this related to:

- Care homes provide a good learning experience and development opportunity
- Nursing in care homes is great for increasing confidence
- There is more time to learn in care homes.

"I would encourage people to work in nursing homes. There are opportunities to develop, there is a lot of responsibility with the job and it is a great job for increasing confidence."

Nurses again pointed out the positive differences between care home and NHS work:

- You have more autonomy in your role, can use your own initiative, and show leadership skills more than you can do so on a hospital ward
- There is greater variety of support to provide than there is working in the NHS, despite the common misconception that care home work solely centres on homogenous care of the elderly

"I feel equally if not more clinically trained than my peers who work in hospitals."

Another significant benefit related to job satisfaction and the person-centred nature of care home nursing:

- You can make a positive difference and it's really rewarding and satisfying
- There is more time to build relationships with residents than there is in the NHS

"There is more personalised care in a care home."

Finally, some beneficial terms and conditions were mentioned as an encouragement to join the care home sector:

- Stable and flexible shifts, with opportunities for overtime if desired
- Good wages (though this is variable)

"We work well as a team and this allows flexibility."

8. CONCLUSIONS

The 'Voices from the Front Line' project, started in 2015 with care workers and now extended to nursing staff in care homes, has enabled Scottish Care to gain a unique and extremely valuable insight into the day to day achievements and challenges faced by those working in our care sector. The process of capturing these voices has been enlightening, moving and always a privilege.

It also seems to have been of value to those we interviewed, giving them a rare opportunity during their busy working lives to stop and reflect on their role and its importance. This is especially important given the subsequent findings of this research, which identifies stigma around older people's care, perceived worth of nurses working in care homes and support for nurses' personal and professional development as some of the key challenges facing the health and social care sector.

Understanding what it is that motivates nurses to work in care homes and what keeps them there is crucial, given the recruitment and retention issues the sector is facing.

Unfortunately there still seems to be some challenges to overcome in how we attract nurses to enter social care as a first choice of employment. What became clear through the research was that the majority of nurses had hoped to work in other settings and it was only through circumstance and the availability (or lack) of preferred jobs that led them into social care. Where we do see a bucking of this trend is when people have experience or good awareness of the realities of working in a care home and this influenced their desire to work in care homes.

More positively, it seems that most nurses really enjoy their job within care homes, regardless of whether it was their initial employment preference. This enjoyment can be best attributed to the person-centred care delivered in care homes, which affords nurses the opportunity to get to know residents and their families and develop meaningful relationships. This leads to increased job satisfaction.

However, what is clear is that nursing in care homes involves so much more than relationship building. Nurses are motivated, excellent at communicating with a wide range of people from residents to other health professionals, sensitive to a range of needs and good at dealing with pressure. What's more, they require strong leadership skills, a vast clinical knowledge and confidence in their abilities. Spending only a couple of hours with each nurse to conduct this research demonstrated all of these attributes and more. Where the challenge lies is in ensuring everyone is aware of the unique, professional, expert role of these nurses - from the nurses themselves to other professionals and the wider public.

This highlights the difficult task we all have in changing the image of social care and the nurse's role within this sector. At present, the unhelpful misconceptions that prevail are having a detrimental impact not only on recruitment processes but on the self-worth of nurses already working in care homes, who are frequently faced with the wholly untruthful perception that these nursing roles are less skilled and less worthwhile. This view is perpetuated not only by the media but also by other nurses and educators. The findings suggest better education, exposure and awareness are key to overcoming this challenge. As part of this, it is also critical that support to nurses in the care sector is as good as it can possibly be, both to those on placements during their training and those employed in care homes, in order that health and social care sector doesn't unintentionally perpetuate the notion that the development of nurses in this sector is less important than those working in hospitals.

In fact, what nurses told us is that the learning and development opportunities offered by care homes are central to enjoyment in the role and to choosing to remain in the care sector. The potential to develop into more senior roles, make lateral moves, support different residents and conditions and to acquire autonomous working competencies were all seen as benefits of working in care homes that wouldn't necessarily be available in a ward setting, for example. Additionally, the increased time to spend with residents, appreciation demonstrated by families and the ability to clearly see the positive difference that nurses make to individuals in care homes motivates people to remain in this sector.

Conversely, feelings of being over-stretched as a result of being short staffed and a sense of being undervalued and not treated as equal to their NHS colleagues (through recognition, pay, terms and conditions) are what drive people to move away from nursing in care homes. Despite often espousing their desire to work in care homes rather than hospitals and clearly articulating why this is the case, differences relating to sick pay, maternity leave, holidays and value were factors driving nurses to consider what benefits they might experience through NHS conditions of employment. This is crucial to understand particularly given that the social care sector has an extremely high annual turnover rate of nurses (30%), with the majority of those who leave going on to work in different areas of the NHS.

We certainly cannot shy away from the challenges experienced by nurses working in care homes, which relate to the afore-mentioned stigmatisation of nursing in care homes and staff shortages. The latter challenge is in danger of becoming a vicious cycle, whereby the pressure on nursing staff due to an insufficient supply of nurses becomes intolerable and drives more nurses to leave the sector. Additionally, the ever-increasing demand for documentation and paperwork is drawing nurses away from their 'nursing' role into administration and management, and exemplifies an increasingly risk-averse culture which prioritises processes over people.

Many of the nurses reflected that this did not necessarily fit with their values and priorities and, whilst important, certainly wasn't what they joined the nursing profession to do.

Whilst we have reflected on the vast competencies and qualities required of nurses in care homes and the positivity of being able to work autonomously, it is important to recognise that the role demands a level of decision-making and intensive input that can put nurses under considerable physical and emotional strain, without the necessary support from management and colleagues being in place.

This support is also critical to prioritise when reflecting on the changing role of nurses in care homes. The nurses interviewed clearly reflected on the increasing dependency levels and complex care needs of care home residents, which have direct implications for nurses' skill set and workload. What's more, the changing role of care homes is likely to result in more palliative and end of life care being delivered, as more people are supported for longer in their own homes and care homes become more closely aligned to hospice settings. Indeed, the nurses reflected on their need for further training and support to be able to deal with the complex emotional challenges of supporting individuals, families, and as importantly themselves with end of life care and bereavement.

Training is an important area, in which nurses would value the identification and implementation of more cross-sector learning and development opportunities, in order that they can be supported by other health and social care professionals, and vice versa. What's more, the reform of other roles within social care, such as senior carers, is changing (and sometimes challenging) the role of nurses in care homes. Nurses told us they wanted to be able to 'be a nurse', but higher dependency levels pressures on staffing levels and the need to innovate care home provision to fit an integrated health and social care landscape are likely to require a review of the care home nurse's role and skill set.

However, it is important to not only consider how we want the nurse role to develop into the future but how nurses themselves want to develop their careers. At present, awareness of and access to career pathways for nurses in care homes appears to be variable. It is necessary to ensure that nurses' strong leadership skills don't mean that their progression isn't solely limited to management roles, which many don't want, but that nurses in care homes have a range of opportunities available to them to develop their clinical skills across health and social care.

All these areas of benefit and challenge must be borne in mind when considering the encouragement of others to become nurses in the care home sector. Nurses highlighted that the role may be better suited to some people more than others, based on qualities, experience and career aspirations, and therefore targeted recruitment would be of benefit. However it is important to highlight that most nurses would encourage others to pursue nursing within care homes, and therefore the importance of clear, consistent communication of the reasons why it is a rewarding, skilled career choice becomes even more apparent. We also need to ensure that the passionate, committed individuals who nurse in our care homes continue to be positive advocates of the sector and that can only happen if they are supported to deal with the challenges they've told us that they face.

The role of nursing is changing and will continue to change as health and social care integration creates different ways of working. What's more, the current economic climate necessitates different models of nursing care delivery, which maximise the potential of every setting where support is delivered to the benefit of individuals. This demands innovation, and Scottish Care is committed to progressing this agenda. Individual needs are at the heart of change. We see the findings and recommendations of this report, and the partnership dialogue of nursing reform which it will inform, as an opportunity to triangulate individual's needs, workforce and provider needs and the development of the nursing profession in an integrated landscape.

9. RECOMMENDATIONS

As we move forward it will be imperative that discussions are undertaken in a collaborative manner with all those who are concerned about the contribution and future of nursing in the social care sector. We are at a point of real criticality and these discussions should be grounded in the principle of involving the front line nursing workforce in local and national strategic and policy development.

This study has underlined for Scottish Care that urgent action to safeguard, develop and promote the role of social care nursing is not an option but an imperative. It is crucial to sustain and develop a nursing workforce equipped to face the challenges and opportunities that an integrated health and social care environment presents. It is in this spirit that the following recommendations are made.

Identify what are the core skills mix for nursing in social care

The report identified a lack of appreciation of the complexity of the nursing being delivered in care homes throughout Scotland. We should celebrate the fact that people are living longer lives; but longer lives don't necessarily mean healthier lives.

Older people in care homes are living with multiple morbidities and often require complex, timely and skilled nursing interventions – both medical and therapeutic. Clinical support for our older citizens has to become a greater priority than it is at present. Included in this are challenges around over-prescription and polypharmacy which are highlighting real complexities around medication in care home practice.

The diverse and complex skills involved in caring for older people should, we would argue, be seen as a specialism in its own right. This has implications around the content of the current nursing degree and postgraduate qualifications, and would also require a review of placements.

Nurses spoke in the study of spending too much of their time dispensing medication, ordering medications and filling out paperwork including care plans. These are self-evidentially critical activities for quality care and support but together with the nurses we interviewed, we are asking, should these activities be intrinsic to what is demanded of nursing in care homes at present? We are therefore calling on all parties to work with us in defining the appropriate skills mix and to develop the job and role redesign work required to deliver effective clinical intervention and support not just solely for nursing but also other social care roles.

Develop a career pathway with NHS nursing

A sense of 'them and us' was evident in our discussions, highlighting the differences between NHS and care home nursing. There appeared to be a disconnect between the sectors; from access to learning and development opportunities for nurses to access to primary care and allied health professional support.

This disconnect, if not addressed, becomes self-perpetuating and will continue to reinforce the inequalities that exist between the sectors. Barriers to new, innovative models of nursing will persist, and progress towards meaningful and real integration will be seriously hampered. We are therefore calling for a greater equity in treatment between nurses employed by the independent sector and those working within the NHS. There needs to be a clearer articulation and exploration of how on-going work on nursing career and development pathways can be resourced and piloted towards a discrete pathway for care home staff – both nursing and non-nursing. Nurses have told us that where they have the opportunity to learn together with NHS colleagues that this benefits all participants and improves the support available to residents. There is a real potential for cross-organisational exchange and mutual support. This might include some of the following:

- Greater practical support for care home nurses to complete the Flying Start Programme
- Greater accessibility to NHS facilities and training resources (e.g. phlebotomy updates and opportunity to practice new skills – either from qualification or later in career)
- 'Open Doors' policy – NHS supporting nurses to participate in relevant courses – and vice versa – enabling nurses working in acute settings to learn from their colleagues in social care
- Greater involvement of hospices in sharing knowledge and experience around palliative and end of life care

Develop nursing in social care as a positive career choice

Perhaps one of the most concerning areas of discussion which this study has highlighted was how a career of nursing in a care home setting was portrayed and communicated to students by lecturers and tutors as they progressed through their degree. There was significant evidence of negativity which was found to be reinforced by the nurses and health professionals in NHS settings during students' placements. The consequential transference of negativity to the nurses' peers was not therefore surprising.

Nursing within a care home environment demands an enhanced skill level. It involves managing the complex clinical and behavioural needs of the people in direct receipt of care and often the expectations of families. It requires nurses to be strong leaders, team players and decisive decision makers. The role requires excellent communication skills and knowledge about a range of complex conditions and the way they interrelate, not just specific knowledge of particular conditions such as dementia. The delivery of care is not transient in nursing homes; it's a journey.

It was apparent through the interviews that care homes provided an environment where these skills were required day in and day out. The myth that 'it's not proper nursing', which was clearly held by many, needs to be urgently challenged through a joint effort of all partners to promote nursing in a social care environment as a distinctive specialism.

As the nursing profession begins to articulate its 2030 vision[9], there is an opportunity not only to highlight the role of care home nursing but also to consider new approaches which embed that intrinsic contribution into the pathway of care and support. For instance, we could consider the possibility of developing a degree or specialist course, which focuses specifically on older people's nursing in its entirety as an area of particular specialism.

[9] *http://www.scot.nhs.uk/developing-a-2030-vision-for-nursing/*

Address the inequalities in terms and conditions

Inequalities in relation to pay, terms and conditions and benefits between the NHS and social care sector exist. What sits behind this reality is a complex picture, and is one which requires a collective response and potentially difficult decisions being made. Although the vacancy rate of 28% identified in the most recent Scottish Care study[10] cannot be attributed to inequalities in pay and conditions alone, we would argue that it is a significant contributing factor, presenting a reason for the reluctance to work in care homes and encouraging nurses to leave the sector to work in the NHS (to receive enhanced maternity leave, for example).

We recommend that work currently underway to explore the funding of social care recognises the disparity and inequality in terms and conditions and in so doing addresses that inequality directly, e.g. by ensuring adequate funding for nurses in social care to be paid at Agenda for Change rates and to be offered equal additional terms and conditions[11].

As the sector seeks to develop new models of care and support there will be an increasing requirement to ensure joined up, co-professional, cross sector front line delivery to support individuals (e.g. for good end of life experience) but it is difficult to imagine this working with unequal terms and conditions.

Rebalance the level of scrutiny and inspection

The development of outcomes based care plans, regularly reviewed to reflect the changing needs of an individual, are fundamental to the delivery of person centred care. However, the time involved in ensuring this is done – to meet both individual needs and Care Inspectorate expectations – appears not always to be appreciated by commissioners. This fundamental element of care and support needs to be factored into commissioning and consideration must be given as to who the best person is in a care home environment to ensure these outcomes are achieved. It may not be the nurse.

There was a very real sense that the balance between scrutiny and flexibility within inspection was not always achieved. We would like to see specific work undertaken on developing models of risk enablement in care home practice which would reduce the pressures on nursing and care staff. In addition we would like to see a greater emphasis on staff autonomy and professional decision-making.

A number of nurses expressed particular frustration in relation to what they perceived as inconsistency in inspection and scrutiny, especially divergence in expectation between different inspectors. This is consistent with research already carried out by Scottish Care[12] and has a very negative impact on nursing practice and morale.

The advent of new technology offers us the possibility of developing more dynamic, flexible and person centred approaches to care and support plans, including the ability of families to be involved in writing/updating plans. Such innovative practice would support delivery of person centred care but would need appropriate support from regulatory bodies.

Resource development in nursing specialisms in social care nursing e.g., dementia, neurology, geriatrics, mental health, palliative care etc.

We know that brave and perhaps radical decisions need to be made to ensure that the nursing profession evolves to meet policy and governmental expectations that everybody receives care in the most appropriate setting. There is every reason to imagine that the skills evident in care homes would enable these locations to be considered as centres of excellence for the delivery of complex care. In many care homes it's already happening, but it's not without its challenges. Negative experiences of accessing services such as occupational therapy, podiatry, physiotherapists and doctors, which are readily available in hospitals, need to be addressed in the care home context.

The rights of the individual receiving care must be at the heart of decision making about the future of nursing in Scotland. Care homes are homes for thousands of people across the country. Older individuals living in care homes should not be denied access to services that would be available to them were they in their own homes.

We have acknowledged that people have a right to die where they want to[13] and a care home will increasingly be a place of familiarity and support where individuals will choose to die. However in affirming that right we also need to recognise, and this study has highlighted, that there is an inadequacy of resource to enable care homes to become as effective at end of life care as they might be. We recommend as a matter of urgency that commissioning plans within the new Integrated Joint Boards recognise the distinctive requirement to fund palliative and end of life provision in care homes. Such recognition would help to resource the specialist training and staff development which is required. We have potential to form appropriate multi-disciplinary teams potentially located within care homes to support palliative and end of life care, not just in the care home environment but also in the wider community.

[10] *Independent Sector Nursing Data Report 2016. Scottish Care (2016)*
[11] *2016 Agenda for Change Pay Rates. Scottish Government (2016)*
[12] *Towards a Partnership for Improvement: Independent Sector Providers' Experiences of Regulation and Inspection by the Care Inspectorate. Scottish Care (2015).*
[13] *Strategic Framework for Action on Palliative and End of Life Care. Scottish Government (2015).*

Develop and promote a positive image of nursing in care homes

Scottish Care will be hosting a seminar in December 2016 to discuss how we can progress this recommendation, to which participants in this research, Scottish Care members and key stakeholders will be invited. We want to promote and celebrate the reality of nursing in care homes and continue efforts to eradicate the negative image which has developed and grown up over several years.

Meaningful progress in this area will only be achieved through concerted effort and investment of time and resources by colleagues within Scottish Government, the Royal College of Nursing, the Nursing and Midwifery Council and all those interested in advancing the role of the nurse in a care home setting.

We value and welcome the work undertaken already by the Royal College of Nursing[14] around positive stories from care homes but feel that there will be benefit in extending this work, not least amongst new recruits and students in our colleges of nursing.

Work with HEIs to promote nursing in a care home setting as a positive career choice

Although closely aligned with the previous recommendation, it was felt that working with Higher Educational Institutes (HEIs) to promote social care nursing as a positive career choice needed to be recognised as a distinct piece of collaborative work. Scottish Care, in isolation, can have minimal impact in addressing the need for social care nursing to be seen, communicated and promoted in the same way that nursing in an acute setting is.

Perhaps this recommendation first requires people involved in HEIs to reflect on their practice. This is in no way a critical comment, rather a suggestion that could support meaningful progress in this area. Do we need to unpick the reasons behind the perception of negative communication and reputation – both intentional and unintentional? We would recommend that placements of nurses in care home are neither seen as a starting point before you get into 'real' nursing nor as a last placement but are dispersed throughout the course schedule and certainly with appropriate mentoring and support. Given the critical shortage of nurses in the sector, there also needs to be recognition that such mentoring and support may require additional support and financing. This would assist in ensuring that placements evidenced the diversity of skills required to work in a care home and would in part serve to dispel the myth that nurses become 'de-skilled' by choosing this particular nursing path.

[14] *A Positive Choice: Everyday stories of nursing excellence in older people's care. Royal College of Nursing Scotland (2016).*

Positively address workforce issues such as emotional fatigue, mental wellbeing, stress and distress

Scottish Care is acutely aware of the importance of wellbeing at the front line of social care, and recently ran a workshop exploring physical and emotional burnout with a group of front line support workers. The present research has highlighted the particular stresses the nursing workforce is experiencing through dealing with, amongst other issues, frequent bereavement, mental health challenges and a rise in behaviour which is challenging.

Scottish Care see particular benefits of combining physical and mental wellbeing initiatives for the workforce and the people they care for.

We would recommend that partners work with us to identify the range of challenges staff are facing and to introduce measures to support staff at local and national level.

Address the issues of nurse recruitment and use of agencies

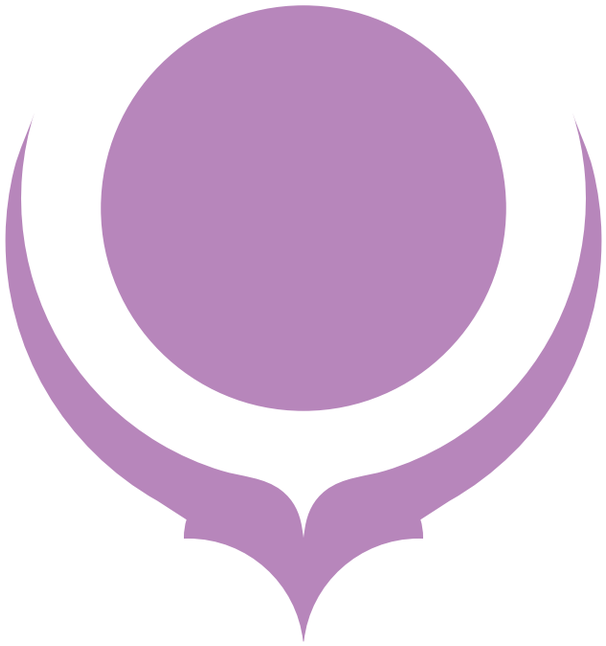
Our final recommendation relates to the particular challenge posed by the over-use of agency staff. We recognise that the current system of care home nurse provision, not least with current vacancy levels, necessitates the existence of agencies and banks. However, it is clear from the nurses whom we interviewed that an over-reliance upon agency staff resulted not only in negative financial impacts but led to a diminution in the continuity and consistency of quality care and support. Dependency upon agency staff has to be addressed as a matter of priority and we would recommend that partners seek to develop strategies to reduce such a dependency and to establish clear criteria for their continued use, including capping of rates and the establishment of clear quality criteria.

THANK YOU

Scottish Care would like to sincerely thank everybody who contributed to this report. A special thank you is due to each nurse who was interviewed. Your willingness to share your experiences of nursing – on a professional and personal level – enabled us to gain a special and unique insight into nursing which has enriched the pages of this report.

We also want to thank the organisations who supported this piece of research by welcoming us into the homes of the people they care for and support. Allowing us to speak to such inspiring and dedicated nurses has helped Scottish Care share the compassionate, complex and transformative care that is being delivered - day in day out in the social care sector - to a wider audience.

The interviews were conducted and the report written by Becca Gatherum, Elaine MacMaster, Donald Macaskill, Katharine Ross and David Strathearn.



APPENDIX 1: PARTICIPATING ORGANISATIONS

- Alphacare Management Services – Carnbroe Care Centre
- Balhousie Care Group
- Balmer Care Homes Ltd – Rosepark Nursing Home
- Bandrum Nursing Home
- BUPA Care Homes - Golfhill Care Home
- BUPA Care Homes – Highgate Care Home
- Caring Homes – Marchglen Care Centre
- Craig en Goyne Care Home
- Enhance Scotland – Adam House
- Four Seasons Healthcare – North Merchiston Care Home
- Glenlivet Gardens Care Home
- HC One – Greenfield Park Care Home
- McKenzie Homes Ltd - Ashgrove Care Home
- Morar Lodge Nursing Homes Ltd – Morar Lodge Nursing Home
- Queens House Kelso Ltd
- Riverside Healthcare Centre
- Seabank Care Ltd – Seabank Care Home
- St. Phillips Care – Whim Hall Care Centre
- The Holmes Care (Group) Ltd – Beechwood Care Home

APPENDIX 2: RESEARCH QUESTIONS

Main Question	Possible Follow Ups
How long have you been working in your present post?	If a significant period, say three years plus: What has motivated you most to stay in the job? If a shorter period: What is most likely to motivate you to remain working in nursing home/ social care nursing?
How did you get started or what brought you into your job?	What were you doing before? (different career? College/Uni?) Journey to social care nursing? How did you find out about your current nursing job? Was this your first choice of job (in social care nursing)? What attracted you into the post? – perhaps discussing the differences between hospital nursing and care home.
Before you started in nursing home/social care nursing what image did you have of the work of a nurse in this sector?	What most influenced your impression of this role/type of work? For example, people you know, media, family member experience, life experience etc.
What values and qualities/ attributes do you think you have that make the most difference to the people you support or care for?	How many of these values and qualities did you have already and how much was learnt on the job? What values and qualities does someone need to have to work alongside you? Are they the same as yours?
How do you know you are having an impact/ making a difference to the people that you support or care for?	How much feedback do you get on this from your employer? Who in your organisation gives you feedback about your performance? How easy is it to get feedback about your performance – from colleagues and residents? Is knowing how much of a difference you make a motivating factor to work in nursing home/social care nursing?
What parts of your job do you most enjoy?	Is enjoyment mostly about job satisfaction or other factors?
What do you feel are the things that are most challenging about your role?	Why are these things the most challenging?
Has your role seen much change since you started?	If yes, what are the main changes? What sort of changes do you expect to see in the future?
Do you have aspirations to develop your nursing career in social care?	Do you think there are many opportunities for development? Do you feel you have the same sort of opportunities to develop as you would in an NHS setting? Is there a clear pathway for you as a nurse in social care? Are these aspirations within your existing role/job, e.g. more learning and development or, career progression in nursing, but doing other roles? What sort of roles? If no, why not? Are there barriers, not interested, no need, etc.?
If you were to encourage someone who didn't know about nursing in a care home/residential setting to come and work in it, what would you say to them?	If you wouldn't encourage someone, why would that be? How would you sum up the essential benefits of being a nurse in a care/nursing home?

READER NOTES

Photography credit: Michael Rea and Duncan Cowles

If you would like to discuss this report or its findings, please contact:

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