Scottish Care
Voice of the independent care sector

HEARING THE NURSING VOICE: LISTENING TO INDEPENDENT SECTOR SOCIAL CARE NURSES

A SCOTTISH CARE INSIGHTS REPORT

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MAY 2022

INTRODUCTION

'Nurses are essential. They're recognising and knowing their residents, they're knowing change and being able to act accordingly. The value of having a nurse there who understands this change and what it means... they the residents are going to have a better outcome.' (P11)

Scottish Care is pleased to publish this insight report on *Hearing the Nursing Voice: Listening to Independent Sector Social Care Nurses*, which builds on the report *Voices from the Nursing Front Line* [1] published in 2016. This report builds on previous findings that nurses working in the social care sector remain dedicated to working with older people and find their roles challenging, dynamic and rewarding [2, 3]. However, there remains stigma around nursing older people and especially in care homes, with nurses expressing that they feel they are negatively perceived by their peers, professionals, the public and the media. It is also clear that, similarly to 2016 findings, changing the image of social care nursing continues to be a challenging task.

Historically, nursing in social care has been an enigma; sometimes invisible, often misunderstood, and undervalued. Many people have an opinion on nursing in social care, particularly around nursing in care homes, and it has been heard asked: '*why do we need nurses in care homes?*', '*what do we mean by nursing in care homes?*' and finally, '*what are nursing needs?*'. While it is right to ask meaningful questions, to be inquisitive and to delve into the 'why', it is often not nursing professionals but other health and social care professionals that ask these questions, and when these questions are asked it is phrased in a way that is more rhetorical and opinion rather than a real inquiry.

In recent years, and especially since the onset of the Covid-19 pandemic, we have seen a renewed interest in care homes and nursing in social care. There has been a growing interest from Scottish Government, with the accountability and responsibility for nursing leadership within the sector being given to the Scottish Executive Nurse Directors [4] by the then Cabinet Secretary, Jeane Freeman. These last two years we have seen further erosion and devaluing of the role of nurses in social care, the narrative being that the 'fundamentals of care' were not being provided in care homes during the pandemic. It was these inflammatory comments, published in the media [5] that has further impacted negatively on a workforce who already felt like second rate citizens in a Cinderella service.

This report focuses on the experience of Registered Nurses (RNs) working in care homes and social care, identifying common themes, and highlighting the importance of nursing within the sector as well as the specialism of the role. A further objective is to define the role of nursing in social care in order to assist with changing perception and to provide clarity on the role and its value.

While the findings identify a number of themes, which are described in this report as 'principles of practice', participants were also asked about the challenges they face working in social care. Further, they were asked to comment on their experiences of others' reactions regarding their decision to make the move to work in a care home setting. The outcomes of these discussions are detailed in the report, and the information demonstrates the continued stigma associated with nursing in social care settings, with the *'perception that care home nurses are not as highly skilled as other nurses' (P12)*.

BACKGROUND – CARE HOMES IN SCOTLAND AND NURSING

Registered care homes in Scotland may or may not provide nursing care and are currently characterised as either nursing homes, for care homes with 24/7 nursing provision or residential homes for those who do not have nurses. There are 809 care homes registered in Scotland to support older people, currently the actual up to date number of care homes providing 24/7 nursing care is not known, however this information is being sought. The role of nursing in care homes has received increased attention over the last two years due to the Covid-19 pandemic. One of the most significant current discussions is around the model of nursing, and how we can continue to have nursing leadership to support people who live in our care homes, ensuring safe, effective care and quality outcomes for people experiencing care.

Prior to the pandemic there was debate about whether nurses were needed and what the model of nursing should be in care homes. The Transforming Roles programme for nursing was commissioned by the then Chief Nursing Officer, Fiona McQueen CBE, and the 3rd phase of this programme [6] was focused on care home nursing. Initial meetings of the programme group posed questions about the future of nursing in care homes. Further, a group looking at models of care were challenged to consider different options such as peripatetic models to support nursing needs within care homes. While there is a shortage of Registered Nurses across health and social care, it does not follow that we do not require Registered Nurses in our care homes. In fact, there is evidence that suggests care and support led by Registered Nurses improves outcomes for people experiencing care [7]. Our population is living longer, and as we age there is an increased likelihood of developing and living with multiple long-term conditions [8]. People moving to, or living in, care homes often have multiple co-morbidities and require management of complex healthcare needs [9]. There is evidence that the complexity of needs of people living in care homes is increasing [10]. The ability to support people experiencing care is contingent on the experience, skills, and consistency of staff teams. In order to meet the complex care needs of people experiencing care, it is necessary to ensure that care and support is provided by the right person, with the right skills in the right place at the right time. This is of particular concern given the staffing and nursing crisis care homes are facing, with the pandemic further highlighting the value and contribution of nursing in our care homes. There is, therefore, an urgent need to address the issue of sustainable nursing in care homes.

Historically nursing in care homes has been viewed as a 'low status career choice' [11]. A primary concern is that this negative image of nursing in care homes contributes detrimentally to recruitment and retention. Despite the negative assumptions about care home nursing, work has been undertaken to try to highlight the role of nursing and identify the skills and competencies required. In 2015, research was undertaken to identify the nursing workforce in care homes, to understand education, training and career development [12]. In 2019, Skills for Care published a statement in the form of a report describing nursing roles in care homes in England [13]. Further, in 2021, the Queen's Nursing Institute (QNI) developed a set of standards to support practice for nurses new to care home nursing [14]. The report by QNI also identified the complexity and skill of the role of the Registered Nurse in care homes.

Just recently (2022) the Chief Nursing Officer for Social Care England, Professor Deborah Sturdy, commissioned a review of all evidence about the role and contribution of Registered Nurses in social care [15]. This valuable review of evidence has identified that the role of the Registered Nurse in social care is 'under-explored' [16], highlighting that there is 'limited scientific exploration of the contributions of RNs to adult social care and their effectiveness' [17]. That is, the contribution and expertise of nursing across social care, not just care homes. At a time when we are reviewing our social care system in Scotland, with the upcoming formation of a National Care Service [18], we need to ask questions, be curious and

identify the contribution that our social care nursing workforce brings. Rather than creating a solution based on a reaction to a crisis, we need to practice what we preach as nurses, and scope out the evidence to develop systems that truly meet the needs and outcomes for people experiencing care.

This paper highlights the importance of the role of the nurse in care homes, based on the experiences of those nurses who work in the sector, and adds further evidence to previous studies.

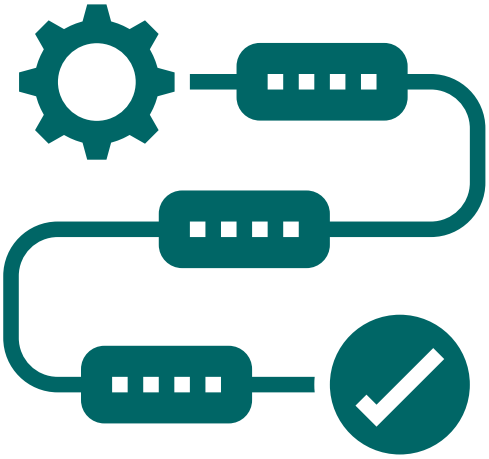
AIM & OBJECTIVES

This report aims to explore the experiences of Registered Nurses who have chosen to work in independent social care settings in order to change the narrative of nursing in these settings.

The three research objectives are:

- To define the role of nursing in social care;
- To help improve the image of nursing in social care;
- To help promote the value of the nursing role in social care.

METHODOLOGY



A qualitive methodology was employed in this study through one-to-one interviews and a focus group. Nurses were recruited via social media (Twitter) and the Scottish Care website. Interviews were held for around one hour utilising Microsoft Teams. The focus group was held at a breakout session at Scottish Care's annual Care Home Conference 2021, which took place on 1 April 2022. Whilst previous research undertaken by Scottish Care has used on-line surveys, the benefit of utilising a qualitative approach in this instance was to ensure we captured the experience of Registered Nurses working in social care and their views on the role and value of nursing. More importantly, this method enabled nurses to speak and be involved, ensuring their voices and their experiences were heard. Cornes & Manthorpe [19] identified through their rapid evidence review that there is limited research about nursing in social care that specifically focuses on the views of the registered nursing staff who work within the social care sector, along with difficulties in sustaining participant involvement.

Sixteen nurses were interviewed, and their roles varied across Staff Nurse, Manager, Director, Team Leader and Agency Nurse, as well as recent appointments to care home support teams and care at home services. Not all participants were from Scotland - one participant worked in England and two participants worked in Northern Ireland.

The focus group, held at the Scottish Care Conference, consisted in the majority of Registered Nurses. Participants to the focus group self-selected online when enrolling to attend the conference and numbered approximately 68 on the day.

Further information was gathered utilising Twitter hashtags - #IamACareHomeNurseBecause (Manson Y, 2022) and #3littlewords. Both these provided a good response and further evidence to support the voice of care home nurses.

NURSING IN SOCIAL CARE -FINDINGS

CAREER CHOICES

'Just a care home nurse.' (P7)

It was interesting to seek information about the nursing career of the participants to understand what had drawn them to work in a social care setting, therefore one of the key aspects discussed was their career journey and route into social care. This valuable information may assist in formulating strategies to encourage student nurses and qualified nurses to consider social care as a positive career option.

Just under half of the participants had chosen to work in social care from qualifying in their field of nursing. Many had started their caring career in social care, either in a care home or domiciliary care setting. For those that made a positive move to work in a care home from an acute setting, they did so for many varied reasons but the main one that stands out was the flexibility and work life balance it offered.

Interestingly all those interviewed - whether they were choosing to move from NHS settings to the independent sector, or whether they were choosing to pursue a career in social care as a newly qualified nurse - stated that their choice to do so was received negatively by their peers, with reactions such as:

'Oh no, you can't go and work in a care home, you'll lose all your skills.' (P9)

'You are going to lose your skills... you will lose sick pay and annual leave is not as generous.' (P10)

'...Stagnate, you are just going to stagnate.' (P11)

One participant who had made the decision to go and work full time in care homes stated that around fifteen of her nursing colleagues, of all levels, tried to talk her out of moving to care homes. This included the Lead Nurse for care of the elderly.

Perhaps the most striking finding is that all the nurses interviewed had experienced negativity around their decision to work in care homes: the predominant viewpoint being that those nurses in social care settings, such as care homes, are deskilled and that it really is not an area to work in if you want to advance in your career.

PERCEPTION

An objective of this study was to try to change the narrative and the perception of nursing in care homes. Participants feel that their role is not understood, and this leads to them not feeling valued or necessary:

'I think if the public and everybody was able to have, sort of, awareness of what we actually do it would improve the perception of nursing and care homes and probably improve the perception of nursing overall. They tend to focus on the negative sides.' (P9)

'I think a lot of where this is going with regard to nursing... we as care home nurses are seen as not as skilled as hospital nurses. Not seen as nurses if you know what I mean. Because you are not doing as many clinical things on a daily basis, but as I always say to people who work in renal or whatever, I say well you are specialist in that field and if we put you somewhere else you would be lost. I however am a specialist in all of these because depending on who I get through my door I need to read up on this.' (P6)

Historically care home nursing has been stigmatised not only by the media but also by other nurses, reflected in this comment by one participant:

'They think that they are better than you, that you are less than them.' (P4)

The negative images of nursing in care homes portrayed by the media during the pandemic has only further impacted on the stigma that surrounds social care nursing. The letter sent by the then Cabinet Secretary in June 2020 was seized on by the press, with leading statements that indicated that care homes did not know or understand the 'fundamentals of care' [20]. Teams were set up to provide oversight for care homes as a delegated function of the accountability and responsibility that was thrust upon Scottish Executive Nurse Directors [21]. Scottish Care's *The Ingredients for Growth* report [22] , detailing the findings of a survey of care providers in Scotland, highlighted the negative impact of oversight on care home managers and nurses. While there was some evidence of good relationships, many care home staff felt and continue to feel extremely devalued, especially when the teams undertaking the oversight visits seemed to be inexperienced in the field of social care:

'...The oversight personnel demonstrated lack of knowledge or understanding of the need of residents with dementia or the frail elderly and what was important to them and what is considered best practice in dementia care...' [23]

THE NURSING ROLE AND ITS VALUE

While participants to the study struggled to define the role of nursing, they were able to clearly articulate the knowledge and skills required to undertake the nursing role in care homes, along with the value of having Registered Nurses. They easily reflected on how they use their own knowledge and skills to ensure residents in their care remain as well as they can. This was a matter of knowing your residents, being able to manage complex care conditions and balancing all of this to ensure residents rights are respected with dignity and choice upheld. The importance of knowing residents well was identified as important in order to support wellness:

'We know those older people, those that aren't quite right.' (P2)

The role was described by participants as being dynamic and challenging – in positive and negative ways. Nurses feel they are accountable and responsible for managing care and support and ensuring residents are as well as they can be, stating:

'You have everything on your shoulders…. If things go wrong, it's down to you.' (P8)

'Huge responsibility.' (P13)

Working autonomously and having the freedom to influence and implement change was seen to be a positive part of the role, but this added to the feeling of being responsible for everything. The participants commented that because they are often the only nurse on duty, they are making critical clinical decisions and managing deteriorating residents. One participant spoke about the skill and management of being able to recognise natural deterioration of an illness versus acute deterioration:

'It takes a nurse, I believe, to recognise and act when [a person's] illness is naturally deteriorating or when there's an acute deterioration of an actual evolving illness.' (P14)

While all participants praised and valued colleagues they work alongside in Support Worker roles, they were clear that they do not have the underpinning, in-depth clinical knowledge that a nurse will have:

'So you're constantly on alert… you have to be a nurse to be able to have those skills, you cannot be a carer. A carer will know a lot and a lot of gut reaction to something… they will take to the nurse and the nurse will then work out [what is happening or wrong] from that. The expertise is in that nurse and they have been able to understand.' (P2)

Participants spoke about the knowledge required for such a role, having to have a wide and varied range of knowledge about management of different long-term conditions. There was a feeling of having to know everything and participants described themselves as:

'A jack of all trades.' (P7)

Despite the challenges faced by nurses in these roles, the majority found the role rewarding. They spoke about the passion they have, of being proud and loving their role:

'I actually love the job.' (P11)

'An opportunity to directly care and support someone.' (P9)

'My heart is in social care nursing.' (P12)

While most participants spoke positively about their role, there were also words of caution. Some participants had moved to other care homes or other roles because of the culture and leadership of an organisation. Some articulated the challenges that exist in organisations trying to deliver quality care against a backdrop of a difficult funding climate, which often manifested in staffing pressures and left nurses feeling vulnerable. One participant also spoke about instances where organisations were particularly focused on preparing for regulatory inspections and felt that this focus detracted from opportunities to more widely develop and progress care and outcomes.

The nursing role in social care was defined as a 'specialist generalist'; participants repeatedly commented on the need to know about a lot of different conditions and understand how to support the person through changes in long term condition management. While nurses identified themselves as specialist generalists, it is the case that they are in fact specialists: specialists in social care nursing. While nurses in social care have a huge knowledge and are required to be flexible and adaptable to the differing conditions and complex care needs of the people they support, they do not feel they are respected for the knowledge and skill they have. One nurse described this by saying:

'While we are expected to be a jack of all trades, we are not considered to be a master of anything.' (Focus group member).

DEFINING NURSING IN SOCIAL CARE

One of the outcomes of the research was to identify a definition of social care nursing based on the experience and knowledge of nurses working in social care. The findings identified that nurses saw their role as being different in that they were supporting the whole of the person to be as well as they can. The proposed definition, based on the findings of all those who took part, is:

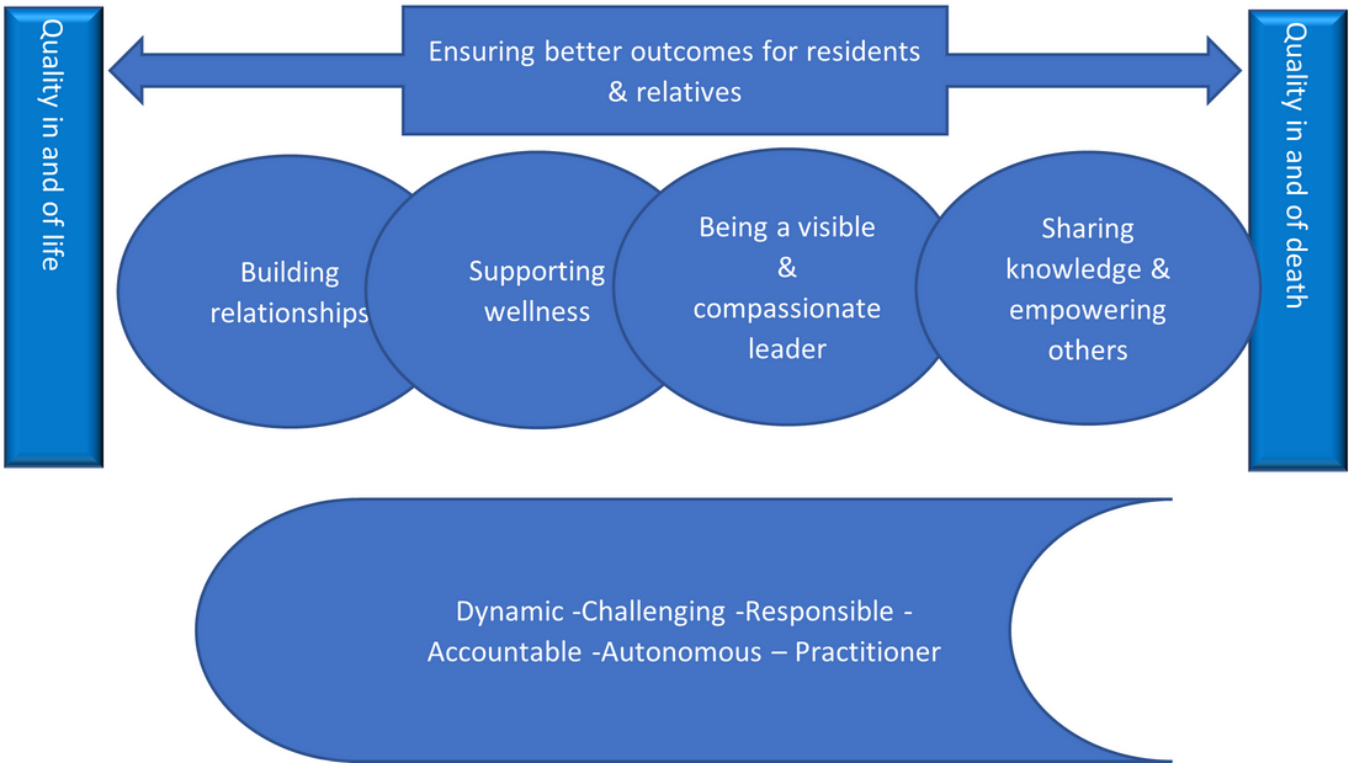
'The Social Care Nurse focus is to ensure better outcomes for people experiencing care and their relatives, to ensure a quality of life and a quality of death. To support the person to be as well as they can with the understanding that wellness fluctuates daily. This is achieved through a holistic person-centred approach.'

The overarching aim of the nursing role was identified as:

'To ensure better outcomes for residents and relatives, to ensure a quality in life and a quality in death. This is achieved through a holistic, person-centred approach.'

The aim is supported by four 'principles of practice' that help to define and describe nursing in social care.

The have been organised into a framework which is detailed in Figure 1 below:



ENSURING BETTER OUTCOMES FOR RESIDENTS & RELATIVES

Ensuring better outcomes for residents and achieving wellness is dependent on a skilled and consistent team of staff, yet all participants interviewed identified staffing as a challenge. The main issue regarding staffing was not being able to recruit nurses into care home roles and subsequent difficulty retaining them there. One participant felt that the issue of recruitment and retention was compounded by care homes being blamed during the pandemic.

The participants felt that there was a real lack of understanding about the role of nursing and that people, including their peers, do not understand their role or what they do. Nurses described how they felt disrespected by other health professionals. One participating nurse talked about a situation where she was not allowed to organise an ambulance for a resident who was unwell. When she then asked why she was not able to do this, she was told that she was not a professional.

This feeling of being undervalued and perceived as not having the skills to undertake some basic tasks has been further compounded by decisions around the Covid-19 vaccine rollout, with an inconsistency being raised:

'We are not able to give [Covid-19] vaccines when we give other vaccines...nobody really seems to understand what we do.' (P9)

Due to staffing issues many care homes have reduced the number of Registered Nurses that they have on shift. One nurse said that she was the only nurse on duty for 60- 65 residents, whilst another was the only nurse on shift for the whole home over a weekend. Although these nurses were working alongside colleagues in a range of other skilled roles, this professional isolation from other nurses led to feelings of anxiety and job dissatisfaction. The participants expressed concerns around safety in that they did not have other nurse colleagues to provide peer to peer support or for professional discussion around complex issues. They have no way of knowing everything and they are reliant on Senior Support Workers to alert them if a resident is becoming unwell. Furthermore, the reduction in the number of nurses on duty – due to nationwide nurse shortages - has led to nurses becoming task orientated, being called to focus on tasks such as catheterisation, taking bloods and applying dressings. This can leave little time for the holistic care, support and oversight that the nurse is also responsible for:

'Previous home was 60 beds and I was the only nurse... I could be doing 3 catheterisations, bloods, calling ambulance. Really hard going, did not stop. In crisis all the time.' (P3)

A lot of care homes are having to use back-to-back agency nurse cover, and one participant was concerned about this because of the impact on continuity of care. The staffing shortages in some care homes has led to nurses feeling like they are jumping for crisis to crisis with no respite.

Conversely, while staffing was a challenge for the majority, there were other participants who had a consistent team of staff with a full complement of nurses. The reason they gave for good staff retention was good leadership and caring about their staff. One participant commented that while her residents were her first responsibility, she also had to ensure that her staff were happy, stating:

'And I believe if I have a happy staff, I have happy residents and that's my driving force for everything.' (P11)

The need to change the narrative around social care nursing is extremely important, now more than ever, if society values our older citizens and wants to provide equality in care across the country [24]. However, this will not be possible if we do not have the right staff, with the right skills, in the right place.

PRINCIPLE 1: BUILDING RELATIONSHIPS WITH RESIDENTS AND RELATIVES

Building relationships and creating bonds with residents and relatives was a strong principle of practice identified by the participants, focus group and social media responses. 'Family' is something that everyone referred to; the term 'we are family' was used to describe the care home family. It was the building of relationships with the people they are supporting - getting to know the person and what matters to them - that was the deemed the most important and rewarding aspect of the role. Furthermore, the building of relationships was intrinsically linked to providing support and care to improve outcomes, enabling the person to be as well as they can and have a good quality of life. One participant described this as:

'I think you've already bought into a relationship with them and their family and that helps. So sometimes, for instance, when someone new comes into the home, you've to ask some difficult questions, questions that probably the family had never even thought about asking. So I think building up that relationship with them, it does help and just being involved every time the family comes in.' (P3)

'It's about relationship building, communication, you know.' (P4)

This provides insight into the importance of the holistic model of care, and the need for family to be included in that care and support. Participants talked about getting to know the people that they were supporting in social care settings, and how this was different from acute sector nursing. To illustrate this, a participant spoke about forming bonds and relationships in order to support and care for the person, including their relatives, in a holistic way. Knowing residents well, including their health and their social care needs, is a major influence in providing person-centred care and supporting people to remain well.

In summary, all participants in this study considered relationship building and knowing residents and relatives well to be an important part of their nursing role in care homes. The building of relationships was connected to providing holistic care, improving outcomes and supporting quality of life and quality of death. However, building relationships and providing holistic care is contingent on a consistent staff team. The majority of participants cited staffing as a major challenge; the reduction in nurses in care homes has led to nurses feeling anxious, overwhelmed and task driven. Having one nurse to 60 residents is not conducive to staff wellbeing or job satisfaction.

PRINCIPLE 2: SUPPORTING WELLNESS

The principle of supporting wellness is centred around the nursing team not only treating and supporting a resident with one acute infection or illness, but in managing complex conditions and multi-morbidities in order to support the resident to be as well as they can be. *Appendix 1* provides a table of all the skills required to do this that were identified by participants. It is this broader perspective that helps to ensure that the person has the best experience of care and support.

As a nurse in a care home, it was felt that there is a need to have a little knowledge about everything. Not having doctors around means that it is important to be able to recognise signs of change and deterioration. Participants identified that nurses add value by ensuring safety and security for residents and relatives. They utilise all their skills and knowledge, acting as the co-ordinator of the resident's care and support and making clinical decisions based on evidence through assessment and risk assessment.

Participants identified that they draw on all their knowledge, skills and practice to support people in the care home, stating that they are almost diagnosing and making suggestions to GPs:

'...But you're almost diagnosing as well. I know I've used those skills and I know what's wrong with that person and I have suggested that to the GP.' (P2)

Assessment, risk assessment and care planning were repeatedly mentioned as an essential skill for nurses, describing themselves as having *'natural assessment skills'* (P4). End of life care and palliative care was also identified as part of the holistic model of care and support and of ensuring a quality of death. In supporting wellness, nurses were able to understand the management of long-term conditions and how a resident may be able to do one thing one day but not able to do the same the next day. They saw part of their role as explaining and guiding colleagues around this aspect of the care of older and frail people.

Anticipatory care planning was another area which nurses felt proficient in. They remarked on how quality of life can only be sustained by knowing residents well, what matters to them now and in the future. Participants reflected on the difficult questions that often need to be broached, not only with residents but with their relatives, and that this requires skilled conversation and communication:

'Making sure that they have the best quality of life but the best quality of death as well and being OK about talking about death... We've got our residents talking about death, ones that want to or able to... families all talking about death, making sure we're planning it.' (P12)

It was recognised that not all nurses are comfortable with these conversations, but they were keen to emphasise the importance of anticipatory care planning.

Participants acknowledged that they are part of a wider team and that Senior Support Workers and Care Support Workers are essential in supporting wellness. They value the care staff and the skills that they have taken on because without that broad range of skills and roles, care homes could not function. However, the particular skills and knowledge of nurses cannot be replaced or diluted. Nurses provide leadership and oversight in the care home in order to enable safe and effective practice, for instance in relation to medication management.

Communication was a further skill that nurses use to communicate on many different levels. Participants spoke about the need to be able to communicate not only with their teams but importantly with people they care for and their relatives. It was identified that communication assists in fostering a culture of professionalism. Effective communication skills are essential in all aspects of social care nursing, from supporting people who are living with dementia, to comforting residents and relatives and speaking with fellow professionals. Participants commented on the skill of communication in relation to relaying information to GPs and the need to ensure they provide clarity about a situation.

To summarise, the participants viewed their role as being the primary lead in supporting wellness by promoting safe, effective, holistic, person-centred care through co-ordinating, assessing and care planning. While this principle focuses predominantly on health needs, it is recognised that the holistic model of care and support is important in ensuring residents and relatives remain at the centre and that rights, choice and dignity are supported.

PRINCIPLE 3: BEING A VISIBLE & COMPASSIONATE LEADER

This principle of practice is also linked to supporting wellness. Nurses with good leadership skills can help in promoting the model of care and support as well as instilling a positive culture and professionalism; therefore helping to create flourishing environments.

Many of the participants were in leadership roles, such as Manager, Charge Nurse, or Team Leader, however the majority of participants had worked as the Registered Nurse in a care home at some point in their career. The participants commented on the importance of good leadership, evidenced by the comment made below:

'We all know there is poor practise in some care homes, we all know that but there is also excellence in care homes and there's poor practise in hospitals and I think it's down to leadership. You've got to have a leader that is able to lead and manage and it is hard to get that and understand and be a compassionate leader, all these things in that one person'. (P2)

Participants talked about the importance of supporting and leading their nursing staff and that by doing so, they retained their staff. Nurse managers were keen to support their nurses and create that sense of a nursing team. Where nurses did not have that professional support from other nurses, this led to anxiety and problems with retention.

One participant spoke about the value of nurses' professionalism and their leadership abilities in social care. It is the leadership abilities of the nurse that helps to promote and support wellness, such as advising and leading on care and support, which is identified in the comment below:

'I think nurses are needed for their leadership abilities, to lead the team in their enablement abilities, to support others within that team.' (P14)

Visibility was identified as being a key aspect of leadership. One participant, who is a manager, stated that she always takes part in the interviews when recruiting to nursing posts.

Participants talked about compassionate leadership and quality improvement. One participant commented that she is educated to degree level, and that quality improvement processes are part of the degree programme. She commented on how autonomous the nursing role in care homes is and stated that nurses *'have the ability to change entire systems to benefit residents'*.

While it is the case that participants felt leadership was an essential factor that added value to those experiencing care, there were participants who as nurses had experienced poor leadership models. Two participants expressed their experience of poor leadership which led to them feeling vulnerable and threatened. Without strong leadership it was recognised that care and support teams can risk developing and inheriting poor practice, and that it is then difficult to change this practice. A further criticism regarding leadership was that in organisations where there was a top down and more authoritative approach, this led to the nurse feeling disempowered and not able to develop staff or initiate change.

In summary, leadership is a primary skill and value that nurses bring that in turn supports the people that they are caring for. The leadership from nurses helps to promote professionalism within the team. Nurses benefited from being supported by nurse leaders and other nurses. Nurses felt vulnerable themselves, as nurses, where strong leadership was absent, and this contributed to them leaving their roles. It is important that leadership models are developed around the people who live and work in care homes.

PRINCIPLE 4: SHARING KNOWLEDGE & EMPOWERING OTHERS

The principle of sharing knowledge and empowering others links with leadership. All participants identified as leaders whether in the role of Staff Nurse or in a management role. Good leadership is about taking people with you and developing staff teams. It was evident through interviews, the focus group and social media that learning and development, along with sharing knowledge, was something that nurses in social care view as an important aspect of their role and a skill that they bring as a Registered Nurse. Most nurses will be educated to degree level, and those that do not hold a degree will bring experiential learning and knowledge. It has been identified that nurses with continued professional development improve outcomes and safety for the people that they support [25], and education and facilitating learning is one of the four pillars of practice [26]. Nurses, no matter what position they have, play an important role - whether this in a care home, care at home, or any other social care setting – in supporting the development of others.

Participants reflected on nursing students and the care home as a practice learning environment. One participant commented on the need for students to come to care homes and that she herself had enjoyed her placement in a care home. It is not only the student who benefits from the experience, but other members of the team also get interested in learning and development.

Students were also seen as the key to change and to helping to improve recruitment:

'Start with the students...they're the future nurses. So when they're coming through, if you give them a good experience and let them see what it's really like in the care home. And it's not all that bad press that sometimes the care homes get. I have to say a lot of the students that I had, they loved their placement.' (P3)

One participant was very excited that their care home was becoming a practice learning environment and was going to be getting their first student this year (2022).

It is not only nursing students that benefit from the learning and development role and the sharing of skills and knowledge that nurses bring, as Care Support Workers and Senior Support Workers also benefit. Participants spoke about teaching compassionate care and empowering staff to be the best that they can be.

While learning and development of others was identified as a skill and one of the values that nurses bring, it was highlighted that sometimes it is difficult to create learning environments that are receptive to change where a person is the only nurse on duty. Participants also reflected that many of the people who are employed in care homes will be inexperienced in working in care, therefore there is a need to ensure that care staff are provided with learning and development opportunities. However, due to staffing issues there is not always time which leads to staff learning on the job from other colleagues. Participants spoke about how some Care Support Workers would become defensive when working alongside nurses who tried to assist with their learning and development, with responses such as 'but that's how we do it here' or 'we don't do it that way,' when being shown how to do something. Participants spoke about trying to develop staff and change practice, and the challenge of working with inexperienced staff. One participant felt that Care Support Workers who were new to the care home did not get enough time for induction, with learning and development of those who are new to the role sometimes limited to two days of induction. The lack of consistency with staff, little time for learning and development and the culture and receptiveness to change within an environment, impacted on the nurses' ability to provide teaching and learning opportunities. For these reasons it was felt that more time dedicated to learning and development when a person starts in a care home is required.

In summary, care homes are good learning environments and nurses value the teaching, learning and development aspects of their role. They believed that student nurses should undertake placements in care homes and that this should extend to management experience. However, some participants felt there were issues in trying to promote learning and development, particularly for new team members, due to time constraints and consistency within the staff teams.

CHANGING THE PERCEPTION OF NURSING IN SOCIAL CARE

During the interviews and the focus group, participants were asked the question – '*How do we change the perception of nursing in social care?*'. While this is a difficult task and something that was mentioned in the Scottish Care 2016 report, the time is now right. Never before has there been such interest in care homes and social care, and we need to take advantage of that interest. Participants, when asked this question, felt that roles such as the Transforming Workforce Lead for Nursing and the current research was helpful. Social media was also identified as a good platform to promote the role of nursing in social care and care homes. At the focus group, participants were asked to write their ideas on a post card. Filming care home life over a 24-hour period was thought to be a way to evidence to the public, and others, the good lives that people live and rewarding roles for staff in care homes. Another idea was for a television drama series about care homes and social care. Reflecting on this idea, some of the last series about care homes that could be identified were a sitcom called 'Waiting for God,' [27] and a series about older people in the community called 'One Foot in the Grave' [28]. While comedy may be a way to cope with growing older, the titles of these series are somewhat ageist and perhaps it is time to either evidence the reality, or provide reality through drama about the ups and downs of life as we get older.

Boost profile by – education, by inviting the community into our care homes.

Stop negativity – nursing home nurses are not second class nurses! Media perception of care homes needs to change.

Stop devaluing us – professional courtesy to all, exchange system between care home nurses & others, media programme to promote.

Change the way nurses are trained- need to spend more time in social care.

CONCLUSION

In January 2022 Scottish Care's CEO Donald Macaskill wrote a blog about the 'critical importance of valuing social care nursing' [29]. In this blog he reflected on a lively social media debate about care home nursing. Some of the responses through the Twitter debate are detailed in the word cloud above. Despite the variety of skills and responsibilities reflected, it is clear that the stigma is still there and has not changed much over the years in terms of value. The general feeling now is that the decision to create NHS teams to oversee care homes, who have little or no experience of working in care homes, has led to further stigmatising the sector. It has also raised questions such as:

'All these new NHS based oversight groups that got set up only further compound that stigma of NHS is better. Imagine setting up teams to oversee, make decisions on care homes with people who didn't work, live, or visit care homes - can you imagine that happening the other way around?' (Twitter)

This is a fair question to raise. There is the assumption that any nurse in the NHS, no matter where their experience in nursing is or where they have worked, is considered to be an expert in the field of social care nursing, and this perhaps provides an insight into what is really thought about social care nursing. In no other field of nursing would nurses be asked to provide oversight and assurance in an area where they were not experienced or competent.

The voices of those nurses who have taken time to be involved have provided a real insight into nursing in social care. They have highlighted the challenges of working in the independent sector, providing an honest account of this. Despite the challenges, they also spoke about their love for their role, their passion and how proud they are about being a nurse in social care. Additionally, the findings identified in this study add to the current evidence of skills and competencies identified by both Skills for Care [30] and QNI [31].

The aim of the research was to explore the experiences of nurses in social care and try to define the role of nursing in the sector as an objective. This has been achieved through analysis of information from participant interviews, focus groups and social media. Nurses have emphasised the autonomy of the nursing role and they have identified that they provide leadership, value and support for people who live and work in care homes. The research has identified four 'principles of practice' that centre around people they support. These principles – supporting wellness, building relationships, being a visible and compassionate leader, and sharing and empowering others - all link to the four pillars of practice [32]. In meeting these 'principles of practice', the Registered Nurse can help to ensure that the person experiencing care will experience better outcomes.

This research has evidenced that stigma still exists in social care nursing and that some of this has been further exacerbated by the pandemic. Conversely, there is a real interest in care homes now and that interest has been viewed and accepted as a positive. As we move forward with the development of a National Care Service for Scotland, we need to ensure that the social element of care, which is the foundation of the care that we provide in our community settings, is not forgotten. It is important, therefore, to acknowledge the field of expertise that we have in our social care nurses, including this being recognised as a specialism. The evidence is strong that the stigma lingers around the role of nursing in social care, but there is little evidence of research around these roles. Rarely do nurses who work in the sector get the time to talk about their roles and the complexity of skills that they have, mostly working as autonomous practitioners. Dr Donald Macaskill said we need to:

'... consider how to continue to promote the distinct role of social care nursing in the creation of a 'National Care Service' in Scotland, - what needs to be supported and adhered to through parity of access to equal terms and conditions in the workplace - and its' place within such a system' [33]

In order to do this we need to give voice to the experts in the field. We need to respect the role of nursing in social care and work together to ensure that a person choosing nursing as a profession views social care nursing as a career opportunity.

It is time to value our nursing roles within social care. Rather than seeing the role of nursing in social care as secondary to the NHS , it should be recognised as a skilled and complex role that leads and promotes holistic, person-centred care.

HAIKU CREATED FROM #3LITTLEWORDS

Relationships care
Enable meaningful life
Independent care

Person centred care
Empowering dynamic
A rewarding role

Quality of life
Challenging empowering
Listener thinking

Flexible and fun
Holistic empowering
A Life long learner

Forward thinking care
Supporting independence
Versatile complex

Family support
Communication centred
Proactive centred

– Dr Jane Douglas

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APPENDIX 1

Examples of clinical skills – social care nursing – supporting people to keep well

Assessment	Risk assessment	Recognising deterioration and acting on this
Assessing	Management Long Term Conditions	Anticipatory care planning
Clinical assessment	Continual assessment	Natural assessment skills
Diagnosing	Management of complex care	Understanding & critically evaluating incidents
Recognising acute deterioration	Complex decision making	Chronic disease management
Recognising natural deterioration of illness	Managing deteriorating residents	Acute on chronic disease management
Recognising when someone is poorly	Managing and responding to evolving illness	Managing competing conditions
Rehabilitation	Managing changing conditions	Supporting long term care of your resident
Think of assessment	Critical decision making	Management of multi-morbidities
Advanced practice	Palliative care	End of life care
Dealing with lots of different illnesses	Managing changing conditions	Essentials of safe care
Fundamentals of care		

APPENDIX 2

Questions for semi-structured interviews

Gender	Male	Female	Prefer not to say
Age	20 - 30		
	31 - 40		
	41 - 50		
	51 - 60		
Where do you work in the UK			
England	Scotland	Ireland/NI	Wales

Aim	To explore the experiences of Registered Nurses who have chosen to work in an independent social care setting to change the narrative of nursing in these settings:
Objectives	• To define the role of nursing in social care • To help improve the image of nursing in social care • To help promote the value of the nursing role in social care
Methodology	To gather qualitative data collected through a series of semi-structured interviews with nurses who work in care homes or care at home and focus groups

Main Question	Possible follow ups
1. How long have you been working in social care	
2. How long in your current post?	
3. What is your current post?	
4. Why did you choose to work in social care?	When did you move to social care?
5. Tell me something of your experience of working in social care?	Tell me what has been great about working in social care or if you have any experienced challenges.
6. What difference do you think you make to care and support in your organisation?	
7. How would you describe the role of the nurse in care homes or in social care?	What is your view on whether nursing roles are essential for care homes?
8. What do your peers, friends and other nurses say about you working in social care?	How does that make you feel?
9. How do you think we might change the story of social care nursing to improve the perception?	
10. What value and benefit do nurses bring to care homes or social care?	Do you think they are needed?
11. Anything you would like to add?	

APPENDIX 3

Write it on a postcard – Changing the image of nursing in social care

Focus Group Ideas

- Boost profile by – education, by inviting the community into our care homes
- Stop negativity – nursing home nurses are not second class nurse! Media perception of care homes needs to change
- Stop devaluing us – professional courtesy to all, exchange system between care home nurses and other, media programme to promote.
- Have more appreciate of the diverse role we have
- Make us equal to NHS
- Change the way nurses are trained- need to spend more time in social care
- Introduce student nurses earlier in their training.
- Stop negative media
- Ensure care home nurses are included in all decisions regarding care needs of residents
- Education – include later on training
- Inclusivity and positivity
- Care home placements are usually at the beginning of nurse training where people learn basic care. This gives the impression that's all it is – basic care
- Including care home placements later in nurse training would show their value.
- Shake up nurse training
- Make older adult resident care attractive career prospect
- Celebrate care homes achievements more publicly and widely
- Stop negativity – Integrate more student nurses
- Better promotion of management placements for student nurse within care homes
- Negative – people think that nurses don't have much clinical knowledge
- Total misconception of nursing in – needs to change
- There needs to be a better respect of skill within the social sector
- 24 hours in a care home – Netflix miniseries
- Hear the voices!
- Nurses – we need to talk of ourselves as intelligent, dynamic, vocal and proud profession, not hearts and cuddles
- Share the value of our role
- Delivering 24/7 care- Diverse role – adaptable individual
- Being valued and recognised
- Publicising care home life to everyone to allow more understanding
- Need a university level, care of the elderly speciality

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