King's College London

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for the care workforce

Developing careers, enhancing continuity and promoting wellbeing

Aims of the research:

- Explore the **challenges and opportunities for carers aged 50+**

- Identify ways to **promote healthier working lives and ageing for older care workers**

- **Improve workforce planning** and support

- Particular interest around supporting **recruitment and retention**

Retaining Care Home Staff: Ethnographic Insights from Scotland

Sue Lewis & Bettina Zenz

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Today's presentation:

- The challenge faced
- Theoretical framing: why the focus on motivation?
- Retention themed findings
- Ethnography for co-design: a note
- Questions: ours and yours

Fieldwork

✓ Between May to October 2022, data was collected from 6 independent care providers from Central Scotland

✓ 44 in-depth qualitative interviews from day and night shift workers aged 50+

✓ Combined with ethnographic observations

The Challenge

Crisis
Between 2020/21 and 2021/22
- UK care home vacancy rate rose sharply from 7.0% to 10.7%
- Vacancies rose from 110,000 to 165,000.
- Gap between the vacancy rate in social care and wider economy grew to 4.3 per cent.
  (The King's Fund, *Social Care 360*, 2023)

Turnover
- 1 in 3 leave the sector every year (Care Association)
- Around 152,000 staff left the sector altogether in 20/21 (Nuffield Trust, 2022)
- But, around 3 in 5 stay within the sector

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Theoretical Framing

✓ Micromanagement versus staff self-direction (e.g., MacGregor's *Theory X/Theory Y*)

✓ Motivational factors need to be distinct from basic physiological and safety needs (e.g., Herzberg)

✓ The importance of *intrinsic* motivators like autonomy over tasks (e.g., Pink)

Why Motivation?

- Factors like **autonomy, flexible work environment, positive feedback** from managers on achievements are likely to motivate staff

- Can provide managers with **basic ideas for how to motivate staff**, but we need to understand how these might play – or are playing out – a in the context of residential social care

- **NOT suggesting this as a solution to an entrenched problem** … rather, a short- to medium-term response to improving retention, challenging churn

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Fieldwork

- ✓ Between May to October 2022, data was collected from 6 independent care providers from Central Scotland

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The data reveal different staff retention outcomes, which were shared unequally across participating homes.

- **Staff retention was not considered an issue in two care homes**

- **A 'major existential' challenge in one home**

- **Retention a 'significant' concern affecting the remaining three participants**

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Participating Care Homes: Profile Comparison

	Type	Single/group	Build	Location	Public Transport	Retention Experience
One	Family-run	Group of 2	Old, converted	Rural	None	Good
Two	Corporate	Large group	Purpose	Small town	Good	Good*
Three	Corporate	Single	Purpose	Larger town	Good	Poor
Four	Charity	Single	Old, converted	Rural	Not regular	Good*
Five	Corporate	Large group	Purpose	Town centre	Regular	Phases
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- Asked what it's like to work here, "A" immediately emphasises teamwork. All staff work as a team and the managers are very good. Treat them well.
- "I am the only with this job title– it was made up just for me"

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- "Managers try to help and support staff where they can"
- Wellness and mental health initiatives (e.g. aromatherapy, discount at local leisure centre: "the managers put a lot of information about wellbeing and stress on the *WhatsApp* group", but "I know it's there, but I don't use it"

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- Wellbeing and mindfulness sessions offered, plus Blue Light card – but not actively promoted
- Lack of supervision and mentoring support, and communications issues between staff and management: "nobody listens"; "you miss things in the paperwork and get pulled up on it – my anxiety is through the roof because of this".

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- Family-feel. Hands-on management ("will roll up their sleeves" – but risk of encouraging burnout?
- Encourage time with residents.
- Explicit awareness of staff work-life balance (e.g., shift flexibility): "if someone needs help or time off, that's a given".
- Career progression, high staff autonomy

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- Management listens, and recognises staff strengths. Career progression. Rotation between units. Staff autonomy relatively high: "management here do praise us and they chip in when needed."
- Staff wellbeing campaign, Blue Lights card: "there is always information about mental health and stuff like that on our *WhatsApp* group."
- Values-led recruiting; e.g., older male staff member with family/informal carer experience

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- Good work ethic, shared; staff who leave often come back: "we want to keep our good standards".
- Some incentives offered; permanent staff have some healthcare cover (bank staff don't feel included)
- Limited flexibility: "I don't feel looked after by anyone."
- Management don't feel they're short-staffed; staff do: "the managers are too busy"; "although we get on well enough [with managers], I don't feel I have a voice in here."

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A Note on Co-Design

✓ This ethnographic work also prepared the ground for innovative co-design work with care home staff

✓ Workshops with all 6 care homes have produced current projects, inc. digitalisation of intergenerational communication and paperwork reduction

Motivators

Tokens of appreciation: e.g., retail vouchers, a staff BBQ

Blue Light Card: discount scheme for emergency services

Access to a Medicash policy: covers a range of essential healthcare expenses such as dental treatment, eye care, physiotherapy.

Internal wellbeing and mental health programmes: e.g., fitness challenges, meditation, massages

Discount at local leisure centre

Free meals or snacks on shift

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With thanks to our researcher,
Bettina Zenz

Any questions?

- Recruitment challenges are felt by all care homes
- Retention experiences vary: not linked to context or configuration
- Staff value spending time with residents above almost everything else
- Small motivational interventions appear to be well received by staff, even in the context of low pay
- Link between ability to retain staff and <u>following through</u> with motivational interventions