Understanding the distinct challenges for nurses in care homes: learning from COVID-19 to support resilience and mental wellbeing

Diane Bunn,
Kathleen Lane, Linda Birt, Jason Corner, Kristy Sanderson, Andrea Deakins

06/12/2021

*International workshop on COVID-19 and Long-Term Care systems*
Overview of THRIVE

Context:
• Nurses practise in care homes are often the only trained nurse on shift.
• Nurses undertake leadership roles, while supporting staff and nursing residents with complex clinical needs.

Aims:
To explore Nursing and Midwifery Council (NMC)-registered nurses’ experiences of working in older people’s care homes during the COVID-19 pandemic, and to collaboratively develop theory-informed approaches for their ongoing and future support.

Methods:
• Interviews (completed) focusing on how COVID-19 impacted on nurses’ resilience and mental wellbeing.
• Workshops (in progress) to collaboratively develop approaches for ongoing support.
Overview

- Interviews
- Initial Workshops
- Follow-up Workshops
- Recommendations
Methods

**Advisory Group**
- Nurses currently working within care home sector
- Topic Guide co-produced, focusing on how COVID-19 impacted on nurses’ resilience and mental wellbeing
- Interpretation of findings throughout analysis stage

**Recruitment and Sampling**
- England, Scotland
- ENRICH
- Twitter & Facebook
- Direct contact with local nursing homes
- Purposive sampling for age, gender, ethnicity, type of care home, location

**Data Collection**
- One-to-one online interviews
- Thematic analysis
Findings

• 18 Nurses (16 female)
• Majority Registered General Nurse, 2 Mental Health Nurses
• Age: 26-35yrs (2), 36-45yrs (4), 46-55yrs (6), 56-65yrs (5), 66+ (1)
• Mean time registered with NMC: 19 years
• Ethnic diversity: 12 white: English/Welsh/Scottish/Northern Irish/British, 2 white other, 2 African, 1 Indian, 1 not known.
• Care home size: mean number of residents: 58, range 27-82
• Number of care home nurses on shift: range 1-7, most usually 2
It’s literally been like a whirlwind. So many different emotions: stress, anxiety and obviously fear when I contracted COVID. The thought of working in a nursing home, being a single parent with two small children was horrendous guilt. All them emotions. Then you’ve got sadness, just completely emotionally draining. But looking back it only develops your career, it only makes you a stronger person. #6, F, Nurse 5-9yrs
Enhancing clinical skills was rewarding

Absence of in-person consultations with GPs and other health care professionals meant nurses had opportunity to further develop their clinical skills.

‘It empowers you. I think the pandemic has empowered nurses, from my perspective’
#9, F, Nurse 10-14 yrs

‘In a positive way GPs in particularly learnt to trust and value nursing skills’
#8, M, Nurse 25-29 yrs

‘We weren’t brilliant at anticipating death...now we really look at that, I feel it is 100 times better’
#19 F Nurse 15-19yrs
Balancing leadership, nursing care, own life

Constant assimilation of information is well reported. We found nurses faced the challenge of maintaining trust from their staff when information changed so quickly.

‘One of the challenges we faced was do our staff know that we know what we’re doing or how can we help our staff and get them to trust us when our guidance is changing all the time’

#1, F, Nurse 20-24 yrs

The demands of reduced staffing and the imperative to provide care to the residents led to several nurses ‘not being off shift’

‘30% of my staff off sick, I couldn’t get agency. I worked from Sunday lunch to Wednesday morning and all through this you have relatives asking you questions that you just don’t have the answer to. I just got a few hours sleep on the office floor and we just pulled through it. We managed to ensure that all people that passed away had a good death’

#18, F, 5-9 years
Emotional support for others and myself

‘Couple of us are mental health first aiders, made sure that all the staff knew we were there to talk to. I’ve had lots of people in with me. I’ve had lots of time for staff, I phone them at home and I make sure they’re OK’

#13, F, (length of time registered nurse not provided)

‘I think being a manager is always a lonely occupation because you can’t have friendships in your workplace. And your job role is to actually support everybody else but it’s very hard to get the support you need’

#8, M, Nurse 25-29 yrs

‘Those working relationships with nurses have been far more important than relationships at home. My partner would not understand what it’s like to be in here on a Saturday afternoon when the sixth person in one day dies. Nurses would understand; they were here, they felt the same’

#12, F, Nurse 10-14 yrs
Residents’ relatives

• Some nurses described being the bridge between resident and family
• The relationship with relatives changed over time. Initially nurses described lots of community sprit and a sense this will all be over soon. Latterly some report being verbally abused by relatives.

‘It was about being the bridge between the two [residents|families], being as supportive and as open and honest as you can’

#6, F, Nurse 5-9 yrs

‘Certainly brought me to tears just because of the abuse: “I haven’t seen my mum; you’ve done this to her and if you kill her...” and all the rest of it, so you’re left with all these nasty words in your mind’

#1, F, Nurse 20-24 yrs
The dilemmas within their accounts

• A few nurses concerned that being asked to undertake clinical work beyond their expertise
• Nurses reported having to make decisions on whether to enable family visiting as residents reached end of life.
• A couple of nurses questioned whether optimum care was offered for non-covid related health conditions
• Loss of second employment contracts
Conclusions

• Nurses are often managers and clinical leaders in care homes and they need tailored support to ensure they remain resilient and mentally robust, especially as they grapple with ongoing challenges of low staffing levels, new covid variants and differing polices on family visiting.

• Support for nurses will likely benefit other care workers either directly through wider roll-out, or indirectly through improved wellbeing of the nurse leaders.

• By supporting nurses we may create an environment where the care home workforce is healthy, stable and productive.
Acknowledgements

Funders:

Burdett Trust for Nursing

NIHR | Applied Research Collaboration East of England

This is a summary of research funded / supported by the National Institute for Health Research (NIHR) Applied Research Collaboration East of England. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

DB and LB are members of the Inclusive Involvement in Research for Practice-led health and Social Care Theme; KS is Deputy Theme Lead, Mental Health over the Life Course