

Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions

Jo Rycroft-Malone,^{1*} Christopher R Burton,¹
Lynne Williams,¹ Stephen Edwards,¹ Denise Fisher,¹
Beth Hall,¹ Brendan McCormack,² Sandra Nutley,³
Diane Seddon¹ and Roger Williams¹

¹School of Healthcare Sciences, College of Health and Behavioural Sciences, Bangor University, Bangor, UK

²Division of Nursing, School of Health Sciences, Queen Margaret University, Edinburgh, UK

³School of Management, University of St Andrews, St Andrews, UK

*Corresponding author

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Scientific summary

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Scientific summary

Background

In the context of an ageing population and high-profile reviews of the quality of services provided to older people, there is a spotlight on the contribution and development of the support workforce. Support workers deliver care alongside the regulated workforce in their day-to-day duties, but the role is ill defined and there is evidence to suggest that support workers are not deployed as effectively as possible and are often undervalued.

In the UK, a number of recent publications have made recommendations for training and development for support workers, highlighting a gap in understanding about the best ways to address this. Calls for changes to recruitment, training and education for the support workforce mean that it is timely to review their development in order to understand what works, for whom, how and in what circumstances. Workforce development is defined as the support required to equip those providing care to older people with the right skills, knowledge and behaviours to deliver safe and high-quality services. We were interested in understanding this in the wider context of the organisation of care delivery.

The review question and aims were taken from the protocol (available at www.nets.nihr.ac.uk/__data/assets/pdf_file/0016/116305/PRO-12-129-32.pdf, accessed 19 October 2015).

Our research question asked 'how can workforce development interventions improve skills and care standards of support workers within older people's health and social care services?'

The main aims of the study were to:

1. identify support worker development interventions from different public services and to synthesise evidence of impact
2. identify the mechanisms through which these interventions deliver support workforce and organisational improvements that are likely to benefit the care of older people
3. investigate the contextual characteristics that will mediate the potential impact of these mechanisms on clinical care standards for older people
4. develop an explanatory framework that synthesises review findings of relevance to services delivering care to older people
5. recommend improvements for the design and implementation of workforce development interventions for support workers.

Methods

Following recognised realist principles and published guidance, a number of stages were used in completing this project, including embedded stakeholder engagement. Stakeholders were involved in elaborating on the review context, refining the review questions, developing the programme theory and interpreting the evidence. The four stages of the review process are summarised as follows.

Scoping the literature

Concept mining

Concept mining was undertaken to map evidence about the support workforce, workforce development interventions, older people's services, how interventions might operate and any reported enablers or barriers to the successful implementation of interventions. We searched different bodies of evidence (including commissioning briefs, policy/guidance and grey literature) for information that could build theories ('what might work') about workforce development.

Conceptualising workforce development

We held a workshop in which stakeholders contributed to the development of the scope and issues that are relevant to workforce development of the support workforce in the context of older people's services.

Identification of theory areas

From the above activity we generated a longlist of issues in four theory areas. These were reviewed and prioritised by stakeholder workshop participants and then by the Project Advisory Group members in a face-to-face meeting. These theory areas were career development and strategy, workforce development design and delivery, mediating factors, and impacts.

Searching process

The search strategy was broad and comprehensive, combining a primary search with purposive searches in order to capture the most relevant evidence to support or refute the ideas around the four theory areas. For the primary search, a list of search terms was created from the theory development work.

Selection and appraisal of documents

Consistent with realist review standards, the test for inclusion was if the evidence was 'good and relevant enough' to be included. As this 'test' is potentially lacking in specificity, we developed a set of constructs within the data extraction form: 'good enough' was deconstructed as the quality of evidence expressed through fidelity, trustworthiness and value, and 'relevance' related to the contribution of the evidence to the theory areas.

Data extraction, analysis and synthesis process

Theory development, refinement and testing were iterative processes made visible through bespoke data extraction forms. We undertook an abductive and retroductive analysis of evidence across data tables to look for emerging demiregularities (patterns). This process was facilitated by the development of a set of *plausible hypotheses*: 'if . . . then' statements about what might work, for whom, how, why and in what circumstances, about workforce development interventions for the support care workforce.

The data in the plausible hypotheses evidence tables were then used as the basis for further deliberations about the emerging contingencies across the evidence base, which resulted in the uncovering of context–mechanism–outcome (CMO) configurations. An evidence-based narrative was developed to underpin under each configuration. To further 'test' and enhance the trustworthiness of the resultant CMO configurations, and to facilitate the development of the final CMO narrative, we conducted 10 semistructured, audio-recorded interviews with stakeholders.

Results

The review process resulted in eight CMO configurations. These are explanations that, cumulatively, constitute a programme theory about 'what works' in workforce development for the older persons' support workforce.

Making it real to the work of the support worker

If intervention design and delivery is close to the work of the support worker (context), this prompts resonance with individuals participating in it (mechanism), which can result in cognitive and practice changes in them (outcome).

Paying attention to the individual

If workforce design and delivery pays attention to the individual support worker's personal starting points and expectations of the role (context), this prompts better engagement with the intervention (mechanism). Paying attention to the individual within workforce development can promote positive personal cognitive (e.g. personal efficacy) and instrumental impacts (e.g. skill development) and potentially impacts for the organisation (e.g. staff commitment) (outcome).

Tapping into support workers' motivations

If workforce development opportunities include elements of incentivisation (context), then it is likely that participants will feel recognised and rewarded (mechanism). The relationship between incentivisation and having a stake in workforce development can lead to greater emotional and practical participation and engagement with the intervention (outcomes).

Joining things up around workforce development

If interventions are developed in the context of an organisation's goals, including their human resource and quality improvement strategies (context), this prompts alignment between the aims of the intervention and the goals of the organisation, such that they mutually reinforce each other (mechanism). This leads to more sustained and lasting impact of the intervention, reducing turnover and supporting the organisations' retention strategy (outcome).

Co-design

If the right mix of people are engaged in the design of workforce development programmes/interventions (reflecting the complexity of workforce needs and desired development) (context), this prompts co-design and a collective view about what needs to be done (mechanism), which can lead to workforce development that is (perceived to be) more credible, meaningful and relevant for the support worker, with greater potential for positive outcomes for practice (outcomes).

'Journeying together'

If the right mix of people are engaged in delivering workforce development programmes/interventions (context), this can prompt learning together (mechanism), which leads to stronger cohesion across groups, greater understanding of others' roles and less duplication, and impacts on residents' perceptions of care (outcomes).

Taking a planned approach in workforce development

If workforce development draws on theory (both explicit and implicit), or there is evidence of a planned approach (context), this prompts the adoption of a systematic process in its design and delivery (mechanism), which leads to greater potential to demonstrate impact and learn about workforce development effectiveness (outcome).

Spreading the impacts of workforce development across organisations

If workforce development interventions are comprehensive, in that they are multilayered (focusing on individuals, groups and organisations) and reflect broader developments relevant to the support workforce (context), then this prompts attention on the way in which components of interventions reinforce one another (mechanism), increasing the potential for impacts to embed and spread across organisations (outcome).

Conclusions

Cumulatively, our eight CMO configurations provide a programme theory or contingent explanation, which is grounded in evidence from the literature and in stakeholder perspectives, about how workforce development works in improving outcomes for support workers, organisations and older people.

The resulting explanatory framework draws together the key features of the CMO configurations and the relationships between them into a theoretical, and potentially practical, heuristic. The framework represents the starting point or local context, mechanisms and potential impacts of workforce development for support workers. Although the theory is specific to our synthesis context of workforce development, we believe that the CMO explanations are sufficiently abstract to be transferable across most workforce development approaches. The programme theory framework we have developed could be used to guide support worker workforce development initiatives/programmes in the future, pointing to what should be paid attention to and what might work; that is, it provides a plausible and credible account of what works, how, why and in what circumstances.

Implications for practice

The following implications for the practice of designing and delivering older persons' support workforce development interventions are directly related to the eight CMO configurations of the programme theory:

1. Workforce development programmes should be organised to reflect the realities of the support worker role in a number of ways, for example:
 - i. Inclusion of material and examples drawn from the reality of practice.
 - ii. Integrating learning within the expectations and boundaries of the role that support workers have.
 - iii. Bringing learning into the workplace on a sessional or integrated basis. This may be more or less relevant depending on the need to access expertise to support learning, the availability of a conducive learning environment, and whether taking the workforce out of the service context may be desirable or necessary to address specific development needs and/or to work together with people in different contexts (e.g. cross-fertilisation of ideas and knowledge).
2. Workforce development should be constructed to build on the life skills and experiences that individuals bring to the support worker role, and enable role development and career progression (as appropriate) for the individual and their organisation.
3. Workforce development should incorporate strategies and techniques that might incentivise and motivate individual engagement in workforce development. These strategies and techniques should be designed to address both extrinsic (e.g. pay) and intrinsic (e.g. 'doing a good job') motivators when possible. To sustain motivation, extrinsic motivators should address explicit criteria for goal attainment, for example rewarding the achievement of specific changes to practice.
4. There should be a systematic approach to the design of workforce development that is aligned with organisational strategy around, for example, priorities such as quality and integration across health and social care. When this alignment is evident, it should be possible to realise more sustained improvements in workforce knowledge and skills.
5. Designing workforce development interventions should include the involvement of the right stakeholders from the beginning of the development process. Stakeholders will probably include relevant agencies, for example organisations/institutions that can provide specialist input and/or educational accreditation/credibility, and individuals, for example support care workers, patients, residents and carers. Co-design processes should recognise and incorporate the views, expertise and values of each stakeholder constituency.
6. The delivery of workforce development interventions should include opportunities to involve others beyond the support worker themselves. There will be learning and development issues, for example improving team work, supporting individuals' transfer of care, dignity in dementia and relationships between staff and families, for which it would be relevant and resonant to learn among peers and recipients of care.

7. Workforce development design and delivery should be approached in a theory-driven and systematic way. This should include reference to and inclusion of relevant theory/theories, and frameworks and the learning methods/approaches/tools used linked to those underpinning heuristics. In addition, theoretically driven and systematic approaches should be used to evaluate learning and development interventions.
8. Workforce development should be considered as a complex programme that is transformative of people and organisations. Therefore, workforce development should not be ad hoc and fragmented. Paying attention to workforce development in the context of the whole system, which includes individuals, teams and the organisation in its wider context, is more likely to result in wider and potentially more systemic impacts. This will require joining up and aligning various organisational strategies and associated goals such as human resource management (recruitment, retention, development and exit), organisational development, quality and safety, and resource management.
9. Professional and lay stakeholders consistently highlighted the importance of investing in the support workforce as a firm foundation on which to improve the quality of health and social care. While recognising the importance of being clinically competent, they also stressed the importance of some fundamental aspects of service delivery. These included dignity, compassion and communication. Therefore, workforce development opportunities need to balance the technical with the professional and emotional aspects of caring work with older people.

Recommendations for future research

Our recommendations for future research relate both to aspects of research methods and to a number of research questions to further evaluate and explicate our programme theory.

1. The synthesis demonstrated generally poor reporting of workforce development interventions; therefore, in future research we recommend that:
 - i. the typology proposed in this synthesis could be used to describe the nature of the intended workforce development
 - ii. authors provide clear and detailed description of the component(s) of the intervention
 - iii. the theory of change for the workforce development intervention is clearly reported.
2. What is the right mix of workforce and organisational related policy to deliver a sustainable support workforce for older people's services? What are the components of a fully integrated workforce planning and development strategy?
3. How can the sustainability of workforce development be addressed in the challenging context of the older persons' support workforce?
4. What are the features of a whole-system approach to workforce development operating within a specific geographical context, and which pays attention to social (e.g. characteristics of the service user and workforce populations) and other (e.g. environmental) characteristics?
5. What approaches to the design and delivery of workforce development might be more effective in engaging hard-to-reach groups within the older person's support workforce?
6. What are the most effective ways to engage and integrate different stakeholder perspectives, including those of patient and public representatives, in the design and delivery of workforce development that enables support workers to address the needs older people?
7. What interventions can accelerate support workers' implementation of gains in knowledge and skill into routine service delivery?
8. What are the best ways of including incentives in workforce development programmes that build on the motivations and aspirations of individual support workers?

Study registration

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Editorial contact: nihredit@southampton.ac.uk

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