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# Attracting, recruiting, and retaining registered nurses and care workers in care homes: the REACH realist review

*Reena Devi, Kirsty Haunch, Sonia Dalkin, Angela Bate, Natalie King, Judy Wright, Liz Jones,  
Claire Goodman, Karen Winterburn, Edna Feenan, Vinny Kennedy and Karen Spilsbury*







## Extended Research Article

# Attracting, recruiting, and retaining registered nurses and care workers in care homes: the REACH realist review

Reena Devi<sup>1,2\*</sup>, Kirsty Haunch<sup>1,2</sup>, Sonia Dalkin<sup>3</sup>, Angela Bate<sup>4</sup>, Natalie King<sup>5</sup>,  
Judy Wright<sup>5</sup>, Liz Jones<sup>6</sup>, Claire Goodman<sup>7</sup>, Karen Winterburn<sup>2</sup>, Edna Feenan<sup>2</sup>,  
Vinny Kennedy<sup>8</sup> and Karen Spilsbury<sup>1,2</sup>

<sup>1</sup>School of Healthcare, University of Leeds, Leeds, UK

<sup>2</sup>Nurturing Innovation in Care Home Excellence in Leeds, Leeds, UK

<sup>3</sup>Social Work, Education & Community Wellbeing, Northumbria University, Newcastle, UK

<sup>4</sup>Nursing, Midwifery and Health, Northumbria University, Newcastle, UK

<sup>5</sup>Leeds Institute of Health Sciences, University of Leeds, Leeds, UK

<sup>6</sup>National Care Forum, Coventry, UK

<sup>7</sup>School of Health and Social Work, University of Hertfordshire, Hatfield, UK

<sup>8</sup>Northumbria Law School, Northumbria University, Newcastle, UK

\*Corresponding author [R.Devi@Leeds.ac.uk](mailto:R.Devi@Leeds.ac.uk)

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## This article

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# Abstract

**Background:** Social care staff shortages are having a detrimental impact across the health and care system. There are reports of care homes closing, stopping nursing services and not admitting new residents because of challenges with staff shortages.

**Aim:** To develop an explanatory framework of strategies used to attract, recruit, and retain registered nurses and care workers working in care homes. Explain how and why strategies work, for whom, the conditions needed and the costs involved.

**Design and methods:** A realist synthesis approach was used. In step 1, strategies were identified and initial programme theories developed using data from stakeholder consultations ( $n = 10$ ), theory gleaning interviews with registered nurses and care workers ( $n = 13$ ), and evidence retrieved from scoping literature searches ( $n = 50$ ). Strategies (and initial programme theories) prioritised by sector stakeholders focused on staff recruitment and retention, and were taken forward for testing/refinement. Step 2 involved searching academic databases and social care websites for evidence. Step 3 involved screening and selecting records relevant to the prioritised initial programme theories. Relevant data were extracted and analysed to identify context–mechanism–outcome configurations. To assess rigour, the appropriateness of research methods, and the plausibility/transparency of grey literature were assessed. Step 4 involved testing and refining the programme theories, with programme theories sense checked/refined by sector stakeholders. Existing and established theories were used to help further explain the programme theories and develop an overarching explanatory framework.

**Results:** During step 1, strategies used to attract, recruit, and retain registered nurses and care workers were identified and initial programme theories developed ( $n = 22$ ). Ten strategies and initial programme theories were prioritised for testing/refining and were focused on recruitment and retention: staff recognition, flexible working, career development, salary package, early investment, induction, continuous feedback, caring community, effective interviewing and listening to all staff.

From the focused literature searches, 153 papers were included and data from these were used to test and refine the prioritised strategies and initial programme theories, and throughout the process collated into five final theories: effective interviewing, career development, reward and recognition, promoting work–life balance and caring conversations. These strategies do not operate independently; they interact and work together. Effective interviewing sets accurate expectations, and loyalty starts to develop through setting an accurate ‘psychological contract’ which is fulfilled over time. Opportunities for career development, rewarding and recognising staff, providing flexible working options and supporting staff with caring conversations help staff to feel listened to, respected and valued, which in turn, develops job satisfaction. Supportive leaders and a sense of inclusion and fairness are needed for these strategies to work. These strategies provide staff with positive experiences, and these are reciprocated through employee commitment and loyalty. Supporting staff through providing caring conversations and opportunities for career development also help staff feel empowered.

**Conclusions:** This is the first realist synthesis in this field. The findings provide practical strategies for improving staff recruitment and retention.

**Limitations:** Stakeholder consultations did not include the views of staff who had left care work.

**Future work:** Understanding how to attract new staff to the social care workforce remains an important research gap.

**Study registration:** This study is registered as PROSPERO CRD42021261112.

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# List of supplementary material

- Report Supplementary Material 1** Step 1: theory gleaning interview topic guide
- Report Supplementary Material 2** Step 1: stakeholder consultation full questioning guide
- Report Supplementary Material 3** Initial programme theories prioritisation survey
- Report Supplementary Material 4** Initial programme theory effective interviewing
- Report Supplementary Material 5** Initial programme theory staff recognition
- Report Supplementary Material 6** Initial programme theory salary package
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- Report Supplementary Material 8** Initial programme theory induction
- Report Supplementary Material 9** Initial programme theory career development
- Report Supplementary Material 10** Initial programme theory continuous feedback
- Report Supplementary Material 11** Initial programme theory listening to staff
- Report Supplementary Material 12** Initial programme theory caring community
- Report Supplementary Material 13** The REACH know how

Supplementary material can be found on the NIHR Journals Library report page (<https://doi.org/10.3310/GJRD0408>).

Supplementary material has been provided by the authors to support the article and any files provided at submission will have been seen by peer reviewers, but not extensively reviewed. Any supplementary material provided at a later stage in the process may not have been peer reviewed.

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## List of abbreviations

ABI	Abstracted Business Information	IPT	initial programme theory
CINAHL	Cumulated Index to Nursing and Allied Health Literature	MEDLINE	Medical Literature Analysis and Retrieval System Online
CMOs	context–mechanism–outcome configurations	NCF	National Care Forum
COVID-19	coronavirus disease discovered in 2019	NHS	National Health Service
CQC	Care Quality Commission	NICHE–Leeds	Nurturing Innovation in Care Home Excellence in Leeds
DHSC	Department of Health and Social Care	RN	registered nurse
HMIC	Health Management Information Consortium	SCMO	strategy context–mechanism–outcome configurations
HR	human resource		

## Plain language summary

**W**e worked on understanding strategies which can help with attracting, recruiting, and retaining registered nurses and care workers in care homes.

In the first step we interviewed registered nurses and care workers, talked to stakeholders (e.g. care home managers), and took insights from relevant research papers. The information was used to identify 22 practical strategies, and develop rough ideas around why the strategies work, for which staff, the conditions needed, and the costs involved. Registered nurses, care workers and wider sector stakeholders prioritised 10 strategies focused on staff recruitment and retention (and not on attracting new staff): staff recognition, flexible working, career development, salary package, early investment, induction, continuous feedback, caring community, effective interviewing and listening to all staff. These were taken forward for further testing and developing. In steps 2–4, we searched online library databases and social care websites for relevant papers ( $n = 153$ ) and information from these papers was used to build on the rough ideas developed during step 1. Stakeholders helped with refining the final findings.

The 10 prioritised strategies were combined into 5: effective job interviews, providing opportunities for career development, rewarding and recognising staff, promoting work–life balance, and caring conversations. The strategies interact and work together. The way staff are recruited is important for retaining staff. Setting accurate expectations during the job interview stage avoids creating false impressions, and this helps with developing staff commitment. Providing staff with career development opportunities, rewards and recognition, flexible working options, and caring conversations helps staff feel listened to, respected, and valued, and this creates job satisfaction. Giving staff opportunities for career development and supporting staff with caring conversations also helps with building staff confidence. Overall, providing staff with positive experiences means staff will also respond positively in return in terms of being committed and loyal to the employer. Supportive leaders and a sense of inclusion and fairness are needed for these strategies to work well. This research has described ways of improving staff recruitment and retention, understanding how to attract new staff remains an important research gap.

# Scientific summary

## Background

Social care staff shortages are having a detrimental impact across the health and social care system. There are reports of care homes closing, stopping nursing services, and there are care homes not admitting new residents because of challenges with staff shortages.

*Research aim:* to develop an explanatory framework (underpinned by programme theories) of effective strategies to attract, recruit and retain registered nurses (RNs) and care workers working in care homes.

## Research objectives

1. Identify strategies to attract, recruit and retain staff, and develop initial programme theories (IPTs).
2. Identify the outcomes underpinning effective (and ineffective) strategies.
3. Identify the context and underlying mechanisms that generate outcomes.
4. Search for evidence which tests and refines theories.
5. Identify and explain the cost (e.g. time) and consequences (outcomes) of theories.
6. Bring the theories together into an overarching explanatory framework.
7. Develop guidance explaining how to successfully attract, recruit and retain RNs and care workers.
8. Prioritise RNs' and care workers' voices as experts throughout the process.

## Methods

A realist synthesis approach was used to identify strategies used to attract, recruit, and retain staff, and develop programme theories explaining how and why the strategies work, for whom, the conditions needed, outcomes to be expected, and the costs involved. Four steps were followed:

1. During the first step, IPTs were developed using data gathered from:
  - a. theory gleaning interviews with RNs ( $n = 5$ ) and care workers ( $n = 8$ ), exploring why staff were attracted to care home work, experiences of recruitment and induction, and the reasons why he/she intends to stay or leave.
  - b. consultation meetings with sector stakeholders ( $n = 10$ ). Stakeholders commented on the scope of the review, outcomes underpinning attracting, recruiting, and retaining staff, the conditions needed, contextual factors and the staff groups to consider.
  - c. scoping literature search on academic databases and Google (Google Inc., Mountain View, CA, USA) searches retrieved 1033 records of which 50 records contained relevant data.

The data were used to identify practical strategies used to attract, recruit, and retain staff ( $n = 22$ ), and IPTs were developed for each. The 22 IPTs were reviewed by the study team and after discussing the clarity/logic and the relevance/importance, the IPTs were reduced to 15 IPTs. The 15 IPTs were reviewed by sector stakeholders ( $n = 34$ ) and 10 IPTs prioritised for further testing and refining (steps 2–4). The prioritised IPTs were focused on staff recruitment and retention (and not on attracting staff) – these were taken forward for further testing and developing.

2. During step 2, academic databases and social care websites were searched for evidence.
3. Step 3 involved screening/selecting articles from the records retrieved during step 2, and extracting and analysing data from included articles. When screening records, the rigour and relevance of articles were rated. To assess rigour, the appropriateness of methods used in research, and the plausibility and transparency of grey literature were assessed. When assessing relevance, articles were rated on a scale, and only *very relevant* articles were included ( $n = 153$ ). Very relevant articles were those containing content relevant to one or more IPT(s) and with content

describing causal linkages between two or more components of IPTs. Data analysis involved extracting data with causal linkages and beginning analysis with assigning codes using both inductive and deductive reasoning.

4. During step 4 the data were brought together to test and refine the IPTs, using the evidence to shape, refine and provide a narrative synthesis around each strategy – describing what the strategy involves, why and how it works, for whom, the conditions needed, the expected outcomes, and the associated costs. Programme theory drafts were sense checked and refined by sector stakeholders, using both online and in person meetings in care homes. The final programme theories were examined side by side to examine if and how the individual strategies/programme theories interacted. The links between strategies (and accompanying programme theories) were illustrated using an explanatory framework. Existing and established human resource (HR) and employee management theories were used to further explain the explanatory framework.

## Results

During step 1, strategies used to attract, recruit, and retain RNs and care workers in care homes were identified and IPTs developed for each ( $n = 22$ ). Ten IPTs were prioritised for testing and refinement, these focused on recruitment and retention: staff recognition, flexible working, career development, salary package, early investment, induction, continuous feedback, caring community, effective interviewing and listening to all staff. From the focused literature searches, 153 records were rated as very relevant and used to test and refine the prioritised IPTs. Throughout the testing and refining process, the theories were collated and combined into five: effective interviewing, career development, reward and recognition, promoting work–life balance, and caring conversations. These strategies and programme theories are summarised below.

### Effective interviewing

Staff trained/experienced in interviewing create a professional and welcoming environment. Interviewers assess the applicants' values, learn about the applicant and set realistic expectations of the job role. This offers knowledge, awareness and information to the applicant about the job role, and interviewers assess their suitability and motivations. This develops confidence in the decisions made (for both the interviewer and applicant) and the applicant starts to build a connection to the care home. This is particularly important for applicants new to care, whose first language is not English, and/or if they lack confidence. Resources needed include trained interviewers, their time for carrying out interviews, the time of involving residents, families and front-line staff, interview templates, and realistic job previews.

### Reward and recognition

Using relational strategies (e.g. positive reinforcement, listening to care workers and 'pitching in'), well-being strategies (e.g. promoting self-care and well-being ambassadors) and financial strategies (e.g. paid time off, perks, salary increases) in an inclusive and equal way helps to retain staff through increasing motivation, productivity and job satisfaction. This strategy helps staff to feel supported, listened to, respected, and valued, and adequately compensated. All staff benefit from this, and in particular staff with poor mental health and staff new to care work. Resources needed include staff time for relational strategies, training for developing well-being ambassadors (and time for carrying out this role), resources for accessing external mental health support, and funding (and staff time needed to administer) for providing financial strategies.

### Promoting work–life balance

Providing flexible working options (e.g. shorter shifts) to accommodate different personal circumstances (e.g. caring responsibilities outside of work) helps develop job satisfaction and commitment, and reduces staff absence. This provides a sense of work–life balance and staff feel listened to, valued and respected. This strategy works when care providers work on understanding and accommodating individual staff circumstances in a fair and inclusive way, have

policies/procedures focused on staff well-being, and when management staff are trained in enacting the policies/procedures. Adequate staffing levels and having staff available to cover shifts are also needed for this strategy to work well. Resources needed include flexible working policies, senior staff time to facilitate, co-ordinate, and put policies into practice, and funds may also be required for arranging staff cover.

## **Career development**

New starters require comprehensive inductions, and early career staff develop competencies through formal courses and on-the-job learning. At mid-advanced career, staff mentor early career colleagues, while continuing to refresh competencies with formal courses and advanced learning in specific topics. Supporting staff to pursue additional qualifications can also lead to staff promotion. Giving staff opportunities for career development helps to prepare staff and develop commitment and job satisfaction. This also helps promote quality of care for residents. Care home managers are key to giving staff access, protected time, and support to undertake career development opportunities. Resources to consider include the cost/fees of formal courses, support for front-line staff undergoing training, senior staff time for organising and co-ordinating formal training, time away from care duties, and the subsequent time/support needed to put learning into practice. Front-line staff taking up a mentor role require time and support for training for/carrying out the role, and formal recognition for taking on additional responsibility.

## **Caring conversations**

Regular informal conversations with care home managers create opportunities for staff to share concerns and seek support, and in turn staff respond to and act on the feedback. This leads to enhanced performance, emotional well-being, and job satisfaction. Managers have a key role in enabling this strategy to work. Managers need to (a) be visible, available and approachable; (b) role model positive and supportive working environments; and (c) ensure all staff feel included. Adequate staffing levels are also needed, and staff relationships are built through staff consistency. All staff benefit from this, and in particular, those new to care homes, younger staff, and staff with poor mental health. The resources needed for this strategy include staff (management and frontline) time, skills (for management staff), and space for engaging in caring conversations.

## **The REACH explanatory framework**

These strategies do not operate independently; they interact and work together. Across four strategies, a sense of inclusion and fairness and supportive leadership were key for enabling these to work: career development opportunities, promoting work-life balance, reward and recognition and caring conversations. Effective interviewing ensures new recruits have accurate expectations of the work, and loyalty is developed through fulfilling the 'psychological contract' set at interview. Opportunities for career development, rewarding and recognising staff, providing flexible working options, and supporting staff with caring conversations all contribute to staff feeling listened to, respected, and valued, which in turn develops job satisfaction. These strategies also help to provide staff with positive experiences, which are reciprocated over time with staff commitment and loyalty. In addition, supporting staff with caring conversations and providing opportunities for career development contribute towards empowering staff.

## **Conclusions**

This is the first realist synthesis of the literature in this field. We have identified real world practical strategies used to recruit and retain RNs and care workers in care homes: effective interviewing, career development, reward and recognition, promoting work-life balance and caring conversations. We have used existing evidence (and stakeholder input) to explain how and why these strategies work, the conditions needed, the outcomes to be expected, and the costs involved. Where evidence was available, we also describe the staff characteristics for whom these strategies are important.

The care home (and the wider social care) sector has been a difficult policy area for many governments over the past 30 years, and for this reason there is a history of being overlooked by policy-makers. It is imperative that evidence-based solutions developed to address the challenges faced by the sector are shared widely with central government and policy decision-makers. The strategies put forward are underpinned by a large, diverse and international evidence base. Providing solutions based on evidence is important for future policy-making, commissioning, funding and impact. Understanding how to attract new staff to the social care workforce remains an important research gap.

## Study registration

This study is registered as PROSPERO CRD42021261112.

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# Chapter 1 Introduction and study rationale

## Social care staff shortages

The adult social care workforce is fundamental for the health and well-being of people needing social care. In recent years staff shortages in this sector have become a major concern<sup>1</sup> and referred to as *'the greatest workforce crisis in history'*,<sup>2</sup> with warnings of *'providers losing the battle to attract and retain enough staff'*<sup>3</sup> and *'without staff, there is no social care system'*.<sup>4</sup> In England, the sector employs 1.6 million employees.<sup>5</sup> There are 152,000 vacancies, 28% of staff leave (390,000), of which one-third leave the sector.<sup>5</sup>

Alongside dealing with current vacancies, over the next ~10 years the sector will need to attract (and retain) 880,000 additional staff to keep up with the increasing number of older people who will need care, and replace the current staff aged ≥55 years who will be retiring over the next 10 years.<sup>5</sup>

## The impact of social care staff shortages

Staff shortages are having a detrimental impact across the health and social care system and will get worse if left unaddressed. Four hundred and seventy thousand people in England are *'waiting for care, a direct payment, or for their care needs to be assessed'*.<sup>6</sup> There are reports of care homes closing,<sup>7</sup> stopping nursing services because of difficulties with attracting, recruiting, and retaining registered nurses (RNs),<sup>3</sup> and there are care homes not admitting new residents because of challenges with staff recruitment.<sup>3</sup> There is disruption and reduced continuity of care, and risks of people not receiving the support they need.<sup>8</sup> The use of agency staff has increased,<sup>9</sup> and this is associated with a negative impact on quality.<sup>10</sup> When staff leave, relationships are lost, and it takes time for replacement staff to build trust and familiarity with residents. Staff shortages increase workload, burden and pressure for existing staff,<sup>11</sup> which consequently risks losing even more staff. Ongoing recruitment efforts (e.g. interviewing job applicants, and inducting new staff) are expensive, costing £6000 per new starter and an annual cost of £3B to the sector.<sup>12</sup> With increasing costs and high inflation, these costs are unsustainable. Staff shortages in social care are also contributing to compound pressures in hospitals, due to a lack of appropriate/timely discharge to social care support and services.<sup>13</sup> In an effort to relieve pressure in hospitals, in 2023 there was a suggestion for the NHS to buy extra beds in care homes to help with discharging patients and freeing up hospital beds.<sup>14</sup> These types of suggestions are currently unfeasible because of staff shortages in care homes.

## Factors contributing to social care staff shortages

The workforce comprises mostly care workers.<sup>5</sup> Care workers provide direct care, are employed at different levels (e.g. care assistants, and senior care workers) and are unregulated. When it comes to attracting, recruiting and retaining care workers, the sector faces a complex mix of challenges. There are long-standing and persistent sector wide challenges: a lack of long-term government funding,<sup>15</sup> low salary,<sup>16</sup> lack of benefits (e.g. sick pay), and unclear opportunities for career progression. Recent years have added new and additional challenges, for instance, emotional/physical burnout from coronavirus disease discovered in 2019 (COVID-19),<sup>17</sup> mandatory COVID-19 vaccines,<sup>18</sup> the rising cost of living,<sup>19</sup> and political decisions affecting overseas workers.<sup>20</sup> At a societal level, there is low societal/professional value associated with care work,<sup>21</sup> and the nature of work is physically and emotionally demanding,<sup>22</sup> involving long and unsocial hours. Workplace culture also contributes to staff decisions to leave their jobs. The Chief Executive of Skills for Care uses the analogy of a *'leaky bucket'* to illustrate this: *'we have a leaky bucket that we urgently need to repair'*, *'we can't simply recruit our way out of our retention challenges'*.<sup>23</sup> Research describes the types of workplace issues linked to staff retention, for example, perceived support from peers and supervisors,<sup>24</sup> having promotion opportunities,<sup>24</sup> experiences of discrimination,<sup>24</sup> disrespect from managers,<sup>24</sup> flexible working arrangements,<sup>25</sup> and feeling valued and respected at work.<sup>26</sup> As described, a wide range of factors are influencing workforce shortages, and for this reason, solutions and

interventions developed to address the staffing crisis need to target the array of factors influencing staff experiences, and their decisions to join, and either stay or leave the sector.

### Current activity focused on reducing staff shortages

In the UK, efforts and activity are being directed towards addressing the workforce crisis. Recruitment campaigns have been launched in different parts of the UK: the 'Made with Care' campaign in England,<sup>27</sup> the 'Making a Difference' campaign in Northern Ireland,<sup>28</sup> the 'You Can Make the Difference' campaign in Scotland,<sup>29</sup> and the 'We Care Wales' in Wales.<sup>30</sup> In addition, to address the issue of low pay, from April 2024, the National Living Wage increased to £11.44 per hour for workers over 21 years of age.<sup>31</sup> There is also work underway to develop an adult social care workforce strategy: 'the strategy will identify the social care workforce needed over the next 15 years and set out a plan for ensuring the sector has enough of the right people with the right skills'.<sup>23</sup> There have been suggestions of what needs to feature in the workforce strategy, for example pay parity with equivalent NHS roles, sick pay (where this is not offered), raising public awareness of social care, consideration of the ethical issues around recruitment practices (e.g. workers getting adequate breaks), increasing training and education, routes for social care careers, and plans for ensuring staff are valued and rewarded.<sup>32</sup> In addition, recently the Department of Health and Social Care (DHSC) published an overview of a plan to improve the career prospects of the social care workforce through training, qualifications, and a clearer care career pathway.<sup>33</sup> It is encouraging to see these steps taken towards improving the issues causing the workforce crisis. However, to ensure significant progress in workforce shortages, it is crucial that all decisions, activity and interventions are underpinned by evidence.

### Developing evidence-based solutions

When developing evidence-based solutions, a one-sized solution will not work. Firstly, as described above, there is a wide and complex array of factors influencing the sector's ability to attract, recruit and retain staff (e.g. societal perceptions of care work), and how staff experience their work (e.g. feeling valued, having supportive peers). Second, solutions need to differentiate between care settings as there are differences in the way that staff work across settings. For instance, staff working in care homes work in a team and in one location, and staff working in home care work independently, traveling to the homes of people they provide care and support to. Third, the workforce is diverse, and different staff groups will have specific needs, wants and expectations. For example, the workforce includes a wide range of age groups, ranging from school leavers to those close to retirement, and what works for recruiting and retaining the millennial generation may differ for older generations and those returning to work after a break.<sup>34</sup> Davis and Eastwood described millennials are attracted to jobs with meaning, attractive job adverts, and employers who can communicate well.<sup>35</sup> For the reasons outlined, multiple and tailored solutions are needed to address social care staff shortages, solutions which (a) address the wide range of factors affecting staff decisions and experiences and (b) are nuanced, reflecting the heterogeneity across different types of care settings, and staff characteristics.

### The current research evidence base

There is a large evidence base which describes care home staff experiences, for example, factors associated with stress and burnout,<sup>36</sup> job satisfaction,<sup>37</sup> indicators of job quality<sup>38</sup> and the effects of physical environment on staff turnover.<sup>39</sup> There is also evidence which describes the experience of specific staff groups, for instance, the experience of migrant care workers.<sup>40,41</sup> The next step is to develop evidence-based strategies and solutions which care providers and policy-makers can use to help with attracting, recruiting, and retaining staff. It is important to consider though, when it comes to developing solutions, the same solutions will not work for all staff groups and/or care home contexts.<sup>42</sup> For instance, there is variation in staff stability and turnover across the sector, not all care providers experience the workforce crisis to the same extent. Turnover rates are lower where care providers have high Care Quality Commission (CQC) scores, and vice versa, higher turnover rates where care providers have low CQC scores.<sup>5</sup> This fits with the wider psychosocial intervention literature where a key premise is that the situations will affect whether, and how interventions work.<sup>43</sup> The characteristics of care provider organisations are also likely to impact outcomes, for example, what could be useful for a

large provider may not apply for a single trader or smaller organisation. In addition, it is also important to pay attention to staff characteristics, and what staff need, want and expect from work. In this study, we used a realist synthesis approach to review the evidence base; an approach which allowed us to take these types of complexities into account. We worked on extending and building on the current evidence base by identifying the strategies which work for attracting, recruiting, and retaining staff, and explaining why and how they work, for which staff, the conditions needed, outcomes to be expected, and the associated cost implications.

## Study rationale

In this study, we focused on developing evidence-based strategies for attracting, recruiting, and retaining RNs and care workers working in care homes for older people. Care homes support society's most frail and vulnerable population requiring 24-hour care, and it is critical to prepare for a sufficient workforce given the growing number of older people with high and complex care needs.<sup>44</sup> Care homes rely on their nursing and care worker workforce. Care homes where RNs work onsite can also be referred to as *nursing homes*, and care homes without RNs onsite can be referred to as *residential homes*. Both RNs and care workers are employed to provide direct care to residents living in care homes with nursing, and care workers are employed in care homes without nursing (and nursing care provided by primary and community services). RNs and senior care workers are listed on the national shortage occupation list.<sup>45</sup> Care workers are the largest staff group across the sector, and have the highest turnover rate (turnover rate of 36%).<sup>5</sup> Nursing homes are struggling with attracting, recruiting and retaining RNs and, for this reason, are stopping nursing services,<sup>3</sup> and given the high and complex clinical needs of residents, this is a significant concern.

## Chapter 2 Research aims and objectives

### Overarching aim

To develop an explanatory framework (underpinned by programme theories) of strategies that can be used to successfully attract, recruit, and retain RNs and care workers working in care homes.

### Research objectives

1. Identify strategies to attract, recruit, and retain staff in care homes, and develop initial programme theories (IPTs) for each strategy.
2. Identify the outcomes underpinning effective (and ineffective) strategies.
3. Identify the contexts where outcomes (desirable and undesirable) are expected, and in each context identify the underlying causal mechanisms that generate outcomes. Explain how mechanisms are influenced by context and generate outcomes.
4. Systematically search for and identify evidence, and extract and use data to test and refine programme theories, focusing on interactions between contexts, mechanisms and outcomes.
5. Identify and describe the cost implications associated with the programme theories.
6. Develop an overarching explanatory framework underpinned by the refined programme theories.
7. Develop guidance for care home providers, commissioners and policy-makers that explains what works and why to successfully attract, recruit, and retain RNs and care workers.
8. Throughout the process prioritise the voice and experience of RNs and care workers, as experts in what supports with attracting, recruiting, and retaining staff in care homes.

### Realist review methodology

Realist methods set out to build, test and refine programme theories that explain how outcomes are generated, describing what works, for whom, in what circumstances, and why.<sup>46</sup> The process is iterative; starting with developing initial theories, researchers then search for evidence that supports or refutes these initial theories, enabling the development and refinement of the theories. The final, refined and evidence-based programme theories then provide explanations describing how to generate desired outcomes, for which people, in what situations, and why.<sup>47</sup>

The theories are underpinned by context–mechanism–outcome configurations (CMOs). The CMOs describe how particular contexts (or conditions) (C) trigger underlying mechanisms (M), and how these together generate outcomes (O).<sup>46</sup> Mechanisms are not ‘visible’ and are context sensitive; whether or not mechanisms are triggered depends on the context.<sup>46,47</sup> The outcomes describe the change expected in those contexts, when a mechanism is triggered. In this review, the cost implications of each programme theory were also identified. The final explanatory framework and underpinning theories were presented and supported with substantive theories.

### Changes to the review

The review’s overarching aim was partly addressed. The final findings focused on staff recruitment and retention and not on *attracting* staff. As per realist methodology, the final findings reflected the IPTs prioritised for further testing and refining.<sup>43</sup> As Pawson *et al.* state ‘*comprehensive reviews are impossible, and the task is to prioritise and agree which programme theories are to be inspected*’.<sup>43</sup> Step 1 resulted in 15 final IPTs of which only 2 were focused on attracting staff (positive storytelling and simpler job application processes) and neither of these were prioritised for taking forward. The prioritised IPTs were focused on staff recruitment and retention, and for this reason, the final study findings are focused on the recruitment and retention of staff, and not on attracting staff.

## Chapter 3 Methodology and method

### Study design and rationale for realist methodology

The study reviewed the literature using a realist synthesis approach.<sup>47</sup> Realism acknowledges that interventions are not universally successful; outcomes depend on the context, and the outcomes may not be the same for everyone. Using a realist approach was important for this study as it meant we could identify the practical strategies used to attract, recruit, and retain RNs and care workers, and explain how and why the strategies work, the conditions needed, the outcomes generated, the cost implications, and the staff groups the strategies are likely to work for.<sup>42,46</sup>

The protocol was registered with PROSPERO (CRD42021261112).<sup>48</sup> The reporting of the review followed the Realist And Meta-narrative Evidence Syntheses Evolving Standards (RAMESES) publication standards.<sup>49</sup> The review was carried out using Pawson's steps for realist reviews;<sup>47</sup> these are illustrated in the study flow chart (Figure 1) and described in detail throughout this chapter.

#### Step 1: Developing initial programme theories

Developing IPTs is the first step in realist research.<sup>50</sup> During step 1 strategies used to attract, recruit, and retain RNs and care workers in care homes were identified, and initial theories developed which provided tentative explanations around how and why the strategies work, the conditions needed, outcomes generated, and the staff groups the strategies work for.

Initial programme theories were developed using data gathered from stakeholders, and a scoping literature search. In realist research stakeholders have 'content expertise',<sup>50</sup> and different types of stakeholders contribute to different parts of the theory.<sup>51</sup> According to Pawson and Tilley, programme users share insights around mechanisms and intervention components.<sup>50</sup> Programme designers/implementers also share these insights, along with knowledge of the outcomes of interventions and awareness of whom interventions work for.<sup>50</sup> Given the study aims and objectives, care home RNs and care workers were considered 'programme users', and care home managers, human resource (HR) staff, and wider sector stakeholders with a workforce related role (e.g. staff working in social care recruitment agencies) were considered programme designers/implementers. As per, the study objective to prioritise the voice and first-hand experience of front-line RNs and care workers (i.e. the 'programme users'), during step 1 theory gleaning interviews were carried out with RNs and care workers, and stakeholder consultation meetings carried out with programme designers/implementers (i.e. care home managers, HR staff, and other workforce relevant stakeholders). The nature of the interviews and consultations were different, with questions designed to draw out the experiences, knowledge and expertise of each stakeholder group. The step 1 theory gleaning interviews, stakeholder consultations and the exploratory scoping literature search are described below.

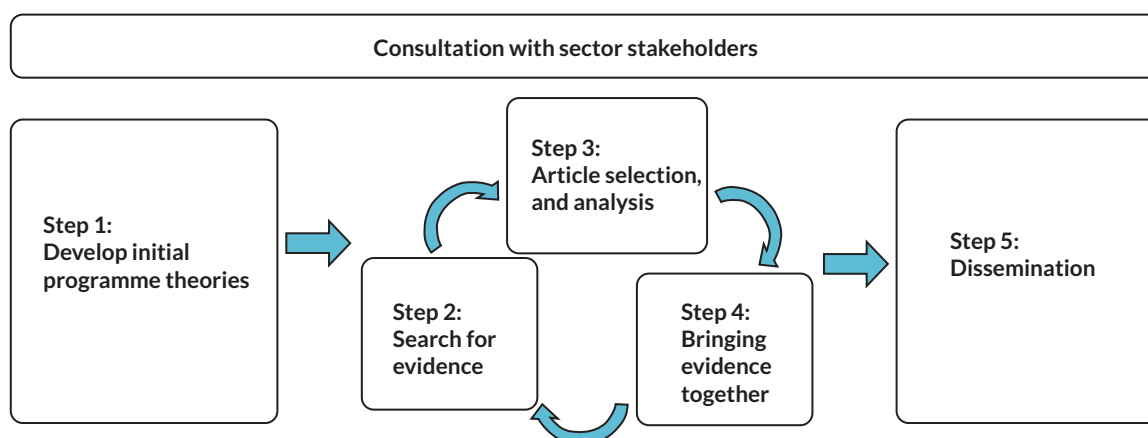


FIGURE 1 The REACH review flow chart.

## Theory gleaning interviews

### Participant recruitment

Theory gleaning interviews were focused around hearing the first-hand experiences and knowledge of care home front-line staff, and for this reason RNs and care workers were recruited. Purposive and snowball sampling approaches were used. Posters advertising the study were displayed in care homes in the team’s local and national networks. For example, local care homes across Yorkshire and part of the Nurturing Innovation in Care Home Excellence in Leeds (NICHE–Leeds) partnership,<sup>52</sup> and care homes across the country and part of the National Care Forum (NCF) network. Study information was also posted on X [formally known as Twitter (Twitter, Inc., San Francisco, CA, USA)] and a national social care WhatsApp group (containing approximately 250 members representing care home staff). Those interested were instructed to contact either KH or RD: 16 made contact and 13 consented, 11 took part in one-to-one interviews and 2 in a dyad interview. Participant characteristics are outlined in [Table 1](#). We also used a snowball sampling approach to recruit RNs and care workers who had left care home work, asking participants to pass on study information to those in their networks. We were unable to recruit RNs and care workers who had left care home work.

### Data collection

The nature of questions asked during interviews explored front-line staff first-hand experiences and perspectives around:

- Being attracted to care home work.
- The recruitment process and experiences of induction/the settling-in period.
- Future plans, and the reasons why he/she intends to stay or leave care home work.

**TABLE 1** Theory gleaning interview participant characteristics

	RNs (n = 5)	Care workers (n = 8)
<b>Participant characteristics</b>		
Gender	Female n = 5 Male n = 0	Female n = 8 Male n = 0
Age (range)	53.8 (43–64)	27 (19–41)
Ethnicity group	White British n = 4 Asian n = 1	White British n = 3 Asian n = 2 Black n = 2 Other ethnic background n = 1
<b>Job characteristics</b>		
Duration employed in role	≤ 1 year n = 2 > 1 year to ≤ 2 years n = 1 > 2 years n = 2	≤ 1 year n = 2 > 1 year to ≤ 2 years n = 4 > 2 years n = 2
Duration employed in social care	≤ 1 year n = 2 > 1 year to ≤ 2 years n = 1 > 2 years n = 2	≤ 1 year n = 3 > 1 year to ≤ 2 years n = 1 > 2 years n = 4
Intending to stay in care home work	Yes n = 3 No n = 2	Yes n = 2 No n = 6
<b>Organisation characteristics</b>		
Geographical location	Northwest n = 2 Southwest n = 2 Southeast n = 1	Yorkshire and Humber n = 7 Northwest n = 1
Type of care homes within organisations	Mixed, residential and nursing n = 5	Mixed, residential and nursing n = 5 Residential (without nursing) n = 2 Nursing home n = 1
Organisation ownership type	Not for profit n = 3 For profit n = 1 Missing n = 1	Not for profit n = 1 For profit n = 6 Missing data n = 1

As advised by Mukumbang *et al.*<sup>53</sup> the questions (and prompts) were exploratory in nature, designed to explore key points along the staff journey (i.e. being attracted to care home work, recruited and retained), and linking with relevant contexts, and mechanisms (see [Report Supplementary Material 1](#) for full interview questions). All interviews were conducted by either KH or RD using video or telephone calls (depending on participant preference/access). All participants completed a short survey on individual job, and care home organisation characteristics prior to the interview. With permission, all interviews were recorded and transcribed verbatim. Interviews were carried out between September–October 2021, ranged from 19 to 71 minutes, and participants received a £30 Amazon voucher to thank them for taking part.

## Ethics

The interview component of the study was reviewed and approved by the School of Healthcare Research Ethics Committee at the University of Leeds in January 2021 (HREC-20-004).

## Consultations with care home sector stakeholders

### Stakeholder recruitment

Using the team's networks, a purposive sampling approach was used to identify 28 local and national relevant stakeholders from the wider sector. These stakeholders were invited, of which 10 expressed an interest in taking part. The 10 stakeholders represented the following roles and organisations:

- Commissioner for older people's care services ( $n = 1$ ).
- Social care workforce development specialist ( $n = 1$ ).
- Senior management staff from care home providers (nursing and residential care homes, and for profit and charity funded care homes) ( $n = 2$ ).
- Representative from a national organisation representing care provider organisations ( $n = 1$ ).
- Representative from a national organisation representing the nursing sector ( $n = 1$ ).
- Academic with social care workforce expertise ( $n = 1$ ).
- Social care staff from the DHSC ( $n = 1$ ).
- Specialist in social care workforce recruitment and retention ( $n = 1$ ).
- Recruitment specialist working for a social care recruitment agency ( $n = 1$ ).

### Data collection

Initially we intended to carry out a group consultation meeting with all stakeholders; however, one-to-one consultations (split between KH, RD, VK) were conducted instead as it was not possible to identify a mutually convenient day/time to bring stakeholders together (due to limited stakeholder availability). One-to-one discussions, however, allowed stakeholders to provide an in-depth account of their perspective, and at this stage of developing IPTs, this was important. The question guide was piloted and refined, and open-ended questions were used to generate discussion around the topics listed in [Box 1](#) (see [Report Supplementary Material 2](#) for question guide). Stakeholder consultations were carried out between September–October 2021 and ranged between 30 to 54 minutes. All consultations were carried out using video calling software (Microsoft Teams or Zoom), depending on availability and preference, and with permission consultations were recorded. The recordings were used to write detailed notes, which then were used as data.

#### BOX 1 Topics discussed during stakeholder consultations

- Clarifying scope (i.e. conceptualising attraction, recruitment and retention).
- Outcomes underpinning attracting, recruiting, and retaining staff.
- Understanding what leads to outcomes.
- Wider contextual considerations needed (e.g. the impact of COVID-19 and Brexit on staff recruitment and retention).
- Specific staff groups which need particular attention.
- Advising on reports and papers (and websites) to consider for the review.

### Data analysis: theory gleaning interviews and stakeholder consultations

There were three stages of analysis; (1) identifying the main explanatory areas for attracting, recruiting and retaining care workers and RNs; (2) locating explanatory accounts in the form of IF-THEN statements; and (3) reframing IF-THEN statements into strategy CMO configurations (SCMO):<sup>54</sup>

1. Identifying explanatory areas: interview transcripts and detailed stakeholder consultation notes were read and re-read to promote familiarity with the data. KH iteratively coded data [in an Microsoft Excel® (Microsoft Corporation, Redmond, WA, USA) spreadsheet] relating to attracting, recruiting, and retaining care workers and RNs. Codes were developed for different roles: RNs and care workers and groups of staff (age, background, needs). Organising data in this way supported comparative analysis so that we could identify similarities and differences by worker (RN and care worker) and also groups within workers (e.g. age groups). Initial codes (main explanatory areas) included: perceptions of care home work, personal experience of care homes, recruitment processes, staff well-being, staff expectations, meaningful work, work–life balance, working hours, and career opportunities.
2. We located explanatory accounts within the explanatory areas by using Jackson *et al.*'s strategy.<sup>55</sup> This involved 'working backwards' from outcomes (attracting, recruiting and retaining). Explanatory accounts were developed and tabulated for each area, and each table contained summarised data together with a record of the source. Wherever possible we expressed explanatory accounts in the form of IF-THEN statements, which specified context and mechanism. KH read the transcripts and stakeholder consultation notes for links, paying attention to who was saying what (i.e. overseas workers, young and older staff, those new to care work), when and in under what circumstances. For example: if those new to care work are offered structured support (an induction, mentorship, ongoing developing in a learning environment), then staff develop skills and were motivated to provide quality care. However, we did not limit accounts to only those that could be expressed in this way as we recognised that partial accounts about context could still be informative at this stage.
3. We approached data synthesis with a focus on 'strategies', and used strategy and CMO configurations (SCMO), as outlined by De Weger.<sup>54</sup> Reframing explanatory accounts using strategy focused CMOs (i.e. SCMOs) meant the analysis was focused on practical strategies which care home providers can use to attract, recruit, and retain staff. This approach aligned with our overall research aim. Data describing the contexts, mechanisms, outcomes, and staff groups relevant for different strategies were brought together. The title of each strategy became the title of the draft IPT.
4. The draft IPTs were refined through consultation with a group of HR staff (comprised of members of the NCF HR forum). To promote engagement, the content of the IPTs was summarised using diagram illustrations drawn using PowerPoint® (Microsoft Corporation, Redmond, WA, USA), and KH presented the slides to the NCF HR staff and obtained feedback from the group about relevance and whether the theories resonated with the group. The consultation meeting was conducted virtually via Zoom and lasted 60 minutes, and with permission the consultation was recorded. Following the meeting, the recording was listened to ensure all the key points were captured in the analysis.

### Exploratory scoping literature search

To further refine/develop the draft IPTs and identify additional theories we carried out a scoping search of the literature.

#### Search strategy

An information specialist (NK) designed a search strategy containing subject headings and free text words related to three concepts: care home, staff, and turnover. The search strategy (see [Appendix 1](#)) was peer reviewed by a senior information specialist (JW) using the PRESS Checklist.<sup>56</sup>

The search was carried out on the following academic databases in November 2021: Cumulated Index to Nursing and Allied Health Literature (CINAHL) (EBSCOhost), Health Management Information Consortium (HMIC) (Ovid), Ovid MEDLINE(R) and Social Care Online ([www.scie-socialcareonline.org.uk/](http://www.scie-socialcareonline.org.uk/)). The standard Academic Unit of Health Economics theory search filter was used to identify reviews and possible theories.<sup>57</sup> We also carried out three simple title searches in Google (Google Inc., Mountain View, CA, USA) using search terms for (1) staff recruitment, retention or turnover and (2) care home terms to identify blogs, policies, commentaries, and other sources that may highlight informal theories. From each search, we selected the first 100 hits; however, two searches did not provide links to all 100 records. The database search results were stored and de-duplicated in an EndNote [Clarivate Analytics (formerly Thomson Reuters), Philadelphia, PA, USA] library, Google searches were deduplicated in Microsoft Word (Microsoft Corporation, Redmond, WA, USA). The database searches retrieved 1102 records, and the Google search identified 260 records. After duplicates were removed there were 1033 records (856 in the database and 177 from Google).

### Study selection and appraisal of documents

The titles and abstracts of all records were screened independently by two reviewers. As per realist synthesis methodology eligibility was determined by assessing relevance and rigour.<sup>43,58</sup> When assessing relevance, records with content relevant to the strategies/explanatory areas contained in the draft IPTs and records focused on attracting, recruiting, and/or retaining the care home workforce were selected. At this stage, the assessment of 'rigour' did not exclude records, and instead all types of evidence were included (i.e. research papers, opinion articles, existing reviews). This is consistent with realist approaches where records are deemed relevant when they contain data relevant for supporting/refuting/refining programme theories, rather than defining relevance in terms of a study or publication type.<sup>43</sup>

Title and abstract screening resulted in shortlisting 200 records. As outlined, the purpose of the scoping literature search was to further refine/develop the draft IPTs and identify additional theories (and strategies). For the purposes of being pragmatic while still capturing key evidence needed to meet the aims of the scoping literature search – the team applied a coding system to the shortlisted records, grouping records into one of three groups:

- Core content: evidence published in the last 10 years, and in the UK.
- Generic content: evidence that goes beyond the core content.
- Broad content: evidence that contains aspects of the 'big picture' envisaged in the original review questions.

This coding system and grouping of papers was an idea inspired from another realist review which created categories and grouped records according to levels of perceived relevance.<sup>59</sup> Using this coding system, one reviewer (KH) assessed full text papers of the 200 records, and second opinions from the wider team were sought if needed. Fifty records were categorised as 'core content' and records which were generic and broad content were stored and saved for re-visiting during the theory testing phase of the study (steps 2–4).

### Data extraction and synthesis with draft initial programme theories

Data from the 50 records identified above helped to add content, and/or proposed ways in which strategies achieved positive and negative outcomes. To inform decision-making, we produced a table of all papers, categorising papers by topic, type of publication, which IPT/SCMO it referred to, who it affected (i.e. overseas workers, newly graduated nurses, those new to care work) and how the IPT was refined. Relevant articles were read and re-read. KH coded relevant data in a Microsoft Excel spreadsheet. Coding was developed for different roles: RNs and care workers and groups of staff (age, background, needs). Four new IPTs were added: offering a place to belong, support for registered managers, peer support for nurses and incentives.

### Prioritisation of the initial programme theories

As Pawson *et al.* describe, step 1 generates many IPTs, and a key task is to prioritise and agree which to take forward for further testing and refining.<sup>43</sup> This step resulted in 22 IPTs ([Table 2](#)). Care home researchers (RD, KH, KS, CG) and sector representatives (LJ, EF, KW) in the study team reviewed the 22 theories, and discussed (1) clarity and logic, and (2) relevance and importance. IPTs lacking clarity, logic, relevance and importance were excluded, and the 22 IPTs were reduced to 15. A survey was developed which listed the 15 IPTs (see [Report Supplementary Material 3](#)) and stakeholders identified through the team's relevant networks (e.g. NICHE–Leeds and NCF) were asked to select 10 which they considered most important in attracting, recruiting, and retaining staff. The survey was shared with sector stakeholders via e-mail and paper copies shared face-to-face while visiting care homes. In total 34 stakeholders completed the survey, representing a mix of relevant expertise, knowledge, and experience:

- Care home staff ( $n = 16$ ): one deputy manager, three RNs, four senior care workers, five experienced care workers, and three new care workers.
- Care home HR directors ( $n = 13$ ).
- Care home sector stakeholders ( $n = 5$ ): two care home regional managers, one stakeholder working in workforce development, one stakeholder working in a recruitment agency, and one specialist in social care workforce recruitment and retention.

[Table 3](#) outlines the results of the prioritisation exercise, listing strategies in order of rated importance (high to low). The strategies prioritised were focused on recruiting and retaining staff, and not attracting staff to the sector, and for

TABLE 2 Draft strategies and IPTs (prior to team review)

No	Strategy	Description of the strategy	When is the strategy used?	What does the strategy offer staff?
1	Values-based job adverts.	Job adverts highlight the values and behaviours involved in care work (e.g. dignity, respect, and empathy), rather than focusing on skills and experiences required to do care work.	Attracting	Applicants are aware that values are important.
2	Positive story telling.	Existing staff (from diverse backgrounds) have the opportunity to promote the positive aspects of care work (e.g. having opportunities to build relationships with residents, families, and coworkers).	Attracting	Applicants receive realistic information about care work from enthusiastic and motivated care workers whom they identify with.
			Retaining	Existing staff share their knowledge and experience to new recruits.
3	Offering a place to belong.	Offer staff a caring community, one which promotes equality and inclusion, and staff support each other with their day to day work.	Attracting	Job applicants envisage working with colleagues they relate to.
			Recruitment	New staff do not feel they have to 'fake it' to fit in or hide aspects of themselves.
			Retaining	Staff develop relationships with each other.
4	Flexible working.	Providing staff with flexible working options (e.g. flexible shifts, choice of working hours, overtime).	Attracting	Working conditions that suit individual needs, shows staff (and job applicants) that the care provider is supportive of staff individual circumstances.
			Retaining	
5	Offering a competitive salary.	Offering competitive rates of pay, that increase with length of service.	Attracting	Gives staff the impression that care work is valued by society and is comparable to other sectors.
			Retaining	Staff are rewarded for their hard work.
6	Providing support with the job application.	There is dedicated support for applicants applying for job vacancies.	Recruiting	Technical support for those who struggle with submitting applications online, and/or if their first language is not English.
7	Effective interviewing.	An interview style which allows providers to ask values-based questions, build rapport with applicants, and set realistic expectations about the role. Existing staff are invited to be part of the interviewing team.	Recruiting	Providers get a sense of whether the applicant's values align with the organisation. Friendly interviewers help applicants to relax. Setting expectations from the outset helps applicants make an informed decision.
8	Trial shifts.	An opportunity to work in the care home prior to employment.	Recruiting	Providers get a sense of the applicant and assess their suitability for the role. Applicants gain insight into the role and the care home prior to joining the organisation.
			Retaining	Role development for existing staff – a chance for positive storytelling, and sharing their knowledge and skills.

No	Strategy	Description of the strategy	When is the strategy used?	What does the strategy offer staff?
9	Emotional support.	Staying in touch with the new employee after the interview, for example, showing the new employee around the care home, posting a welcome card, greeting new starters, checking in on them regularly, introducing the new starter to other staff.	Recruiting	Allows the new employees to develop a connection to the care home and the staff.
		Once the staff member has settled in offer regular coaching, debrief sessions, check-ins.	Retaining	Gives staff the chance to reflect on and process their emotions related to work and personal life experiences (positive and negative).
10	Induction programme delivered by skilled trainers.	A structured induction that promotes role clarity, and offers networking opportunities. The induction is delivered by staff who are trained to support new starters.	Recruiting	Induction sessions are pitched at an appropriate level by friendly and knowledgeable trainers, who are available to answer questions.
11	Tailored training.	Training is timely, and methods and content of training are tailored to staff in different circumstances (e.g. their existing strengths and experiences).	Attracting	Expectations are managed and worries alleviated.
			Recruiting	Scheduling training within the first weeks of starting in the role persuades staff to make a psychological commitment to stay (securing loyalty).
			Retaining	Tailored approaches and content means training is suitable.
12	Matched mentors.	Creating a personalised and efficient matching process for mentorship.	Recruiting	Relationships are key for helping new starters feel supported and having a colleague they can ask questions.
			Retaining	Staff (from different backgrounds and levels of experience) have the opportunity to build rapport with those they relate to.
13	Working on all units.	Shadowing or working with people in other roles/units. Job swaps (where appropriate).	Recruiting	Helps new staff familiarise themselves with the work environment and different jobs roles, and offers networking opportunities for new staff.
			Retaining	Gives staff the opportunity to reinforce their understanding of other job roles and/or learn new skills.
14	Continuous (informal) feedback about performance.	Regular check-ins and/or frequent, informal 'hallway' chats, comments, insights, suggestions, goal setting, and targets about performance.	Retaining	Gives real time information to staff which persuades them to regularly reflect (and act) on their performance.
15	Career development.	Having a clear promotion pathway with regular formal opportunities to discuss progression and complete career development plans.	Recruiting	Formally writing down and regularly reviewing career aspirations gives staff the opportunity to see what is available to them so they can visualise a trajectory for career progression.
			Retaining	
16	Including all staff in decision-making.	Processes (team huddles, scheduled meetings, handovers, check-ins) which include all staff in decisions about practice, quality improvement and organisation of care. Discussions and review of resident care are ongoing, and priorities are mutually agreed, enacted and reviewed.	Retaining	Staff have the chance to communicate with other staff about their concern, ideas and suggestions, and allows staff to develop a shared narrative. The diversity of perspectives enhances problem solving and creativity.

continued

**TABLE 2** Draft strategies and IPTs (prior to team review) (continued)

No	Strategy	Description of the strategy	When is the strategy used?	What does the strategy offer staff?
17	Social activities.	Team socials to support team-building exercises.	Attracting Recruiting Retaining	Encourages staff to bond over shared experiences.
18	Recognition for good work (tailored to individual circumstances).	Employer gestures to thank staff, for example, winter bonus, vouchers, meals out, employee of the month, prizes, days off.	Attracting Recruiting Retaining	Staff see that hard work is recognised and employee engagement increases.
19	Incentives (tailored to individual staff circumstances).	Support with travel to work (e.g bus pass), help with child-care, apprenticeships, paying registration fees, overtime, enhanced maternity packages. Refer a friend: a scheme where an employee receives a monetary reward when existing staff refer a friend to start work at the care home.	Attracting Retaining	Offers practical and financial support. Employee referrals are a good way of having 'pre-screened' job applicants.
20	Quality improvement.	Quality improvement initiatives.	Attracting Retaining	Access to training and ongoing support, and gives job applicants the impression that quality care is valued. Helps change perspectives, helping staff to think about how to improve care practice.
21	Peer support programmes.	Staff offering support to one another.	Retaining	Staff can talk to one another about shared experiences, this helps to improve resilience and working environments.
22	Support for the registered manager.	Visible, supportive senior management teams (or the owner if single provider) that support registered managers with supervision, check-ins, promoting: <ul style="list-style-type: none"> <li>• Role clarity</li> <li>• Reward and recognition</li> <li>• Training in leadership.</li> </ul>	Retaining	Management staff learn which leadership styles create caring cultures and commitment from their staff.

this reason the remainder of the work carried out in this review focused on the recruitment and retention of staff, and not on attracting staff. A summary of the work carried out in step 1 is illustrated in [Figure 2](#). The top 10 IPTs were taken forward for theory testing (steps 2–4).

### Step 2: Search for evidence

Steps 2–4 were focused on searching for published and unpublished evidence, and using the evidence to test, refine, and build on the 10 prioritised IPTs. During step 2, searches were carried out on academic databases and social care related websites.

### Academic database searches

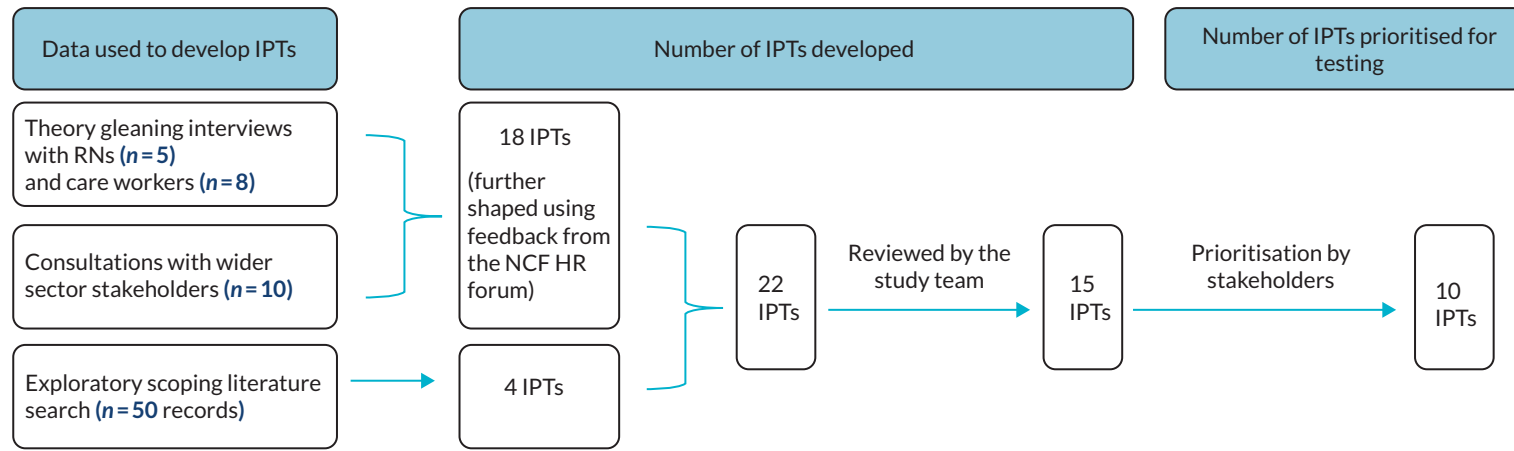
Prior to searching academic databases, the records shortlisted during step 1 ( $n = 200$ ) were revisited, assessed for relevance, and mapped across the 10 prioritised IPTs. This exercise enabled the team to ‘take stock’ and identify the theories with limited evidence. The searches carried out in step 2 focused on the theories with the least evidence. Four searches were designed to find evidence for the following seven theories:

1. recognition (priority rating as first)
2. flexible working (priority rating as second)
3. salary package (priority rating as fourth)
4. early investment (priority rating as fifth)
5. induction (priority rating as sixth)
6. effective interviewing (priority rating as ninth)
7. listening to care worker views (priority rating as 10th).

Full search strategies are provided in [Appendix 2](#) and summarised in [Table 4](#). The academic databases searched were: Abstracted Business Information (ABI)/INFORM Complete ASSIA, Business Source Premier, CINAHL, HMIC, Medical Literature Analysis and Retrieval System Online (MEDLINE), PsycInfo® (American Psychological Association, Washington, DC, USA), Web of Science Core Collection, and Social Care Online. The search strategies were designed

**TABLE 3** Results of the IPT prioritisation survey

IPTs, and rated order of rated priority		Number of stakeholders selecting strategy as important
1st	Recognition	29/34
2nd	Flexible working	27/34
3rd	Career development	26/34
4th	Salary package	25/34
5th	Early investment	25/34
6th	Induction	25/34
7th	Continuous feedback	23/34
8th	Caring community	22/34
9th	Effective interviewing	22/34
10th	Listening to all staff	21/34
11th	Positive story telling	20/34
12th	Simple application process	19/34
13th	Support for registered managers	15/34
14th	Social relationships	10/34
15th	Peer support for RNs	9/34



**FIGURE 2** Summary of activity involved in developing, shaping and prioritising IPTs (step 1).

TABLE 4 Summary of the search strategies carried out during step 2

IPTs	Search strategy concepts	Databases searched	Date search carried out	Number of records
Early investment Staff inductions	Care homes, AND early investment (onboarding), staff induction processes	ABI/INFORM Complete ASSIA Business Source Premier, CINAHL, HMIC, MEDLINE, PsycInfo® (American Psychological Association, Washington, DC, USA), Web of Science Core Collection.	2 August 2022	Total: 1101 After duplicates removed: 809 After deduplicating against the study library <sup>a</sup> : 796
Effective interviewing	Care homes AND job interviewing	ABI/INFORM Complete, ASSIA, Business Source Premier, CINAHL, HMIC, MEDLINE, PsycInfo, Web of Science Core Collection.	8 August 2022	Total: 1603 After duplicates removed: 1225 After deduplicating against the study library <sup>a</sup> : 1166
Reward and recognition Listening to staff	Care homes AND staff recruitment or retention AND rewarding staff OR listening to staff	CINAHL, HMIC, MEDLINE, PsycInfo Web of Science Core Collection Social Care Online	4 April 2023	Total: 913 After duplicates removed: 500 After deduplicating against the study library <sup>a</sup> : 448
Flexible working Salary packages	Care homes AND staff recruitment or retention with search strings for flexible working and salary packages	CINAHL, HMIC, MEDLINE, PsycInfo, Web of Science Core Collection, Social Care Online	27 April 2023	Total: 1467 After duplicates removed: 1032 After deduplicating against the study library <sup>a</sup> : 820

a The Master EndNote study library contained results of all database searches conducted throughout the project.

by NK, tailored to the specific theories. Each search strategy contained a mix of database subject headings and free text words related to concepts relevant to individual theories. Language or date limits were not applied. Search strategies were peer reviewed by a senior information specialist (JW) using the PRESS Checklist.<sup>56</sup> Search results were managed in an EndNote library. Once these searches were deduplicated they were added to the project Master copy for further deduplication against records screened previously for different programme theories. The results of searches were imported into Rayyan (a web application designed to facilitate screening for literature reviews).<sup>60</sup>

### Grey literature searches

Grey literature searches involved hand-searching relevant websites. In total 17 websites were searched (listed in [Box 2](#)) during February 2023. Seventy-nine records were identified which contained data relevant to the prioritised programme theories. The records were downloaded, and weblinks to evidence stored in a Microsoft Excel spreadsheet.

#### BOX 2 Social care sector/workforce websites searched (and number of records identified)

- British Geriatrics Society (*n* = 10)
- British Society for Gerontology (*n* = 0)
- CQC (*n* = 1)
- Care England (*n* = 6)
- NCF (*n* = 3)
- The Care Forum (*n* = 1)
- Care choices (*n* = 9)
- Care Worker Charity (*n* = 4)
- DHSC (*n* = 2)
- Health Foundation (*n* = 10)
- Kings Fund (*n* = 6)
- The School for Social Care, National Institute for Health and Care Research (*n* = 0)
- Leeds Care Association (*n* = 0)
- National Association of Care and Support Workers (*n* = 1)
- Social Care Institute for Excellence (*n* = 9)
- Social Elf Service (*n* = 5)
- Skills for Care (*n* = 12)

Given the wealth of relevant records retrieved through academic database, Google and grey literature searches – it was not deemed necessary to carry out additional supplementary searches such as screening the reference list of included studies and forward citation searching.

**Step 3: Article selection, quality assessment, and data extraction and analysis**

**Screening and article selection**

The records shortlisted during step 1 (*n* = 200) were re-screened, and titles and abstracts of records retrieved during step 2 were screened. All records were screened by one reviewer (split between KH and RD) in Rayyan.<sup>60</sup> At this stage, records which contained content relevant to one or more IPT were shortlisted.

Full text articles of shortlisted records were downloaded and (split between KH and RD), assessed for relevance and rigour.<sup>58</sup> The team devised and piloted a systematic and transparent way of assessing and reporting the relevance and rigour of papers (Table 5). When assessing rigour, the level of credibility was categorised as either trustworthy or untrustworthy (see Table 5 for the criteria used). Decisions regarding trustworthiness were not used to exclude articles; the purpose was to enable transparency when reporting the level of confidence in the evidence used to develop the final programme theories. The relevance of each paper was assessed using a scoring criterion ranging from *very relevant* (assigned a score of 1) to *not relevant* (assigned a score of 5). Only papers scored as *very relevant* were included in the review, and because there were enough *very relevant* papers, other less relevant papers were not included. A Microsoft Excel file was used to organise the full text screening and decision-making regarding the relevance and rigour of full text articles.

**Data extraction and analysis**

Before extracting data, the full texts of included articles were read to develop familiarity with the content, and sections containing evidence contributing to either supporting, challenging, and refining the programme theories were highlighted (split between KH and RD). Data were then extracted in two stages. First, the following descriptive data were extracted:

1. Article characteristics: author, year, country, type of evidence and study design
2. Relevance to IPT(s): specifying which IPT(s) the article is relevant for
3. Article content: a summary (or multiple summaries, depending on the relevance across IPTs) was written describing the specific content and relevance to IPT(s).

The second step involved both extracting detailed information and beginning data analysis. Data which put forward causal linkages were extracted, that is triads (context–mechanism–outcomes) and dyads (context–outcome, context–mechanism, mechanism–outcome).<sup>55</sup> Segments of data of triads and dyads were summarised, and codes assigned to the summaries. The codes assigned were generated using both inductive and deductive reasoning. Along with inductive and deductive coding, extracted data were also summarised using realist logic, indicating parts of the summary relating to one of the following: a recruitment or retention strategy, context, mechanism (resource or reasoning), or outcome. All data extracted were organised using data frameworks created in Microsoft Excel (multiple frameworks were used to organise data across IPTs), and files were piloted and refined by KH and RD.

**TABLE 5** Scores and criterion used to assess the relevance and rigour of full text articles

Rating relevance	Rating trustworthiness
(1) <i>Very relevant</i> : the paper contains descriptive data about one or more of our IPTs, it is possible to code dyads/triads (links between aspects of our initial theories). (2) <i>Relevant</i> : the paper contains descriptive data about one or more of our IPTs, it is not possible to code for dyads/triads. (3) <i>Somewhat relevant</i> : The paper refers to one or more of our IPTs but there is not descriptive information. (4) <i>Not relevant at this time</i> : possibly come back to later. (5) <i>Not relevant</i> .	(1) <i>Trustworthy</i> : for research articles, the data were generated using appropriate and rigorous empirical methods, for grey literature/ editorials/commentaries, the source is credible, they give detailed, plausible and transparent reasons to support arguments. (2) <i>Untrustworthy</i> : it is unclear what, methods, arguments, theory, support claims in the paper. We are not confident about its credibility to support our IPTs and need other evidence to supplement it.

#### **Step 4: Synthesising evidence and drawing conclusions**

The codes and explanatory accounts of each SCMO formed the basis of the evidence synthesis. For each SCMO ( $n = 10$ ) there were four stages: (1) expression of the SCMO, (2) details of general and focused searches around the SCMO, (3) details of the papers (design, type) included and (4) a narrative synthesis describing the SCMO. This involved describing the who, what, why, where, when and how of each SCMO. This enabled us to illustrate and describe the CMOs of each strategy in detail.

#### **Synthesis of costs and resource implications**

As part of this synthesis, we identified the potential resource and cost implications associated with each strategy (and accompanying programme theory). We used the definition of resources outlined in the draft guidance for Realist Economic Evaluation<sup>61</sup> to identify the tangible and intangible costs and benefits associated with each strategy. We identified:

- material resources required to provide or implement a programme (e.g. staffing, equipment, facilities, training materials)
- context resources needed for the programme to be effective (e.g. access to transport, reliable internet, ability and motivation to engage)
- the resources acquired (e.g. skills, time or confidence)
- resource related outcomes (e.g. cost savings or further cost increases).

For each refined programme theory, the associated cost and resource implications were identified, summarised and presented in tables.

#### **Theory refinement**

The refined programme theories were presented to care home RNs, care workers, care home managers and HR staff. These stakeholders were accessed through NICHE–Leeds and the NCF networks, and stakeholders were asked:

1. to comment on the general clarity and logic of theories
2. whether they agreed/disagreed with the theory
3. to provide examples from their own experience for parts of the theory
4. to comment on the costs and benefits of each theory.

Their feedback was used to further refine and finalise the programme theories.

#### **Developing an explanatory framework**

A key aim of the study was to develop an overarching and explanatory framework of strategies used to recruit and retain staff. At this stage, the refined theories were examined side by side and observations made around the different ways theories overlapped and interacted. We made use of substantive theory to assist in understanding and explaining the links and interactions between individual programme theories. Substantive theories are established theories within particular domains and used at this stage to help further explain patterns across programme theories.<sup>62</sup> For this review, we drew on established theories within the employee engagement and HR management literature. We carried out Google and Google Scholar searches for relevant theories. We searched for HR and employee engagement theories and searched for theories relevant to disempowered workforces. We felt this was important considering the atypical and distinctive features of the care home workforce (e.g. low public perception/status, low pay and hard emotional and physical working conditions, long and unsocial working hours). The theories were brought together into an explanatory framework through:

- examining the theories side by side, and considering whether and how the individual programme theories connected and interacted
- developing a framework which brought the programme theories together and illustrated the links across theories
- examining the framework alongside existing/established HR and employee management theories to explore whether theories from the broader literature further explained the study's programme theories.

## Chapter 4 Results

### Summary of the included papers and stakeholders' input

#### Papers included in the synthesis

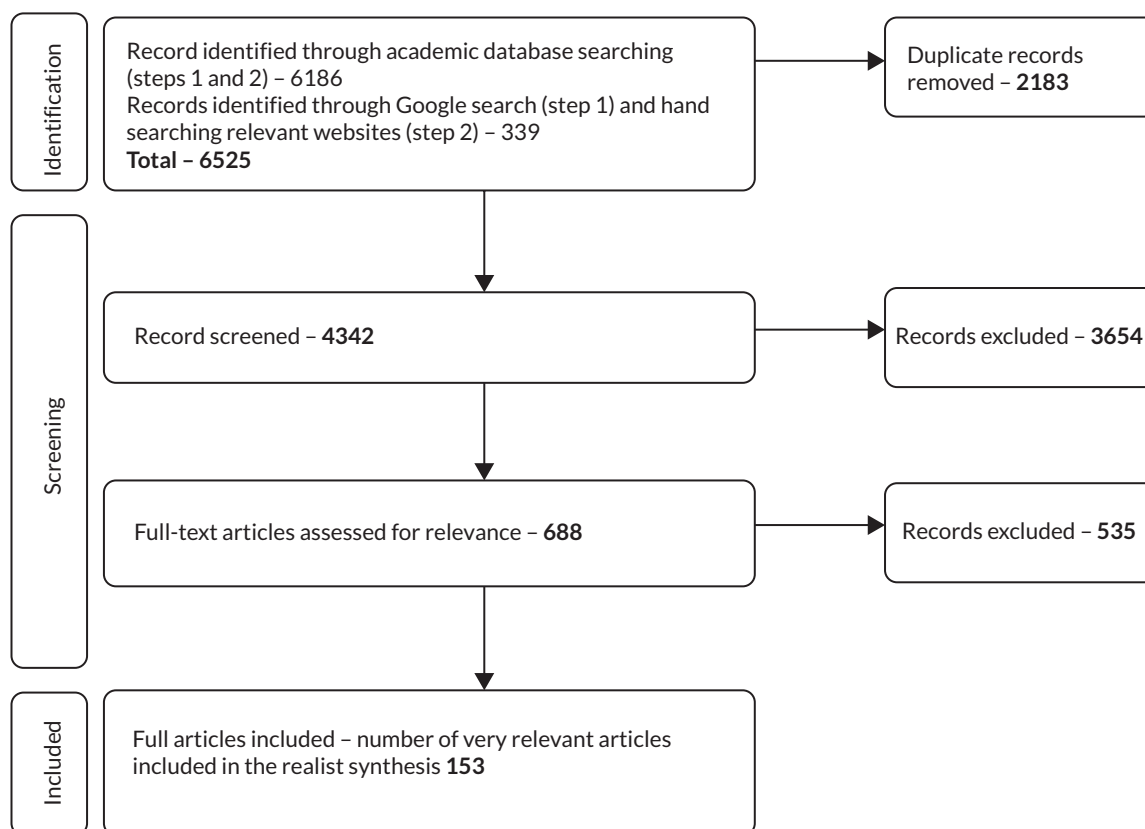
The identification, screening and inclusion of papers in the review are summarised in [Figure 3](#) (an adapted version of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram). The searches carried out in steps 1 and 2 generated 4342 records, and after initial screening 688 records were shortlisted. The full text of the 688 records were assessed for relevance and a total of 153 papers rated as *very relevant* (see [Table 5](#) for criteria) contributed to the synthesis.

#### Stakeholders' input

Sector stakeholders contributed to refining the theories during step 4 (bringing evidence together). The developing programme theories were presented to the NCF HR forum during three online meetings, and attendance at these meetings ranged from 27 to 51 attendees. In addition, 7 care homes from across Yorkshire (and part of the NICHE–Leeds partnership) were visited and in-person consultations carried out with 14 care workers, 4 senior care workers, 2 RNs, 2 HR staff, and 4 care home managers. Feedback received during online and in-person meetings were used to finalise the programme theories.

#### Characteristics of included papers

Included papers were published between 1984 and 2023, and the majority ( $n = 120$ ) published between 2010 and 2023. Eighty-six papers were first authored in Europe: 67 papers from the UK, 7 from the Netherlands, 4 from Norway, 2 from Sweden and 1 each from Turkey, Switzerland, Finland, Germany and Portugal. There was also one paper joint first authored in both Italy and Ireland. Forty-one papers were from the USA, 11 from Canada, 8 from Australia, 2 from



**FIGURE 3** Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram showing the evidence included in the synthesis.

the Republic of Korea and 1 each from Japan, Taiwan (Province of China) and Israel. One paper was joint first authored in both Australia and New Zealand, and one in both Saudi Arabia and Malaysia.

### Type and rigour rating of evidence

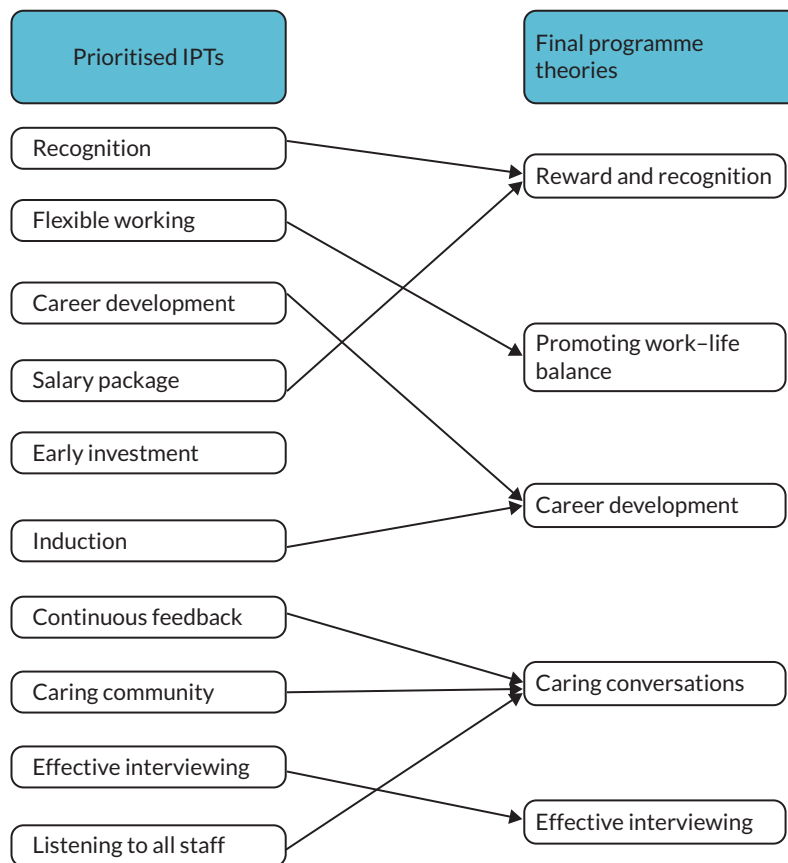
**Box 3** summaries the type of research/papers included in the synthesis. Rigour was judged in line with realist approaches, not assuming a hierarchy of evidence and excluding papers, but assessing whether the research/papers required additional supporting evidence. In terms of rigour, 128 papers were categorised as trustworthy and 25 untrustworthy (and thus required supporting evidence).

#### BOX 3 Type of research/papers included in the synthesis

- Quantitative – 39
- Qualitative – 30
- Mixed methods – 12
- Literature review – 19
- Commentary – 27
- Care home quality inspection report – 8
- Blog – 1
- Grey literature reports – 3
- Service evaluation – 1
- Web page – 13

### Included papers and contribution to programme theories

Evidence from the 153 included papers was used to test and refine the 10 IPTs prioritised during step 1. We were able to test and refine 9 out of the 10 IPTs (*Figure 4*). It was not possible to test and develop the *early investment* IPT because there were only two relevant papers, and the papers did not provide enough data to allow for the refinement of a credible and plausible programme theory. Throughout the process of iteratively analysing data and refining the



**FIGURE 4** Combining IPTs into final programme theories.

**TABLE 6** Number and rigour rating of papers contributing to final programme theories

Final programme theories	Number of papers	Rigour rating of included papers
Effective interviewing	20 papers	14 trustworthy, 6 untrustworthy and required supporting evidence
Reward and recognition	32 papers	22 trustworthy, 10 untrustworthy and required supporting evidence
Promoting work life balance	23 papers	22 trustworthy, 1 untrustworthy and required supporting evidence
Career development	67 papers	66 trustworthy, 1 untrustworthy and required supporting evidence
Caring conversations	47 papers	35 trustworthy, 12 untrustworthy and required supporting evidence

remaining nine IPTs, it was recognised (as is commonplace in realist synthesis) that there was overlap and emerging similarities across the programme theories. For this reason, some IPTs were collated. The titles of programme theories also evolved and reflected the recruitment and retention strategies being explained by the final programme theories. [Figure 4](#) illustrates the IPTs which were collated and the final programme theory titles. The final set of programme theories provide explanations around the following five strategies: *effective interviewing*, *reward and recognition*, *promoting work-life balance*, *career development*, and *caring conversations*.

### Overview of the papers contributing to the final programme theories

Of the 153 included papers, 125 papers contributed evidence to 1 theory, and 28 papers contributed evidence to 2 or more theories. [Table 6](#) summarises the number and rigour rating of the papers contributing to programme theories. The number of papers contributing to programme theories ranged from 20 to 67 papers. The programme theory with the largest evidence base was the *career development* programme theory, developed using 67 papers, of which 66 papers were rated as trustworthy. The programme theory with the least evidence was the *effective interviewing* programme theory, developed using 20 papers, of which 14 were rated as trustworthy.

The synthesis of evidence around each final programme theory is provided in the remainder of this chapter:

- Effective interviewing (page 20–24)
- Reward and recognition (page 25–30)
- Promoting work-life balance (page 30–35)
- Career development (page 36–47)
- Caring conversations (page 47–55)

## The effective interviewing programme theory

### Theory building and testing

The data used to build the effective interviewing IPT are summarised in [Report Supplementary Material 4](#), and the IPT presented in [Box 4](#).

#### BOX 4 Effective interviewing IPT

Appropriately trained and experienced interviewers (context) who ask values-based questions and set realistic expectations of the role (strategy) in a relaxed, informal environment (context), offer knowledge, awareness, and information to the candidate about the role, and help providers assess suitability and whether the candidate wishes to do the job (M resource). This is helpful for care workers who lack confidence, who are new to care and if English is not their first language, because it helps candidates relax, be themselves and answer honestly. Providers and candidates can feel confident with their choices (M reasoning), which results in recruitment of high-quality staff, job satisfaction and longevity of recruitment (outcome).

In total, 20 papers contributed the data used to test and refine the IPT. Papers were generated between 2002 and 2023 and were from the UK ( $n = 10$ ), USA ( $n = 7$ ), Germany ( $n = 1$ ), Australia ( $n = 1$ ) and Canada ( $n = 1$ ). Of the 20 papers, 11 were scientific papers (10 empirical studies, 1 literature review), 7 were commentary articles and 2 records were care sector web pages. The characteristics of the 20 papers are presented in [Table 7](#). Data analysis developed the scope

**TABLE 7** Characteristics of the records used to test and refine the effective interviewing programme theory

First author, year, country of first author	Type of evidence	Study design/method	Staff role	Setting	Rigour rating
Mustafa, 2008, UK <sup>63</sup>	Qualitative	Interviews	Workforce caring for vulnerable adults	Health and social care (and education) settings	Trustworthy
Bjerregaard, 2017, UK <sup>64</sup>	Qualitative	Interview	Care workers	Domiciliary care and care home	Trustworthy
Cottingham, 2014, USA <sup>65</sup>	Quantitative	Survey (intervention study)	Care co-ordinator assistant	Health services	Trustworthy
Moore, 2017, UK <sup>66</sup>	Qualitative	Interviews	Care home owners, managers and care staff	Care homes	Trustworthy
Dean, 2018, UK <sup>67</sup>	Commentary	N/A	Nursing	Nursing Careers Jobs Fair	Untrustworthy
Tellis-Nayak, 2011, USA <sup>68</sup>	Commentary	N/A	Certified nursing assistants	Nursing homes	Untrustworthy
Ashurst, 2018, UK <sup>69</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Trustworthy
Nazarko, 2006, UK <sup>70</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Untrustworthy
Moore, 2006, USA <sup>71</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Long-term care	Untrustworthy
Gerber, 2006, USA <sup>72</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Long-term care	Untrustworthy
Kupperschmidt, 2002, USA <sup>73</sup>	Commentary	N/A	Unlicensed assistive personnel	Long-term care facilities	Trustworthy
Johnson, 2015, UK <sup>74</sup>	Qualitative	Document analysis, observations, interviews	Care workers	Residential care home	Trustworthy
Yan, 2022, Germany <sup>75</sup>	Qualitative	Interviews and observations	Direct care workers	Nursing home	Trustworthy
Train, 2005, UK <sup>76</sup>	Qualitative	Interviews	Managers, nurses and care assistants (and residents and relatives)	Long-term care settings	Trustworthy
National Care Forum, 2023, UK <sup>77</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Parker-Bell, 2013, USA <sup>78</sup>	Qualitative	Interviews	Staff generally (not a specific role)	Long-term care settings	Trustworthy
Khatutsky, 2010, USA <sup>79</sup>	Quantitative	Survey	Certified nursing assistants	Nursing homes	Trustworthy
Moyle, 2003, Australia <sup>80</sup>	Qualitative	Focus group interviews	Nursing and care worker	Long-term care	Trustworthy
Care choices, 2021, UK <sup>81</sup>	Web page	N/A	Staff generally (not a specific role)	Care home and health care	Untrustworthy
Chu, 2016, Canada <sup>82</sup>	Literature review	Integrative review	RNs and registered practical nurses	Long-term care	Trustworthy

N/A, not applicable.

of the effective interviewing strategy and the programme theory. The synthesis describes four key components of the theory: learning about the job applicant, setting realistic expectations, using tools to support with interviews, and creating a welcoming environment.

### **Learning about the job applicant**

Learning about applicants helped care providers recruit staff who align with the care organisation's goals. This involved learning about applicants' skills and experience, and if recruited, determining their training needs. Asking emotive and values-based questions was considered as important as asking skills-based questions.<sup>66-72,78,81,82</sup> Care workers and nurses care for older people who are vulnerable, and for this reason providers needed to recruit staff who can support residents' physical, social and emotional needs.<sup>74,75</sup> Asking values-based questions provided applicants the opportunity to describe their motivations for wanting to work in care (strategy). This gave interviewers a sense of why the person applied,<sup>67,69,70,78,79</sup> enabled them to glean the applicant's background,<sup>63,67,69,70,77,79,82</sup> and assess whether the applicant was a good fit for the organisation<sup>65,67,70,81</sup> (M resource). This provided confidence to the selection process (M reasoning).

*Questions are required that attempt to ascertain the personal value frameworks of potential care home staff before they are employed.<sup>66</sup>*

Some of the key values interviewers looked for in job applicants included an ability to communicate clearly, stay calm in difficult situations, not take resident-related incidents personally, and a sense of empathy.<sup>65</sup> Recruiting staff without these key values resulted in poor<sup>64</sup> and abusive care,<sup>63,66</sup> and had a negative influence on other staff.

*Unfavourable value judgements among staff have the potential to influence the attitudes and subsequent actions of individual staff members.<sup>66</sup>*

A case study exploring hiring and recruitment practices of care workers and nurses provided insight into the types of questions used to glean values-based information.

*'What are your two greatest qualities?' When listening to a response, she attends to the motivational and relational content.<sup>78</sup>*

When consulting with sector stakeholders, HR managers and other staff involved in conducting job interviews described also asking questions which assessed job applicants' preparedness for care work. For instance, questions assessing willingness to work weekends and evenings, how the applicant would support residents living with dementia with personal care and residents at the end of life. Sector stakeholders described a preference for values-based questions over skills-based questions, as they described values-based questions helped applicants develop a connection with the care home (M reasoning).

### **Setting realistic expectations**

An important part of effective interviewing was to set realistic expectations of the role and assess the applicant's aptitude for it (strategy).<sup>70,72,78,80</sup> Setting realistic expectations involved providing applicants' with relevant information,<sup>65,67,70,72</sup> being clear about the purpose<sup>70</sup> and setting performance expectations.<sup>64,67,70,73,76,80,81</sup>

*The process of interviewing should therefore allow for the exchange of information between the potential employee and employer, enabling both to clarify expectations.<sup>70</sup>*

*'I think sometimes people come into this job very blind. And when they do start they're thinking god what have I let myself in for?'<sup>64</sup>*

There was evidence of involving residents, family and front-line staff in job interviews to support with setting realistic expectations for job applicants (strategy).<sup>63,65,70,72,82</sup> This was through story-telling,<sup>63,70,79</sup> tapping into emotions<sup>68</sup> (M resources) and providing applicants with insight into what residents, family and front-line staff are looking for in new recruits<sup>68,73,80</sup> (M reasoning).

*The resident on the recruiting panel, pushed the candidate to the emotional edge; she was in tears.<sup>68</sup>*

### Using tools to support with interviews

There was evidence of using multiple-mini interviews<sup>65,71</sup> realistic job previews<sup>73</sup> and/or using external recruitment agencies<sup>63,81</sup> (strategy) to support with assessing applicants' soft skills, communicating the positive and negative aspects of the job, and to identify the support newly recruited staff would need.<sup>65,69</sup> Using tools helped build confidence in recruitment decisions<sup>71</sup> (M reasoning).

*The multiple mini-interview process made a critical difference in identifying candidates who possessed important skills and attributes.*<sup>65</sup>

*Interviewers shared that they found the process to be extremely helpful in discriminating between candidates.*<sup>65</sup>

Selection tools were often only available through consultation with recruitment agencies<sup>81</sup> (context) and were expensive. Having the support of selection tools was described as particularly important for inexperienced interviewers (context).

*Without guidance, you [interviewer] may be unaware that interviews are actually being conducted in varying and/or unstructured ways.*<sup>72</sup>

*Applicants may not be asked enough about their previous experience and may be hired primarily on a gut level.*<sup>72</sup>

*Interviewers may ask inappropriate personal questions of the candidates, which could create 'bad evidence.'*<sup>72</sup>

There was also evidence describing how interviewing policies and procedures (context) carried out by experienced/appropriately trained interviewers (M resource)<sup>63,65,69-72,76,78</sup> helped with making recruitment decisions (outcome).

*Interviewing skills also involve gathering background data from each candidate and remembering what each candidate said, while evaluating their knowledge, skills, and abilities.*<sup>72</sup>

Stakeholders described using interview templates (described above) to guide the interview process. Staff inexperienced in conducting interviews reported relying on interview templates to guide conversations. In contrast, staff experienced in conducting interviews spoke about 'thinking on their feet' and relying less on interview templates. Staff conducting job interviews described rephrasing set questions to improve relevance for different job applicants (young applicants applying for their first job, applicants without experience of care work and job applicants from overseas). For example, when interviewing young applicants applying for their first job, the question 'tell me a time when you used your initiative to help a resident' was changed to 'tell me a time when you used your initiative on a school project, and it turned out well'. It was also important that staff conducting interviews had the skills and ability to draw out information from job applicants. For example, stakeholders described using prompts and follow up questions if needed to learn more about applicants.

### Creating a welcoming environment

The following techniques helped to create a welcoming job interview environment (M resource): consistent communication with the applicant prior to the interview,<sup>67,69</sup> courteous and friendly staff,<sup>69,72</sup> knowing the applicants' name,<sup>69</sup> and a warm welcome (e.g. offering a drink and not keeping the applicant waiting too long<sup>67,72</sup>) (context). This helped to reassure the applicant.<sup>67</sup>

*From the moment a job applicant calls or walks into a facility an impression of the community, either positive or negative.*<sup>72</sup>

*Successful interviewers should use their experience to put the candidate at ease and ensure the process is as relaxed as it possibly can be.*<sup>69</sup>

Showing the applicants around the care home (M resource), helped job applicants build a connection to the care home, feel valued, and perceive the care home as an attractive place to work<sup>69</sup> (M reasoning). Sector stakeholders supported this, describing conducting interviews in quiet and comfortable areas of the care home helped to create a welcoming

environment. There was also evidence that interviewers' positive body language (M resource)<sup>67,70,72</sup> enabled job applicants to feel comfortable to ask questions (M reasoning). This was reported as important for younger staff, and/or those inexperienced in care work.<sup>76,80</sup>

The effective interviewing refined programme theory is presented in [Box 5](#), the cost and resource implications are summarised in [Table 8](#), and the evidence used to refine the different components of the theory is summarised in [Table 9](#).

**BOX 5** Effective interviewing refined programme theory

Trained and experienced interviewers conduct interviews in a professional and welcoming environment (context). Selection tools are used to ask values-based questions to learn about the applicant and set realistic expectations of the role (strategy). This offers knowledge, awareness, and information to the applicant about the job role, and assesses their suitability and motivations (M resource). This is helpful for those who lack confidence, are new to care, and/or if English is not their first language. Care providers and the applicant feel confident with their choices and the applicant starts to build a connection to the care home (M reasoning). This results in recruitment of staff who understand the role (outcome).

**TABLE 8** Summary of the costs and resources associated with the effective interviewing strategy

Costs and resources	
<i>Staff conducting the interview</i>	
<ul style="list-style-type: none"> <li>• The time and cost (e.g. training) associated with developing the skills of staff carrying out interviews</li> <li>• Staff time needed for:                             <ul style="list-style-type: none"> <li>- communicating with applicants prior to the interview</li> <li>- providing applicants with a courteous welcome, showing the applicant around the care home, and helping the applicant feel reassured and at ease</li> <li>- co-ordinating and preparing residents, family, and front-line staff involved in the interview.</li> </ul> </li> </ul>	
<i>Residents, family of residents and front-line staff involved in interviews</i>	
<ul style="list-style-type: none"> <li>• Time needed to get involved (e.g. asking applicants questions, sharing their experiences and asking questions).</li> </ul>	
<i>Equipment/materials</i>	
<ul style="list-style-type: none"> <li>• An interview guide/template which assesses (1) preparedness for the role (e.g. willingness to work weekends, carrying out personal care), (2) skills and experience (e.g. dementia, end of life), (3) values, (4) qualities, motivation, and abilities.</li> <li>• Realistic job previews: providing relevant information about the role and performance expectations.</li> <li>• Interviewing policy and procedures.</li> </ul>	

**TABLE 9** Effective interviewing – summary of the evidence used to refine the programme theory

Context	A professional and welcoming environment, <sup>67,69,72</sup> consistent communication with the applicant prior to the interview, <sup>67,69</sup> having courteous and friendly staff, <sup>69,72</sup> knowing the applicants' name <sup>70</sup>	Grey literature <sup>67,69,72</sup>
Strategy	Asking emotive, values-based and skills-based questions, <sup>66-72,78,81,82</sup> involving residents, family and front-line workers, <sup>63,65,70,72,82</sup> selection tools including multiple-mini interviews, <sup>65,71</sup> realistic job previews, <sup>73</sup> and/or using external recruitment agencies, <sup>63,81</sup> showing applicants around the care home, <sup>69</sup> interviewers using positive body language <sup>68,71,73</sup>	Qualitative <sup>63,66,78</sup> Quantitative <sup>65</sup> Grey literature <sup>67-73,81,82</sup>
Mechanism (resource)	Gives a sense of why the applicant applied, <sup>68,70,71,79,80</sup> understand the applicant's background, <sup>64,68,70,71,78,80,83</sup> assess whether the applicant is a good fit, <sup>66,68,71,82</sup> storytelling, <sup>64,71,80</sup> tapping into emotions, <sup>69</sup> identifying the support new staff would need. <sup>66,70</sup>	Grey literature <sup>67-70,77,81</sup> Qualitative <sup>63,78</sup> Quantitative <sup>65,79</sup> Literature review <sup>82</sup>
Mechanism (reasoning)	Applicant has a connection to the care home, feels valued, and perceives the care home as an attractive place to work <sup>70</sup>	Grey literature <sup>69,71</sup>
Outcome	Confidence in recruitment decisions <sup>72</sup>	Grey literature <sup>69,71</sup>
Who does it work for	Those who lack confidence, who are new to care, or if English is not their first language <sup>76,80</sup>	Qualitative <sup>76,80</sup>

## The reward and recognition programme theory

### Theory building and testing

The reward and recognition programme theory was developed from two IPTs: the recognition and salary package IPTs (presented in [Boxes 6](#) and [7](#), respectively). The data used to build the recognition and salary package IPTs are summarised in [Report Supplementary Materials 5](#) and [6](#), respectively. During theory testing, the analysis of data demonstrated connections and similarities across these theories, and for this reason, both were combined into one theory, the reward and recognition programme theory.

#### BOX 6 Recognition IPT

When work is recognised and rewarded (strategy) through certificates, vouchers, employee of the month, prizes, time off, and smaller gestures (M resource), in a fair and equal way (context), staff see that their hard work is recognised (M reasoning). This raises morale and helps increase staff engagement, which leads to job satisfaction and an intention to stay (outcome).

#### BOX 7 Salary package IPT

Offering competitive rates of pay, that increase with length of service, gives staff the impression that care work is as valued by society, is comparable to other sectors, and staff are rewarded for their hard work. Staff feel the work they do is valued by the care provider and society. This depends on care providers having structures in place that ensure they are able to provide competitive rates of pay.

In total, 32 papers contributed the data used to test and refine this theory. Papers were generated between 1987 and 2023 and were from the UK ( $n = 14$ ), USA ( $n = 11$ ), Canada ( $n = 2$ ), Norway ( $n = 1$ ), Korea ( $n = 1$ ), the Netherlands ( $n = 2$ ) and Sweden ( $n = 1$ ). Of the 32 papers included, 21 were scientific papers (17 empirical studies, 4 literature reviews), 3 were commentary articles, 3 records were care sector web pages and 5 were care home quality inspection reports. The characteristics of the 32 papers are presented in [Table 10](#). Data analysis developed the scope of the reward and recognition strategy and the programme theory. The synthesis explains why reward and recognition is important and describes three types of strategies used to reward and recognise staff: relational, well-being, and financial strategies.

### Why is reward and recognition important?

Evidence described staff putting their 'heart and soul' into work and being proud of their contribution.<sup>87</sup> Care work brought a sense of fulfilment and accomplishment<sup>93</sup> and this increased when staff felt rewarded and recognised<sup>87,97</sup> and acknowledged.<sup>102</sup> Failing to recognise and reward good work was described to negatively impact on staff well-being.

*Employees can make or break an organisation. If they do not feel valued they do not go the extra mile.*<sup>104</sup>

*They put a lot of mental effort into their jobs and believe that they will receive a lot of rewards in return.*<sup>87</sup>

There were reports of efforts to recognise good work getting missed during staff shortages, outbreaks and emergencies,<sup>84</sup> even though acknowledging staff during difficult periods improved staff morale and performance.<sup>85,98</sup>

### How do care home providers reward and recognise staff?

Rewarding and recognising staff can take different forms (e.g. praise and appreciation) and strategies need to be used in a fair and timely way.<sup>106</sup> There were three different types of reward and recognition strategies: relational, promoting well-being, and financial.

### Relational strategies

Relational strategies were focused on (1) positive reinforcement, (2) listening to care workers and (3) 'pitching in'.

Positive reinforcement involves regularly praising staff for their contributions. Positive reinforcement demonstrated appreciation,<sup>81,85,97,99,104,105,107,108</sup> offered incentives,<sup>82,85,109,110</sup> and support<sup>85,87,97,98,105</sup> (M resource), and this in turn helped staff feel valued and respected (M reasoning),<sup>98,99,104</sup> resulting in positive attitudes and behaviours and increased morale (outcome).<sup>97-99,105</sup>

**TABLE 10** Characteristics of the records used to test and refine the reward and recognition programme theory

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Young-Lee, 2020, Republic of Korea <sup>83</sup>	Quantitative	Survey	Nursing students	Nursing generally	Trustworthy
Chu, 2016, Canada <sup>82</sup>	Literature review	Integrative review	RNs and registered practical nurses	Long-term care	Trustworthy
Care choices, 2021, UK <sup>81</sup>	Web page	N/A	Staff generally	Care home and health care	Untrustworthy
Munkeby, 2023, Norway <sup>84</sup>	Qualitative	Interviews	RNs	Nursing homes	Trustworthy
Franzosa, 2022, USA <sup>85</sup>	Qualitative	Interviews and focus groups	Certified nursing assistants and administrators	Nursing homes	Trustworthy
Forbes-Thompson, 2007, USA <sup>86</sup>	Qualitative	Observations, interviews, document review	Care home staff generally (not a specific role)	Nursing homes	Trustworthy
Van Vegchel, 2001, the Netherlands <sup>87</sup>	Quantitative	Survey	Ancillary healthcare workers	Nursing homes	Trustworthy
Zhang, 2016, USA <sup>88</sup>	Quantitative	Survey	Nursing assistants and licensed practical and RNs	Nursing homes	Trustworthy
Powers, 2010, USA <sup>89</sup>	Quantitative	Survey	Front-line care givers	Long-term care	Trustworthy
Kennedy, 2021, USA <sup>90</sup>	Quantitative	Survey (secondary analysis of national nursing home and assisted living data)	Direct care workers	Nursing homes and assisted living	Trustworthy
Kennedy, 2022, USA <sup>91</sup>	Quantitative	Survey (secondary analysis of national nursing home)	Certified nursing assistant	Nursing homes	Trustworthy
Allan, 2023, UK <sup>92</sup>	Quantitative	Secondary analysis of a national workforce database	Direct care worker	Residential and nursing homes	Trustworthy
Baughman, 2012, USA <sup>93</sup>	Quantitative	Survey (secondary analysis of national survey of income database)	Direct care workforce	Long-term care	Trustworthy
Berridge, 2020, USA <sup>94</sup>	Quantitative	Survey	Nursing assistants	Nursing homes	Trustworthy
Vadean, 2023, UK <sup>95</sup>	Quantitative	Secondary analysis of a national staffing database	Direct care worker	Long-term care	Trustworthy
Wiener, 2009, USA <sup>96</sup>	Quantitative	Data from national surveys	Certified nursing assistants	Nursing homes	Trustworthy
Haunch, 2021, UK <sup>97</sup>	Literature review	Realist review	Care staff generally (and residents and relatives)	Long-term care facilities	Trustworthy
Johnson, 2021, UK <sup>98</sup>	Literature review	Scoping review	Front-line care workers	Care home	Trustworthy
Compton, 2023, Canada <sup>99</sup>	Literature review	Systematic review qualitative synthesis	Nurses and nursing students	Long-term care	Trustworthy

**TABLE 10** Characteristics of the records used to test and refine the reward and recognition programme theory (continued)

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Hagerman, 2017, Sweden <sup>100</sup>	Quantitative	Survey (longitudinal correlational study)	First-line managers and subordinates	Nursing homes and home-help services	Trustworthy
Kloss, 2019, the Netherlands <sup>101</sup>	Quantitative	Randomised controlled trial	Licensed practical nurses	Nursing homes	Trustworthy
Lepore, 2008, USA <sup>102</sup>	Qualitative	Interviews	Direct care workers	Long-term care and Assisted living	Trustworthy
Bernstein, 2017, UK <sup>103</sup>	Commentary	N/A	Not workforce focused	Care home	Untrustworthy
Bernstein, 2016, UK <sup>104</sup>	Commentary	N/A	Care home managers	Care home	Untrustworthy
Goodwin, 1987, USA <sup>105</sup>	Commentary	N/A	Nursing assistants	Nursing home	Untrustworthy
Skills for Care, 2022, UK <sup>106</sup>	Web page	N/A	Care staff generally	Care sector	Trustworthy
Care Quality Commission, 2022, UK <sup>107</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Worker Charity, 2022, UK <sup>108</sup>	Web page	N/A	Care worker	Care sector	Untrustworthy
Care Quality Commission, 2019, UK <sup>109</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Quality Commission, 2022, UK <sup>110</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Quality Commission, 2020, UK <sup>111</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Quality Commission, 2022, UK <sup>112</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
N/A, not applicable.					

*Organisations described efforts to recognise staff which included: greeting staff at the door, offering meals and gifts, and creating a staff recognition committee.<sup>85</sup>*

*Supervisors need to tell staff that their work is appreciated, their feelings are important and that they contribute to quality of life for residents.<sup>105</sup>*

*Staff Appreciation Week events and activities include handwritten thank you cards, certificates of appreciation, special promotions, prize raffles, free lunches, and other special offerings.<sup>81</sup>*

Listening to care workers' views and opinions around resident care, the organisation of work, and staffing arrangements<sup>88,97</sup> is another type of relational strategy that recognises care workers for their unique skills, knowledge and advocacy role. Seeking care worker views and listening to their experiences<sup>88,94,97,111</sup> developed a sense of being heard,<sup>88,94,97,104,110</sup> and that their opinion mattered<sup>88,97,104</sup> (M resource). This helped build confidence<sup>94,97</sup> and a sense of purpose<sup>104</sup> (M resource), which increased job satisfaction, productivity<sup>97</sup> and retention<sup>94</sup> (outcome).

*Staff meetings were regular, they felt they could raise issues and new ways of working and were listened to and valued.<sup>110</sup>*

*Management who treat staff with empathy and respect, explain the reasons for decisions and listen to any objection the employee may have are successful.<sup>104</sup>*

*Good management reduces direct care workers' turnover.<sup>95</sup>*

Managers who 'pitch in' recognise when employees need help and step in and work alongside front-line staff, and this in turn developed a sense of appreciation and the team's respect for the manager (outcome).<sup>85,86,97</sup>

*The most important behaviour that reinforced frontline staffs feeling of value was management's willingness to help out on the floor.<sup>86</sup>*

*Certified nursing assistants were particularly appreciative when other staff pitched in to help change beds, distribute meals, and perform care tasks.<sup>85</sup>*

When consulting with stakeholders, front-line care staff agreed relational strategies were important for feeling appreciated. HR managers provided examples of practical ways to create opportunities to develop relationships with staff: drop-in sessions, informal meetings, open door policies, regional staff presence, coffee mornings and staff forums. The evidence described the importance of using relational strategies (positive reinforcement, listening to staff and pitching in) in a fair and equal way<sup>97,103,104</sup> (context).

*They have not been allowed time off at short notice, when others have in the past, or have not had the perks others have.<sup>103</sup>*

When care home managers used relational strategies in a fair and equal way (context), they set a good example, role modelling and inspiring the type of behaviours expected in other employees (M reasoning).<sup>97,99</sup>

*Leaders (at all levels) through their role-modelling behaviours can use organisational resources to endorse and encourage relationships between staff, residents, co-workers and family.<sup>97</sup>*

### **Well-being strategies**

Strategies used to promote staff well-being were described as important given the physically and emotionally demanding nature of care work. Strategies were focused around preserving and promoting staff well-being,<sup>85,88,107,110,112</sup> encouraging self-care<sup>101</sup> and investing in personal and professional development.<sup>83,91,97</sup> For example, preserving and promoting staff well-being through training existing staff to take on a well-being ambassador/mental health first aider role, interventions designed to encourage self-care, and investing in externally provided mental health interventions (M resource). Training staff to take on a well-being ambassador/mental health first aider role enhanced capability, motivation, and satisfaction,<sup>83,91,97</sup> because investing in staff members' personal and professional development also

helped staff feel recognised (M reasoning). Manager support and endorsement helped these strategies to work (context).<sup>107</sup>

*Staff felt motivated and proud of the care provided because the registered manager recognised individual staff member's skills and nurtured staff.*<sup>107</sup>

*Caregivers are empowered to engage in the service with self-confidence and commitment, if they receive constant education/training and/or re-education.*<sup>83</sup>

*Positive psychology interventions have great potential as a self-care technique for nursing staff and offer flexibility provided by the online self-help format.*<sup>101</sup>

*The registered manager actively promoted mental health across the workforce. For example, one staff member had been trained in mental health first aid.*<sup>107</sup>

Sector stakeholders described needing managerial support in providing mental health first aiders time away from care activities, training for the role, and appropriately selecting staff suitable for the role. Stakeholders also described the need to highlight that staff taking on a mental health first aider role were not counsellors or there to take on their peers' personal problems, but rather sign post them to the right place. Stakeholders (HR managers) shared their experience of providing external employee services to support with mental health and described the reluctance of front-line staff due to concerns around confidentiality.

### **Financial strategies**

When using financial strategies to reward and recognise staff, these should be used alongside relational, and well-being and development related strategies. Using financial strategies in isolation did not result in successful outcomes, and consultation with stakeholders provided an example of this. Employees received a financial bonus but relational, well-being and development strategies were lacking, and for this reason the financial bonus did not have the intended outcome. One paper described how care staff choose care work despite low pay and a lack of career progression.<sup>108</sup> Stakeholders built on this point, highlighting that care workers would value (and are deserving of) salary increases, but because of the long history of difficulties around care sector salaries, salary increases were perceived as unlikely.

The evidence provided examples of four different types of financial strategies used to reward and recognise staff: paid time off,<sup>85</sup> help with childcare<sup>85,112</sup> offering perks<sup>112</sup> and salary increases.<sup>82,89,90,92,93,95-97</sup>

*When care home providers make genuine efforts to support their workforce e.g., offering food, paid days/time off work it makes staff feel valued.*<sup>85</sup>

To provide paid time off, stakeholders (HR managers) described making changes to rotas and budgets to enable 'paid days off'. In terms of providing perks, the evidence (and stakeholders) reported providing this in the following ways: support with childcare, onsite gym facilities, and access to employee discount cards. It was important that these strategies were provided in a fair and equal way (context).

*Certified Nursing Assistants wanted these benefits to continue and be equally accessible to night and weekend shift workers.*<sup>85</sup>

*The nursery has been fantastic for me. I can bring my child to the nursery and carry on with my work.*<sup>112</sup>

Stakeholders (HR managers) did not have direct experience of the 'providing perks' strategies but described supporting staff with childcare needs (and other caring needs) by making changes to the rota and offering flexible working options. Stakeholders reported offering staff perks in the form of money saving shopping discount cards as another way of rewarding and recognising staff.

The reward and recognition refined programme theory is presented in [Box 8](#), the cost and resource implications are summarised in [Table 11](#), and the evidence used to refine the different components of the theory is summarised in [Table 12](#).

**TABLE 11** Summary of the costs and resources associated with using the reward and recognition strategy

Costs and resources
<b>Relational strategies</b>
<ul style="list-style-type: none"> <li>Management (and other relevant staff) time needed to provide front-line staff with praise and encourage (i.e. positive reinforcement), acknowledge their skills and knowledge (by listening), and 'pitch in' with front-line work.</li> </ul>
<b>Well-being strategies</b>
<ul style="list-style-type: none"> <li>Training/development opportunities and time needed to develop capacity for the well-being ambassador/mental health first aider role.</li> <li>Staff time to carry out a well-being ambassador/mental health first aider role.</li> <li>Investing in external mental health support (while acknowledging that staff may be reluctant to use external support).</li> <li>Staff personal time to invest in self-care.</li> </ul>
<b>Financial strategies</b>
<ul style="list-style-type: none"> <li>Funds and time needed to co-ordinate rotas to organise giving staff paid time off/support with childcare (or other caring responsibilities outside of work).</li> <li>Funds and contacts/links with external companies to provide staff with perks (e.g. subsidised nursery fees, employee discount card).</li> <li>Funds to enable salary increase.</li> </ul>

**TABLE 12** Reward and recognition – summary of the evidence used to refine the programme theory

Context	Strategy is used in a fair and inclusive way <sup>97,104</sup>	Literature review <sup>97</sup> Grey literature <sup>104</sup>
Strategy	Relational strategies – positive reinforcement, <sup>81,85,97,99,104,105,107,108</sup> listening to care workers, <sup>88,97</sup> and managers 'pitching in'. <sup>85,86,97</sup> Well-being and development strategies – preserving and promoting staff mental well-being, <sup>85,88,107,110,112</sup> encouraging self-care, <sup>101</sup> hosting appreciation events <sup>81</sup> and investing in personal and professional development. <sup>83,91,97</sup> Financial strategies – paid time off, <sup>85</sup> help with childcare, <sup>85,112</sup> offering perks, <sup>112</sup> and salary increases. <sup>82,89,90,92,93,95-97</sup>	Quantitative <sup>83-88-93,95,96,101</sup> Qualitative <sup>85,86</sup> Literature review <sup>86,97,99</sup> Grey literature <sup>81,82,104,105,107,108,110,112</sup>
Mechanism (resource)	Appreciation, <sup>81,85,97,99,104,105,107,108</sup> incentive, <sup>82,85,109,110</sup> support, <sup>85,87,97,98,105</sup> Care workers feel heard <sup>88,94,97,104,110</sup> and that their opinions matter. <sup>88,97,104</sup> Building confidence <sup>94,97</sup> and a sense of purpose. <sup>104</sup> Staff training for staff to take on well-being/mental health first aider roles. <sup>110</sup>	Grey literature <sup>81,82,104,105,107-110</sup> Literature review <sup>97-99</sup> Quantitative <sup>87,88,94</sup> Qualitative <sup>85</sup>
Mechanism (reasoning)	Managers inspire staff to behave in the same way. <sup>97,99</sup>	Literature review <sup>97,99</sup>
Outcome	Positive attitudes and behaviours and improved morale. <sup>97-99,105</sup> Improved job satisfaction, productivity <sup>97</sup> and retention. <sup>94</sup> Staff appreciation and respect for managers. <sup>85,86,97</sup> Improved capability, motivation and job satisfaction. <sup>83,91,97</sup>	Literature review <sup>97-99,105</sup> Quantitative <sup>83,91,94</sup> Qualitative <sup>85,86</sup>
Who does it work for	All staff benefit from this, and in particular staff with poor mental health <sup>85,101,110,112</sup> and staff new to care work. <sup>81,104</sup>	Grey literature <sup>81,104,110,112</sup> Quantitative <sup>101</sup> Qualitative <sup>85,86</sup>

**BOX 8** Reward and recognition refined programme theory

When care home providers/managers use relational strategies (positive reinforcement, listening to staff and pitching in), well-being and professional development strategies (specialised support for mental well-being and opportunities to develop) and financial strategies (paid time off, support with childcare, perks and salary increases) in a fair and equal way (context), staff are more likely to stay in their roles (outcome). This is because they have the support they need (m resource) to feel safe, valued, listened to but also respected and adequately compensated (M reasoning), which results in motivation, productivity, and job satisfaction (outcome). All staff benefit from this, and in particular staff with poor mental health and staff new to care work.

**The promoting work–life balance programme theory****Theory building and testing**

The data used to build the flexible working IPT are summarised in [Report Supplementary Material 7](#), and the IPT presented in [Box 9](#).

**BOX 9** Flexible working IPT

When care workers and nurses are offered shifts to suit their individual needs, such as shorter shifts, longer shifts, overtime (strategy), in a fair way (context), it gives nurses and care workers a chance to fit their personal commitments and activities around work and helps staff manage caring responsibilities (outside of work), providing a sense of work–life balance (m resource). Older workers prefer shorter shifts, young care workers and overseas workers opt for longer shifts and overtime. Those with young families prefer shifts that align with childcare responsibilities.

In total, 23 papers contributed the data used to test and refine this theory. Papers were generated between 2003 and 2023 and were from the UK ( $n = 6$ ), USA ( $n = 7$ ), Australia ( $n = 1$ ), Canada ( $n = 2$ ), the Netherlands ( $n = 3$ ), Norway ( $n = 1$ ), Switzerland ( $n = 1$ ), Korea ( $n = 1$ ) and Japan ( $n = 1$ ). Of the 23 papers included, 19 were scientific papers (18 empirical studies, 1 literature review), 2 were commentary articles, 1 record was a care sector web page and 1 paper was a grey literature report. The characteristics of the 23 included papers are presented in [Table 13](#). Data analysis developed the scope of the flexible working strategy and programme theory. Through the process of testing and refining this theory, the title was changed to ‘promoting work–life’ balance, and the synthesis describes the evidence around:

- why flexible working is important
- the staff who need flexible working
- the different ways flexible working can be achieved in care homes: staff input in work schedule planning, and offering shorter shifts
- needing fairness and inclusivity when accommodating staff needs.

**Why flexible working is important**

Flexible working is about finding ways of working that meet the needs of both the employer and the employee. Changes to employment contracts may be permanent or temporary and are negotiated by the employer/employee. In the UK, employment law states requests for flexible working can be considered if an employee has worked in the organisation for 26 weeks or more, and employees can make one formal request per year.<sup>130</sup>

Flexible working is important because ‘time at work’ is only one part of life (context), and therefore a balance between personal and working life is needed. Establishing work–life balance has been described as difficult because traditionally staff have worked 12-hour and unsociable shifts.<sup>80</sup> The nature of the work is physically and emotionally challenging and poor work–life balance causes staff stress, burnout, and poor health outcomes (outcome),<sup>88,98,114,127</sup> and this negatively impacts on the organisation.<sup>115</sup>

*Inflexible schedules have been found not only to be detrimental to workers’ well-being but also associated with negative organisational outcomes.*<sup>115</sup>

When work impacted on employee’s personal life there were reports of negative impacts on employee’s health, well-being and productivity. There were reports of work becoming unsustainable<sup>98</sup> (M reasoning), increased staff sickness<sup>98</sup> and staff leaving,<sup>88,118,120,121</sup> and this resulted in higher costs for the staff and the organisation<sup>117,118</sup> (outcome).

*The quality of life of workers is affected by extending the hours & days of work.*<sup>116</sup>

*Demanding work schedules and working hours are linked to a wide range of negative consequences.*<sup>117</sup>

*Irregular work schedules have been reported as significant predictors of work-family conflict, which was associated with lower job and life satisfaction among nurses.*<sup>88</sup>

*Working outside the typical daytime work schedule, is known to have a detrimental effect on health, sleep and job satisfaction among nurses.*<sup>119</sup>

Requests for flexible working increased with desires to improve the balance between personal lives, job and career aspirations.<sup>80,122,123,127,128</sup> Having flexibility at work meant staff needs were met, and this helped ensure work was more sustainable.<sup>122</sup>

*Sustainable employability is defined as employees having the opportunity to perform work with the preservation of health and well-being.*<sup>117</sup>

**TABLE 13** Characteristics of the records used to test and refine the promoting work-life balance programme theory

First author, year, country of first author	Type of evidence	Study design/ method	Staff group	Setting	Rigour rating
Moyle, 2003, Australia <sup>80</sup>	Qualitative	Focus group interviews	Nursing and care worker	Long-term care	Trustworthy
Zhang, 2016, USA <sup>88</sup>	Quantitative	Survey	Nursing assistants, and practical and RNs	Nursing homes	Trustworthy
Kennedy, 2022, USA <sup>91</sup>	Quantitative	Survey (secondary analysis of national nursing home)	Certified nursing assistant	Nursing homes	Trustworthy
Franzosa, 2022, USA <sup>85</sup>	Qualitative	Interviews and focus groups	Certified nursing assistants and administrators	Nursing homes	Trustworthy
Johnson, 2021, UK <sup>98</sup>	Literature review	Scoping review	Front-line care workers	Care home	Trustworthy
McGilton, 2014, Canada <sup>113</sup>	Qualitative	Focus groups	Licensed long-term care nurses	Nursing homes	Trustworthy
Awosoga, 2023, Canada <sup>114</sup>	Quantitative	Survey (cross-sectional survey)	Nursing, care worker and allied health worker	Long-term care and Assisted living	Trustworthy
Hurtado, 2016, USA <sup>115</sup>	Quantitative	Survey	RNs, licensed practical nurses, and certified nursing assistants	Nursing homes	Trustworthy
Geiger-brown, 2004, USA <sup>116</sup>	Quantitative	Survey	Nursing assistants	Nursing homes	Trustworthy
Peters, 2015, the Netherlands <sup>117</sup>	Quantitative	Survey	Nurses	Residential elder care	Trustworthy
Peters, 2018, the Netherlands <sup>118</sup>	Quantitative	Survey (longitudinal study design)	Nurses	Residential elder care	Trustworthy
Potrebny, 2022, Norway <sup>119</sup>	Quantitative	Survey (cross-sectional study)	Registered and licensed practical nurses	Nursing homes	Trustworthy
Hauser, 2023, Switzerland <sup>120</sup>	Quantitative	Survey (cross-sectional study)	Care workers	Nursing homes	Trustworthy
Brooks, 2002, UK <sup>121</sup>	Quantitative	Survey	Nurses	Hospitals, care homes and hospice	Trustworthy
Min, 2022, Republic of Korea <sup>122</sup>	Quantitative	Survey (cross-sectional study)	RNs	Nursing homes	Trustworthy
Charles, 2007, USA <sup>123</sup>	Mixed methods	Interviews, survey	All care home staff roles	Long-term care	Trustworthy
Burgio, 2004, USA <sup>124</sup>	Mixed methods	Observation, survey, (between-groups comparison design)	Certified nursing assistants (and residents)	Nursing home	Trustworthy
Josten, 2003, the Netherlands <sup>125</sup>	Quantitative	Survey	Nurses	Nursing homes	Trustworthy
Kachi, 2010, Japan <sup>126</sup>	Quantitative	Secondary analysis of a national survey	Mix of nursing, care worker and allied health worker	Care home and home care	Trustworthy
Buchan, 1999, UK <sup>127</sup>	Commentary	N/A	Nurses	Health care	Trustworthy
Jivraj, 2019, UK <sup>128</sup>	Commentary	N/A	Social care staff generally	Social care	Untrustworthy
Care England, 2023, UK <sup>129</sup>	Web page	N/A	Social care staff generally	Social care	Trustworthy
HM Government, 2023, UK <sup>130</sup>	Report	N/A	All UK workers	All industries	Trustworthy
N/A, not applicable.					

Care organisations wanted to provide flexible working, however, delivering 24-hour care 7 days per week,<sup>116</sup> and challenges around staff shortages, regulatory requirements and ongoing public scrutiny,<sup>128</sup> meant employers prioritised having the staffing levels needed to deliver high-quality care.<sup>123</sup> This has led to the traditional fixed and rotating work schedules becoming the norm, and resulting in staff working different shifts each week, overtime and unsociable hours.<sup>129</sup>

*Because of the need to provide around the clock care, LTC employees often work shifts, long hours, night work, and over weekends and holidays.<sup>123</sup>*

A study indicated 55% of working parents in social care considered leaving their job if they found another job which offered flexibility,<sup>129</sup> demonstrating the need for flexible working options for social care to compete with other sectors.<sup>129</sup>

### **Who does flexible working work for?**

Offering flexible working options were possible for care homes with adequate staffing levels,<sup>120</sup> as staff shortages (context) meant providers struggled to accommodate flexible working:

*Flexible working with already short staffing may result in suboptimal work schedules.<sup>120</sup>*

*Adequate staffing appears to be essential (e.g. by having enough staff to respond to unforeseen circumstances, allowing for greater flexibility in planning).<sup>120</sup>*

In terms of staff characteristics, individual and personal circumstances meant a 'one sized' solution did not work.<sup>80,85,117,124,127</sup> Staff with caring responsibilities outside of work (context) needed flexibility to fulfil their responsibilities outside of work<sup>80,85,114,124,127</sup> (M reasoning). A lack of work–life balance for these staff (and particularly those without support at home) resulted in reduced capacity, health problems, sickness and/or absence (outcome).<sup>118,127</sup> Staff with support outside of work (e.g. support at home) helped with offsetting difficulties at work, and increased workplace motivation and performance.<sup>117,118</sup>

*Autonomy and more social support at home were associated with higher sustainable employability.<sup>118</sup>*

Staff age was an important consideration. Care home work involves lifting and moving residents, and this can impact on the health of older staff.<sup>114</sup> Sense-checking with sector stakeholders highlighted other examples of staff circumstances requiring flexibility at work: women experiencing symptoms of menopause, those living with cancer and those experiencing bereavement. Stakeholders (HR managers) suggested organisations with policies/procedures focused on staff well-being (context) helped to normalise the use of flexible working to meet staff needs (M resource). Stakeholders also described needing time to carry out regular discussions focused on understanding staff circumstances (context), and senior staff needing training around putting policies/procedures into practice (e.g. communication and inclusivity training).

### **How can flexible working happen in care homes?**

Evidence suggested ways of achieving flexible working: staff input in work schedule planning,<sup>88,91,120,121</sup> offering shorter shifts,<sup>113,114,120,125</sup> and fairness and inclusivity when accommodating staff needs.<sup>118</sup>

### **Staff input in work schedule planning**

Involving staff in work schedule planning (strategy) was associated with improved performance, job satisfaction and commitment,<sup>85,91,120,121</sup> and quality of care for residents<sup>115</sup> (outcome).

*Higher flexibility in schedule control improves performance by giving workers more resources to plan, execute, and cope with various demands.<sup>115</sup>*

*In nursing homes where workers reported higher schedule control, better clinical outcomes were observed.<sup>115</sup>*

During stakeholder consultations, HR managers described an example where all staff were offered 'available shifts' (via a website or an app), and staff could review the shifts available and sign up to those which suited them. Reviewing available shifts on a website or an app meant staff could review options in their own time, rather than being asked at work 'on the spot'. A similar idea was reported by a care organisation in a practice-based journal.<sup>128</sup>

### Offering shorter shifts

There was evidence that working long hours was associated with decreased well-being,<sup>116</sup> and offering shorter shifts (6–8 hours rather than 12-hour shifts) was suggested.

*One strategy to improve staff well-being and in turn staff retention is offering shorter and flexible shift duration, allowing more flexibility within schedules.<sup>114</sup>*

There was evidence of older employees valuing shorter shifts as these were considered less demanding.<sup>125</sup> Offering shift variety (M resource) was associated with improved staff well-being and retention (outcome) because of improved work–life balance (M reasoning):

*One strategy to improve staff well-being and in turn staff retention is offering shorter and flexible shift duration.<sup>114</sup>*

*Nurses spoke of staying in their role for the working patterns: working 8-h shifts: 'I'd quit if I have to work 12-h shifts'.<sup>113</sup>*

When sense checking with sector stakeholders, HR managers reported employing 'mobile' or 'floater' workers (strategy) who worked various shift patterns as required: shorter shifts, holiday and sickness cover, school drop off times and unsociable hours (M resource). This was described as an invaluable resource which enabled flexible working. Floater care workers were briefly described in a cross-sectional study identifying work-related factors associated with work–family conflict of care workers in nursing homes.

*Floating care workers as well as support from an information technology-based rescheduling program could be an option to reduce work-conflict because they allow flexibility.<sup>120</sup>*

However, there was evidence warning against part time staff/shorter shifts because part-time workers were not seen to be in sync with the day-to-day lives of residents, and there were also perceptions that part time workers increased the workload and working time of full-time staff (M reasoning).

*Higher proportions of part time worker has shown that full-time nurses work more overtime hours than part-time nurses.<sup>126</sup>*

### Fairness and inclusivity when accommodating staff needs

Understanding staff work schedules and personal circumstances (strategy) were important for sustainability.<sup>117,118,122</sup>

One study described using a questionnaire to assess work schedules and personal circumstances (M resource), and therefore supported with understanding and meeting staff needs.<sup>122</sup> Listening to and considering staff needs (and changes over time) helped staff feel their employer cared about their individual circumstances (M reasoning).<sup>117,118</sup>

Evidence described the importance of fairness and inclusivity when working on scheduling shifts<sup>120,121,124</sup> (M reasoning) even if requests for flexible working could not be fulfilled.<sup>123</sup>

*Participants who perceive more fair treatment from the person responsible for their work schedules were less likely to intend to leave the industry.<sup>123</sup>*

Listening to staff (context) and communicating and explaining decisions openly (M resource) meant staff perceived fair treatment even if requests were not fulfilled<sup>123</sup> (M reasoning). Implementing policies about flexible working and providing managers with training and guidance around managing requests helped managers achieve this, particularly training around carrying out relational conversations with employees.<sup>120,127,129</sup>

*Leadership that is relational, rather than task oriented, can be key in creating such a sustainable care workforce for NHs.<sup>120</sup>*

Given the evidence described that flexible working is needed to promote work–life balance, the title of the programme theory was changed to 'promoting work–life balance'. The refined programme theory is presented in [Box 10](#), the cost and resource implications are summarised in [Table 14](#), and the evidence used to refine the different components of the theory are summarised in [Table 15](#).

**BOX 10** Promoting work–life balance refined programme theory

Care home providers who support managers/senior staff to offer a fair and equal system (context) for assigning shifts, and allow some degree of input/flexibility (strategy) helped staff to manage personal commitments/activities around work (m resource). This is important for staff with personal circumstances (e.g. caring responsibilities outside of work, or experiencing an illness) which requires flexible working. Flexible working options provided a sense of work–life balance and care workers and nurses felt listened to, valued and respected (even if every request was not fulfilled) (M reasoning), this enhanced job satisfaction, professional commitment and reduced sickness (outcome). Work–life balance is particularly important in care home settings because care work can take an emotional and physical toll on staff.

**TABLE 14** Summary of the costs and resources associated with promoting work–life balance

Costs and resources	
<b>Staffing</b>	
<ul style="list-style-type: none"> <li>Senior staff time is needed for informing staff about flexible working policies, consulting with staff to understand individual needs, processing requests for flexible working and co-ordinating rotas.</li> <li>Senior staff working on implementing flexible working requests will need the ability, motivation, and creativity to implement flexible working policies, and social networks of staff members.</li> </ul>	
<b>Funds</b>	
<ul style="list-style-type: none"> <li>Additional funds may be required when staff with higher salaries fill gaps in the rota (e.g. weekends).</li> </ul>	
<b>Equipment/materials</b>	
<ul style="list-style-type: none"> <li>Flexible working policies (which include details around implementing flexible working in a fair and equal way).</li> </ul>	
<b>Benefits</b>	
<ul style="list-style-type: none"> <li>Reductions in staff sickness (i.e. funds needed for sick pay reduced).</li> <li>Reduction in staff turnover (i.e. funds spent on recruitment efforts reduced).</li> </ul>	

**TABLE 15** Promoting work–life balance – summary of the evidence used to refine the programme theory

Context	Managers who think creatively <sup>128,129</sup> and offer a fair and equal system <sup>120,121,123,124</sup> Implementing policies and procedures about flexible working <sup>120,127,129</sup> Different rates of pay for different shifts <sup>85</sup> Staff levels <sup>115,116,120</sup>	Cross-sectional <sup>115,116,120,121,123,124</sup> Grey literature <sup>129</sup> Secondary analysis <sup>127</sup> Opinion <sup>128</sup> Qualitative <sup>85</sup>
Strategy	Input/flexibility into shift patterns to suit their unique needs <sup>85,88,91,115,120,121</sup> Shorter shifts <sup>113,114,125</sup> Floater care workers <sup>120</sup> Use of tools to check work–life balance <sup>85,117,118,122</sup>	Cross-sectional <sup>88,91,113–115,117,118,120–122,125</sup> Qualitative <sup>85</sup>
Mechanism (resource)	Time to sleep, exercise and socialise <sup>114,116</sup> Time to fulfil caring responsibilities <sup>80,85,114,120,121,124,127</sup>	Cross-sectional <sup>114,116,120,121,124</sup> Qualitative <sup>80,85</sup> Secondary analysis <sup>127</sup>
Mechanism (reasoning)	Sense of work–life balance <sup>85,116–118,120,123</sup>	Cross-sectional <sup>116–118,120,123</sup> Qualitative <sup>85</sup>
Outcome	Professional commitment <sup>85,91,117,120–122</sup> Reduced sickness costs <sup>118,127</sup> Job satisfaction <sup>85,91,98,113,119–122,126</sup> Improved performance <sup>85,91,120–122</sup> Quality of care for residents <sup>115</sup> Improved well-being (and health) <sup>88,114,116,119</sup>	Cross-sectional <sup>88,91,113,114,118–122,126</sup> Secondary analysis <sup>127</sup> Qualitative <sup>85,116</sup> Literature review <sup>98</sup>
Who does it work for	A one-size solution does not fit all <sup>80,85,117,124</sup> Those with caring responsibilities at home <sup>85,114,127</sup> Those without support at home <sup>117,118</sup> Older employees <sup>85,114,125,127</sup>	Cross-sectional <sup>114,117,118,124,125</sup> Qualitative <sup>80,85</sup> Secondary analysis <sup>127</sup>

## The career development programme theory

### Theory building and testing

The career development programme theory was developed from the structured induction, and career development IPTs, and the evidence used to build these are summarised in [Report Supplementary Materials 8](#) and [9](#), respectively. The structured induction and the career development IPTs are presented in [Boxes 11](#) and [12](#), respectively. The career development IPT described ways of developing staff skills and capacity, and the structured induction IPT was similar (but focused on new starters) and for this reason these IPTs were collated into one theory.

#### BOX 11 Structured induction IPT

An induction that helps a new recruit understand care settings (e.g. working on all units, buddying up, networking, shadowing) (strategy) socialises new recruits into the organisation and promotes role clarity. Working conditions allow the new recruit to spend enough time in the induction phase, and staff in the existing team are welcoming/friendly, sharing knowledge and experience with the new recruit (context). The induction sessions need to be meaningful and well-structured and pitched at the right level by staff, paying attention to the new recruit's personal characteristics and role starting point (e.g. background, experiences, age, challenges, strengths, values, abilities, personal feelings and expectations about their work/careers) (mechanism resource); this means that new recruits feel able to ask questions (M reasoning) – this increases levels of engagement, promotes confidence, empathy and self-esteem (outcome). This strategy works well for all staff.

#### BOX 12 Career development IPT

Career development pathways for staff involve training, and regular opportunities to develop and improve competencies (strategy). Career development pathways are endorsed and prepared by managers and/or supervisors (context). This ensures staff have the knowledge and information to progress within and beyond their roles (mechanism resource). This increases staff confidence (M reasoning), which then leads to increased motivation and staff satisfaction (outcome).

Through theory testing these two IPTs were developed into two refined programme theories: career progression within role (see [Box 12](#)) and career promotion to another role (see [Box 13](#)). In total, 67 papers contributed towards these theories. Papers were published between 1984 and 2023 and were from the UK ( $n = 32$ ), USA ( $n = 18$ ), Canada ( $n = 6$ ), Australia ( $n = 3$ ), Turkey ( $n = 1$ ), Korea ( $n = 1$ ), Norway ( $n = 1$ ), Israel ( $n = 1$ ), Portugal ( $n = 1$ ) and Taiwan (Province of China) ( $n = 1$ ). One paper was joint first authored in both Italy and Ireland, and one was joint first authored in both Australia and New Zealand. Of the 67 papers included, 44 were scientific papers (26 empirical studies, 18 literature reviews), 10 were commentary articles, 10 were care sector web pages, 1 was a service evaluation and 2 were grey literature reports. The characteristics of the 67 papers are presented in [Table 16](#).

## Career development within role

The evidence mostly focused on career development within roles. Career development opportunities at early career stages consisted of comprehensive inductions, formal courses, and 'on the job' learning.<sup>131,135</sup> Career development opportunities at mid-advanced career stages consisted of knowledge sharing,<sup>168,169</sup> taking on a mentor<sup>157,166</sup> or 'buddy'<sup>138,139</sup> role, refreshing competencies and advancing learning in a specific area. This is illustrated in [Figure 5](#). The synthesis of evidence around early career is provided across the following sections:

- inducting new starters
- training during inductions
- new starters developing positive attitudes towards older people
- new starters receiving a 'buddy'
- regular and supportive supervision during inductions
- early career: competency development through formal courses and on-the-job learning
- early career: being mentored.

The synthesis of evidence around mid-advanced career is provided in [Mid-advanced career: advancing knowledge and being a mentor](#).

TABLE 16 Characteristics of the records used to test and refine the career development theory

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Costello, 2019, UK <sup>36</sup>	Literature review	Systematic review and meta-analysis	Care home staff generally (not a specific role)	Long-term care facilities	Trustworthy
Garratt, 2021, Australia and New Zealand <sup>131</sup>	Literature review	Qualitative meta-synthesis	Care home staff generally (not a specific role)	Residential aged care	Trustworthy
Lindbloom, 2007, USA <sup>132</sup>	Literature review	Systematic review	Study focused on residents	Nursing home	Trustworthy
Shrestha, 2021, Australia <sup>133</sup>	Literature review	Scoping review	Direct care worker	Residential aged care	Trustworthy
Güney, 2021, Turkey <sup>134</sup>	Literature review	Systematic review of qualitative studies	Nurses and nurse aides	Long-term residential care facilities	Trustworthy
Mileski, 2019, USA <sup>135</sup>	Literature review	Systematic review	Study focused on residents	Long-term care setting	Trustworthy
Wells, 2019, Australia <sup>136</sup>	Literature review	Narrative review	Aged care workforce generally (not a specific role)	Residential and aged community care	Trustworthy
Giebel, 2022, UK <sup>137</sup>	Qualitative	Interviews	Care home staff generally (not a specific role) and relatives	Care home	Trustworthy
Train, 2005, UK <sup>76</sup>	Qualitative	Interviews	Managers, nurses and care assistants (and residents and families)	Long-term care settings	Trustworthy
National Care Forum, 2023, UK <sup>77</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Parker-Bell, 2013, USA <sup>78</sup>	Qualitative	Interviews	Staff generally (not a specific role)	Long-term care settings	Trustworthy
Khatutsky, 2010, USA <sup>79</sup>	Quantitative	Survey	Certified nursing assistants	Nursing home	Trustworthy
Chu, 2016, Canada <sup>82</sup>	Literature review	Integrative review	RNs and registered practical nurses	Long-term care	Trustworthy
Goodwin, 1987, USA <sup>105</sup>	Commentary	N/A	Nursing assistants	Nursing home	Untrustworthy
Young-Lee, 2020, Republic of Korea <sup>83</sup>	Quantitative	Survey	Nursing students	Nursing generally	Trustworthy
Franzosa, 2022, USA <sup>85</sup>	Qualitative	Interviews and focus groups	Certified nursing assistants and administrators	Nursing homes	Trustworthy
Johnson, 2021, UK <sup>98</sup>	Literature review	Scoping review	Care workers	Care home	Trustworthy
Haunch, 2021, UK <sup>97</sup>	Literature review	Realist review	Care staff generally (and residents and relatives)	Long-term care facilities	Trustworthy
Compton, 2023, Canada <sup>99</sup>	Literature review	Systematic review qualitative synthesis	Nurses and nursing students	Long-term care	Trustworthy
Ashurst, 2020, UK <sup>138</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Trustworthy

continued

**TABLE 16** Characteristics of the records used to test and refine the career development theory (continued)

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Ashurst, 2020, UK <sup>139</sup>	Commentary	N/A	Nurses	Care home	Trustworthy
Banks, 2001, UK <sup>140</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Trustworthy
Abramson, 1993, USA <sup>141</sup>	Commentary	N/A	Social work employees	Health and care settings	Trustworthy
Barham, 2001, UK <sup>142</sup>	Commentary	N/A	Care staff generally (not a specific role)	Care sector	Trustworthy
Nakhnikian, 2002, USA <sup>143</sup>	Commentary	N/A	Nursing assistant	Nursing home	Trustworthy
Nakhnikian, 2002, USA <sup>144</sup>	Commentary	N/A	Nursing assistant	Nursing home	Trustworthy
Moore, 2019, UK <sup>145</sup>	Qualitative	Interview	Care staff	care and nursing home	Trustworthy
Peerman, 2008, USA <sup>146</sup>	Qualitative	Interview	Certified nursing assistants	Long-term care	Trustworthy
Solum, 2020, Norway <sup>147</sup>	Qualitative	Interview	Nurses	Elderly care institution	Trustworthy
Cohen, 2010, Israel <sup>148</sup>	Quantitative	Survey	Care home staff generally (not a specific role)	Long-term nursing care facilities	Trustworthy
Tynan, 1984, USA <sup>149</sup>	Mixed methods	Surveys, focus group and interviews	Licensed nursing staff, and certified nursing assistants	Nursing home	Trustworthy
Shemansky, 1998, USA <sup>150</sup>	Commentary	N/A	Nurses and certified nursing assistants	Long-term care	Trustworthy
O'Rourke, 2012, Canada <sup>151</sup>	Commentary	N/A	Nurses	Long-term care	Trustworthy
Stanyon, 2017, UK <sup>152</sup>	Mixed methods	Modified Delphi study	RNs	Care home	Trustworthy
Dyck, 2018, USA <sup>153</sup>	Quantitative	Survey	RNs	Care home	Trustworthy
Whitmore, 2019, Canada <sup>154</sup>	Qualitative	Interview and document review	New graduate nurses	Long-term care	Trustworthy
Damschroder, 2009, USA <sup>155</sup>	Qualitative	Interviews	Staff undertaking a 'champion' role leading implementation	Hospital	Trustworthy
Xiao, 2021, Australia <sup>156</sup>	Qualitative	Interview	Care worker	Residential and community aged care services	Trustworthy
Haunch, 2022, UK <sup>157</sup>	Qualitative	Interview	Care home staff generally (not a specific role)	Nursing home	Trustworthy
Jones, 2021, USA <sup>158</sup>	Quantitative	Secondary analysis of national workforce survey	Licensed practical nurses	Long-term care	Trustworthy
Cooper, 2017, UK <sup>159</sup>	Quantitative	Survey	RNs	Care home	Trustworthy
Barbosa, 2015, Portugal <sup>160</sup>	Literature review	Systematic review	Direct care workers	Residential aged care facilities	Trustworthy
Law, 2017, UK <sup>161</sup>	Literature review	Systematic review	Care home staff generally (and families)	Long-term care	Trustworthy

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Fitzpatrick, 2023, UK <sup>162</sup>	Literature review	Scoping review	RNs	Care home	Trustworthy
Pagnucci, 2023, Italy and Ireland <sup>163</sup>	Literature review	Rapid synthesis review	Healthcare professionals	Long-term care	Trustworthy
Welsh, 2019, UK <sup>164</sup>	Literature review	Systematic review	Care home staff generally (and residents)	Long-term care	Trustworthy
Hall, 2021, Canada <sup>165</sup>	Literature review	Systematic review	Care home staff generally (and residents)	Long-term care	Trustworthy
Fiset, 2017, Canada <sup>166</sup>	Mixed methods	Survey and focus groups	RNs, registered practical nurses and nursing administrators	Long-term care	Trustworthy
Vogelsmeier, 2010, USA <sup>167</sup>	Service evaluation	Service evaluation	RNs	Nursing homes	Trustworthy
Amerine, 2014, USA <sup>168</sup>	Quantitative	Survey	Residents (not staffing focused)	Long-term care facilities	Trustworthy
Kung, 2023, Taiwan (Province of China) <sup>169</sup>	Mixed methods	Surveys, interviews and focus groups	Nursing and aged care students	Long-term care	Trustworthy
Remsburg, 2001, USA <sup>170</sup>	Mixed methods	Routinely collected data, Interviews	Nursing assistants	Long-term care	Trustworthy
Sturdy, 2021, UK <sup>171</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Care England, 2017, UK <sup>172</sup>	Report	N/A	Care staff generally (not a specific role)	Care home	Trustworthy
National Care Forum, 2021, UK <sup>173</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Care choices, 2021, UK <sup>81</sup>	Web page	N/A	Staff generally	Care home and health care	Trustworthy
Skills for Care, 2022, UK <sup>174</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Skills for Care, 2023, UK <sup>175</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Skills for Care, 2023, UK <sup>176</sup>	Web page	N/A	Social care staff generally	Social care	Trustworthy
HM Government, 2023, UK <sup>177</sup>	Web page	N/A	Apprentices	Apprenticeships	Trustworthy
Skills for Care, 2022, UK <sup>178</sup>	Report	N/A	Care staff generally	Social care generally	Trustworthy
Skills for care, 2022, UK <sup>179</sup>	Web page	N/A	Health and social care workers	Health and social care sectors	Trustworthy
Mayrhofer, 2016, UK <sup>180</sup>	Mixed method	Routinely collected data, interviews, focus groups, observations	Care workers, residents and administrative staff	Care home	Trustworthy
Surr, 2020, UK <sup>181</sup>	Mixed methods	Survey, Individual/group Interview	Care home staff generally	Care home	Trustworthy
Skills for Care, 2024, UK <sup>182</sup>	Web page	N/A	Care staff generally (not a specific role)	Social care generally	Trustworthy
Skills for Care, 2017, UK <sup>183</sup>	Quantitative	Survey	Social care employees	Social care generally	Trustworthy
Orellana, 2014, UK <sup>184</sup>	Literature review	Scoping review	Care home managers	Care home	Trustworthy
N/A, not applicable.					

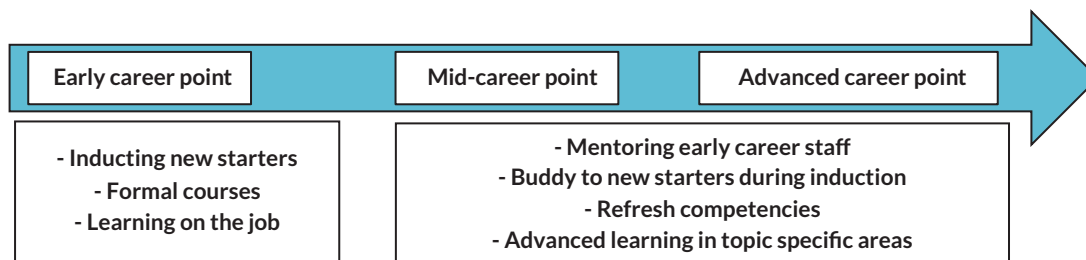


FIGURE 5 Career development opportunities from early to advanced level staff.

### Inducting new starters

Inductions were described as key for preparing new staff, particularly inexperienced staff,<sup>141</sup> staff who were struggling<sup>138</sup> and staff from overseas.<sup>147</sup>

*Poor attention to induction is linked to poor care practice, high staff turnover and a general lack of commitment.*<sup>140</sup>

Inductions lacking in duration and content resulted in staff leaving,<sup>139</sup> poor care,<sup>140,145</sup> unprepared staff,<sup>140</sup> high turnover,<sup>140</sup> poor morale,<sup>140</sup> a lack of commitment,<sup>140</sup> and gave the impression of a lack of interest in the new starter.<sup>140</sup> In contrast, good-quality inductions were linked with improved commitment, quality care and staff retention (outcome).<sup>143,146,148-150</sup>

*Providing CNAs with adequate preparation and support through improved training is key to improving retention.*<sup>143</sup>

*Skipping or reducing training or resources on these may have long-term consequences that outweigh the cost of initial investment.*<sup>146</sup>

The evidence described the need for inductions to be structured and of sufficient duration (strategy).<sup>141,144,149</sup> Nakhnikian *et al.*<sup>143</sup> suggested inductions should last 3 months, and longer and structured inductions indicated a greater commitment and investment in the new starter.<sup>141</sup> Adequate staffing levels (context) helped prevent interrupted inductions and situations where new starters took on responsibility too quickly.<sup>147</sup> The evidence described four induction components: training, developing positive attitudes towards older people, buddying, and regular and supportive supervision (strategy).

### Training during inductions

Learning about care, the organisation, and resident specific information helped with building new starter knowledge, skills, and values.<sup>140</sup> Understanding the organisation's history and the importance of the work/mission helped to also build connection to the organisation.<sup>141</sup>

*Stress on tradition and ritual can be an effective strategy to encourage organizational commitment.*<sup>141</sup>

There was evidence that offsite training helped build relationships, learn in an environment without pressure, share the experience with other new starters, and gave a sense of investment in the new starter.<sup>141</sup> However, off-site training was not possible with low levels of new starters<sup>141</sup> and alongside 'classroom' learning, engagement with residents and workplace systems helped put learning into practice and reduce uncertainties.<sup>141</sup> This was described as particularly important for inexperienced staff, younger staff, and overseas workers unfamiliar with the context<sup>79,99,134,154</sup> as 'learning the trade' required a comprehensive induction, and competency development through 'on the job' learning.<sup>97</sup>

### New starters developing positive attitudes towards older people

Developing positive attitudes and behaviours towards older people were important, particularly for new starters with limited knowledge of older people, or those with previous distressing experiences of older people (context). The types of activities<sup>105</sup> which helped improve staff attitudes and perspectives (outcome)<sup>105</sup> were (1) stimulating dependence (e.g. simulating a disability), (2) experiencing care (e.g. being supported with meals), (3) residents sharing their views on specific topics (e.g. what makes quality care) and (4) interviewing residents (e.g. new staff asking about residents' experiences).<sup>105</sup>

### **New starters receiving a 'buddy'**

'Buddies' helped new starters integrate into the role<sup>77,149,150</sup> (strategy). An existing employee took on the role, and provided new starters with support and welcome, introduction to colleagues, residents and workplace practices, answered questions, helped with understanding the role and the organisation, and provided constructive and informal feedback (mechanism resource).<sup>77,138</sup> The evidence described the need for buddies to be trained, supervised, and compensated.<sup>143</sup> 'Buddies' were linked to improved confidence,<sup>138</sup> decreased turnover, new starters feeling welcome and prepared for their role, and increased job satisfaction for new staff.<sup>150</sup> A study carried out by Shemansky showed buddying to also be cost-effective. Staff taking on the 'buddy' role were paid an extra \$0.50 per hour, and even with the increased cost, over time there were savings as a result of the improved retention, and the money and time saved recruiting and inducting new employees.<sup>150</sup>

### **Regular and supportive supervision during inductions**

Inductions need to include regular and supportive supervision from management staff,<sup>144</sup> and management staff need to oversee and be responsible for new starters completing inductions<sup>98,142</sup> (strategy). When providing training it is also important to have clear and appropriate expectations,<sup>98,140,141,152</sup> and the new starter to be held to account in a supportive way.<sup>144</sup> The evidence described the need for supervisors to be trained to work in this role.<sup>144</sup>

### **Early career: competency development through formal courses and on-the-job learning**

Combining formal courses with on-the-job learning (strategy) benefited staff.<sup>133,144,162,163</sup>

*Most respondents agreed that the best way for nursing assistants to learn skills is 'by being shown what to do and practicing 'hands on'.*<sup>144</sup>

Formal courses developed competencies for staff new to care home work, young staff, and overseas staff,<sup>99</sup> and ensured staff developed the introductory skills, knowledge and behaviours needed (M resource)<sup>76,78,98,131,133,135,136,161,163,171,172</sup> to provide compassionate, safe and responsive care (outcome). The evidence described needing minimum levels of foundation training<sup>179</sup> along with additional training (strategy) to instil confidence (M reasoning), and enable staff to work independently sooner (outcome).<sup>179</sup> Due to the complexity of care work, competencies in multiple areas were needed, for example communication,<sup>76,78,131-135,160-162,171</sup> personal care-giving,<sup>136,159,162</sup> clinical care<sup>153,159</sup> and understanding the care home culture<sup>97</sup> and organisation<sup>99</sup> (strategy). Developing competencies in multiple areas helped to prepare staff<sup>82,135,136,160,172,185</sup> and develop an understanding of different aspects of the role<sup>79,131,134,152,172,173</sup> (M resource).

Regular opportunities to develop knowledge (rather than 'one off' training) were important<sup>162</sup> (strategy) for developing staff motivation<sup>76,82,133,135,161,162</sup> and confidence<sup>78,82,98,99,134,152,173</sup> (M reasoning). This helped improve quality for residents<sup>135</sup> (outcome). Due to cost, formal training was not always available or accessible. The evidence provided examples of subsidised training<sup>173-175,177</sup> and these helped to keep costs down. The following factors limited capacity to complete training: expectations to travel, self-funding, undertaking training during annual leave or personal unpaid time.<sup>162,171</sup> It was also important that learning opportunities were contextualised with real world examples, for instance, a 'trainer' and a 'learner' working together and discuss the application of knowledge learnt through formal courses to residents.<sup>180,181</sup>

### **Early career: being mentored**

Combining mentoring with formal training helped to consolidate and implement learning (strategy),<sup>131,162</sup> through mentors offering direction and guidance, adding relevant content to abstract concepts, setting goals, providing feedback, and offering emotional support (M resource).<sup>162</sup> This helped staff make sense of their environment and influenced attitudes (M reasoning)<sup>79,82,134,161</sup> leading to improved knowledge and team efficiency (outcome).<sup>166,167</sup>

*Nurse aide's mainly gain knowledge and experience in the field by having guidance from senior caregiver.*<sup>134</sup>

*You're learning all the time, it doesn't matter what courses you do, what you learn from a book, experience on the floor is priority.*<sup>134</sup>

There was evidence of mentoring enabling staff to better understand how and why tasks were divided,<sup>99,162</sup> provided opportunities to discuss work-related issues<sup>170</sup> and encouraged staff to be more flexible to change and work independently.<sup>97,99,132,161,162</sup> Mentors were reported as particularly important for overseas staff,<sup>156</sup> younger workers, staff lacking life experiences, and those without experience, as these staff may not have experienced care homes, dementia, death or difficult conversations.<sup>154</sup> In the right cultures (context)<sup>79,162,169</sup> new staff felt part of the care team and comfortable to talk to each other about issues related to care and developed their skill-set (M reasoning).<sup>134,169</sup>

There was also evidence that mentoring nurses new to care homes (strategy) helped with improving self-efficacy, confidence, professional commitment, well-being, and reducing anxiety and attrition<sup>98,155,156,169</sup> (outcome) as mentoring helped build knowledge of care homes,<sup>151</sup> establish a professional identity, build team rapport<sup>169</sup> and prepared staff for supervisory/managerial roles<sup>156</sup> (M resource). Managers or senior nurses took on the mentor role, and regularly supervised, shadowed and appraised the new nurses.<sup>98,155,156,169</sup>

*Developing RNs management in leading aged care practice, and offering paid education and training and mentorship opportunities for staff are recommended.*<sup>156</sup>

*Many newly graduated nurses described having a lack of sufficient knowledge and experience, said that they did not receive adequate orientation or mentorship.*<sup>154</sup>

### **Mid-advanced career: advancing knowledge and being a mentor**

Undertaking training in specific topic areas empowered staff and inspired confidence.<sup>100,186</sup> Staff with advanced levels of knowledge and competence in specific topics, and with both interest in taking on additional responsibility<sup>165,170,171</sup> and having support of managers/supervisors (context),<sup>97,169</sup> were conditions needed for taking on a mentor role<sup>155,168,169</sup> (strategy), a role designed to share knowledge with early career staff.<sup>164,165</sup>

Three types of mentors were described: a 'buddy', and topic specific and general mentors.

The 'buddy' role was focused on supporting new starters (described in *New starters receiving a 'buddy'*). Topic specific mentors took on additional responsibility for particular areas, for example, oral care, delirium, nutrition, incontinence, and infection<sup>155,164,165,168</sup> (strategy). Topic specific mentors were widely recognised, managed topic-related issues, shared knowledge/expertise, influenced attitudes and practice and acted as a bridge between the care home and healthcare sector staff (M resource).<sup>165</sup> General mentors were established staff who shared their general knowledge about care home practice.<sup>97,157</sup>

Mentors benefited the team through sharing their knowledge, wisdom, and learning (M resource) which helped improve confidence<sup>82,99,155,168,169</sup> (M reasoning). Positive outcomes reported with mentoring and buddying were incentivising staff to stay in their role,<sup>82,99,169</sup> providing a sense of satisfaction and achievement,<sup>99,150,156</sup> enhanced leadership skills and abilities,<sup>151</sup> and improved team reciprocity.<sup>97</sup> Mentors also appreciated the opportunity to develop their mentoring skills/abilities and share their experiences and knowledge.<sup>151</sup> There was also evidence of mentoring resulting in improved care<sup>155,164,165</sup> and buddying reducing turnover, which helped to improve morale of existing staff<sup>150</sup> (outcome).

Staff taking on the buddy role experienced this to be challenging and needed support in this role (e.g. training and regular supervision meetings).<sup>138</sup> Managers and supervisors were key to supporting the buddying and mentor/mentee process, for example, promoting open communication and a safe environment where questions were asked and answered.<sup>79,82,136,151,153,156,162</sup> Evidence suggested that when mentors received support from managers/supervisors, they were more able to share their experiences.<sup>154,156,162,170</sup>

Using values-based recruitment to select mentors ensured staff had suitable attitudes, values and behaviours.<sup>132,138,139,170</sup> The following qualities were described as important for mentors: successful completion of probation, good attendance, being punctual, being able to adapt to change, empathetic, good reading skills, being able to take direction, and being communicative.<sup>170</sup> Suitable buddies were staff who could demonstrate good practice to new starters<sup>138</sup> (M response). This was important as existing staff can 'contaminate' new starters, resulting in poor care.<sup>145</sup> The evidence described buddies also needed to be willing to help new starters, be personable (good communicator, positive, honest, friendly) and be respected by colleagues.<sup>138</sup> Knowledge of local amenities was also important when inducting overseas staff.<sup>139</sup>

Competency development, opportunities to mentor and be mentored were disrupted by staff shortages,<sup>82,156</sup> a lack of staff cover,<sup>135,161</sup> high staff turnover,<sup>135,162</sup> lack of time,<sup>78,135,136,161,162,164</sup> excessive workload, lack of resources (e.g. computers) and limited technological literacy.<sup>99,162</sup> Mentors and mentees working on the same unit/shift helped enable regular opportunities to meet.<sup>151</sup> Staff taking on a mentor (or buddy) role needed to be trained, supervised, and compensated for their responsibilities<sup>143</sup> in order to adequately prepare staff (M resource) and provide a sense of professionalism (M resource). The care organisation needed to consider the costs associated with building capacity and prevent the situation where staff incurred a cost, for example, staff taking annual leave to attend training (or attending training during days off).<sup>151</sup>

The refined career development within role programme theory is presented in [Box 13](#). The cost and resource implications around inducting new starters, and providing career development opportunities for early and mid-advanced career staff are summarised in [Tables 17–19](#). The evidence contributing to different components of the programme theory outlined in [Tables 20](#) and [21](#).

**BOX 13** Career development within role – refined programme theory

Care home providers who recognise that career progression occurs on a spectrum, ensure care workers and nurses at all career points (from induction to early, mid and advanced) receive the appropriate level of support to progress within their role (context)

- For new starters, structured inductions which include training, developing positive attitudes towards older people, and support from a 'buddy' and regular supervision (strategy) provides new starters with the knowledge, skills and values (M resources) needed to become 'socialised' into the organisation and prepared for the role (M response). This helps with developing staff commitment, promoting quality care and improving retention (outcome). Staff supporting new starters (i.e. buddy/supervisor) need to be trained for the role and compensated for taking on the additional responsibility (context). Adequate levels of staff (context) are also needed to ensure the induction is not interrupted and staff do not take on responsibility too soon (strategy).
- For early career points, competency development and being mentored are important strategies which ensure staff consolidate knowledge from formal courses and learn (from their more experienced coworkers) the inner workings of the care home system (M resources). This leads to feelings of motivation, support and confidence (M reasoning) promoting quality of care for residents and satisfaction with role (outcome).
- For staff at mid and advanced career points, regular opportunities to refresh and advance their competencies in topic specific areas, as well as becoming a mentor to those at early career points (strategy), provide an opportunity to develop and share topic specific knowledge and tacit wisdom (M resource) which makes them feel empowered, respected and valued (M reasoning).

Care home managers are key to identifying each staff member's career point, accessing training, protecting staff time to engage, and role modelling learning cultures (context).

**TABLE 17** Summary of the costs and resources associated with inducting new starters

**Costs and resources – inducting new starters**

- Senior staff time and administration tasks involved in developing and organising a structured induction programme.
- The time, ability, and skills of experienced staff taking on the 'buddy' role.
- The time (new starters and those delivering training) needed for attending (and delivering) training.
- Administration costs involved in organising and hosting off-site induction training.
- New starter staff time for attending off-site training, and funds for paying transport costs.
- Supervisor time, skills, knowledge to supervise new starters.
- New starter staff time for putting learning into practice.

**Benefits**

- Less reliance on agency staff (i.e. funds needed for agency staff cover reduced).
- Improved retention (leads to cost saving because it means fewer funds spent on recruitment costs).

**TABLE 18** Summary of the costs and resources associated with career development opportunities for early career staff

**Costs and resources – early career<sup>a</sup>**

**Formal courses**

- If there is a fee – subscription/registration fee for signing up to formal courses.
- Staff time and motivation for undertaking formal courses.
- Travel time and cost associated with attending off-site training.
- The cost of devices (i.e. laptop) needed for accessing courses delivered remotely.
- Administration time needed for organising and co-ordinating formal courses.
- The cost of staff needed for covering the shifts of staff attending training (and senior staff time needed for co-ordinating and organising staff rotas).

**On-the-job learning**

- The time early career staff need for building capacity, and putting learning into practice.
- The time and support of a mentor to discuss issues and provide guidance and direction (costs around developing mentors described in [Table 19](#)).

<sup>a</sup> Costs associated with formal courses and on-the-job learning will need to be on-going and repeated (rather than 'one off' training).

**TABLE 19** Summary of the costs and resources associated with career development opportunities for mid-advanced career staff

<b>Costs and resources – mid-advanced career</b>
<p><b>Formal courses</b></p> <ul style="list-style-type: none"> <li>• If there is a fee – subscription/registration fee for signing up to formal courses for advancing knowledge in specific topics areas, and/or training around the mentoring/buddying role.</li> <li>• Staff time and motivation for undertaking formal courses.</li> <li>• Travel time and cost associated with attending off-site training.</li> <li>• The cost of devices (i.e. laptop) needed for accessing courses delivered remotely.</li> <li>• Administration time needed for organising and co-ordinating formal courses.</li> <li>• The cost of staff needed for covering the shifts of staff attending training (and senior staff time needed for co-ordinating and organising staff rotas).</li> <li>• Management and supervisor staff time to support mid-advanced career staff to undertake formal courses.</li> </ul>
<p><b>Putting learning into practice</b></p> <ul style="list-style-type: none"> <li>• Mid-advanced career staff time and effort required in taking on the additional responsibility, and sharing advanced knowledge with team members (e.g. early career staff).</li> </ul>
<p><b>Taking on the mentor and/or buddy role</b></p> <ul style="list-style-type: none"> <li>• Senior management staff time and knowledge needed for selecting suitable staff (e.g. assessing values) and ensuring suitability and fit for the mentor/buddy role. Buddies and mentors need to be experienced, knowledgeable, and competent.</li> <li>• Management/supervisor staff time and support (e.g. meetings with supervisors) for mid-advanced career staff developing into a mentor/buddy role.</li> <li>• Mid-advanced career staff time for undertaking training for this role.</li> <li>• Mid-advanced career staff will need to offer more junior colleagues their support, guidance and direction – sharing their experience, knowledge, wisdom and learning, and demonstrate good practice to junior colleagues.</li> <li>• Formal recognition provided to staff for undertaking additional responsibilities.</li> <li>• Managers and supervisors role model cultures of learning on the job.</li> </ul>
<p><b>Benefits</b></p> <p>Reduction in staff turnover (i.e. funds spent on recruitment efforts reduced)</p>

## Career development through promotion

Evidence around promotion in care homes (i.e. care workers to senior roles, nursing associates or nursing, nurses to management) was limited. However, there was evidence describing internal promotions.<sup>182</sup> Skills for Care<sup>183</sup> reported that promotion is more likely when employees have ongoing dialogue with their supervisors and demonstrate flexibility, motivation, confidence and competence. The care home manager's participation in this was essential. There was evidence of overseas-trained healthcare professionals facing challenges with being promoted.<sup>184</sup> As part of our sense-checking activities, HR managers shared ideas for promotion within and across care homes (Table 22). The refined theory is presented in Box 14 and the evidence contributing to the programme theory outlined in Table 22.

### BOX 14 Career development through promotion – refined programme theory

Organisations that endorse opportunities for promotion (context), and support staff to pursue additional qualifications (i.e. nursing associate role, nursing degree) and/or enable staff promotion in another organisation (strategy) improve attraction and retention rates (albeit sometimes in the long-term) (outcome). This is because although some staff may leave, they may come back when they have gained progression, because of the caring cultures that encouraged them to progress. Even if they do not come back it is anticipated they will share their positive experiences of the host organisation (M reasoning). Word of mouth may attract more staff to replace them (M reasoning) HR managers.

TABLE 20 Career development at early career – summary of the evidence used to refine the programme theory

Context	Strategy	Mechanism (resource)	Mechanism (reasoning)	Outcome	Who does it work for
<b>Competency development</b>					
Manager facilitates access to resources/training, <sup>187</sup> for example, the workforce development fund, <sup>174</sup> and the apprenticeship scheme. <sup>175,177</sup> Staff need time, space <sup>162,171</sup> and support to complete training. <sup>131,134</sup>	Access to courses to develop competencies in multifaceted areas, <sup>99,152</sup> communication, <sup>76,78,131-135,160-162,171</sup> and personal care-giving, <sup>136,159,162</sup> clinical care, <sup>153,159</sup> and care home culture. <sup>97</sup>	Ensures care workers and nurses develop introductory knowledge, skills and behaviours, <sup>76,78,98,131,133,135,136,161,163,171,172</sup> and are prepared for the role. <sup>82,135,136,160,172,185</sup>	This leads to feelings of motivation, support and confidence, <sup>97,98,133,175</sup> and offers confidence in the quality of learning. <sup>175</sup>	Meeting the needs and expectations of residents, relatives, colleagues, and professional standards. <sup>82,97,135,162</sup> Encourages staff to stay <sup>133</sup> and work independently. <sup>97</sup> Promotes staff well-being. <sup>98</sup> Accessing funding from government/charity resources results in reduced costs. <sup>173,175</sup>	New and inexperienced staff, and overseas workers new to the context. <sup>79,134,154,156</sup>
<b>Type and quality of evidence</b>					
Literature review <sup>131,134,162</sup> Grey literature <sup>171,173,175,177</sup>	Qualitative <sup>76,78,152,153</sup> Quantitative <sup>159</sup> Literature review <sup>97,99,131-135,160-162</sup> Opinion <sup>136</sup>	Qualitative <sup>76,78</sup> Literature review <sup>98,131,133,135,161,163</sup> Opinion <sup>136</sup> Grey literature <sup>171</sup>	Qualitative <sup>76</sup> Literature review <sup>82,97,98,133,135,161,162</sup>	Qualitative <sup>76</sup> Literature review <sup>82,97,98,133,135,161,162</sup>	Qualitative <sup>154,156</sup> Quantitative <sup>79</sup> Literature review <sup>134</sup>
<b>Being mentored</b>					
Managers/supervisors that formally recognise and advocate to their teams that relational approaches are key to consolidating formal learning. <sup>78,79,82,85,97,98,133,134,136,154,157,166,167</sup>	Care workers and nurses at mid and advanced career points act as mentors. <sup>134,162,165,168,169</sup>	Mentees are closely supervised, shadowed, and regularly appraised. <sup>99</sup> Mentors promote the implementation of learning by providing direction and guidance. They do this by adding context to abstract concepts, set goals, provide feedback, and offer emotional support. <sup>162,170</sup> Mentors facilitate relationship building among teams. <sup>169</sup>	Staff rely on others to help them feel prepared. <sup>154</sup> Mentees feel they are part of the care team and feel comfortable talking to each other about care issues and developing their skills. <sup>82</sup> This helps staff make sense of their environments and influences attitudes. <sup>79,134,161</sup>	Learning culture <sup>82</sup> Mentees are more flexible to change. <sup>99,161,162,170</sup> Strengthened knowledge and greater team efficiency. <sup>97,132,161,162</sup> Professional commitment, self-efficacy, a good rapport between coworkers, professional identity. <sup>169</sup>	Those new to care work/nursing or the care context, often young people who lack life experiences, people with transferrable skills and overseas workers who do not know the context. <sup>79,134,154,156</sup>
<b>Type and quality of supporting evidence</b>					
Qualitative <sup>78,85,154,157</sup> Quantitative <sup>79,134</sup> Literature review <sup>82,97,98,133</sup> Intervention <sup>166,167</sup> Opinion <sup>136</sup>	Qualitative Quantitative Literature review <sup>134,162,165</sup> Intervention <sup>168</sup> Mixed methods <sup>169</sup>	Literature review <sup>99,162</sup> Mixed method <sup>169</sup> Opinion <sup>170</sup>	Qualitative <sup>154</sup> Quantitative <sup>79</sup> Literature review <sup>82,134,161</sup>	Literature review <sup>82,97,99,132,161,162</sup> Intervention <sup>166,167</sup> Opinion <sup>170</sup> Mixed methods <sup>169</sup>	Qualitative <sup>154,156</sup> Quantitative <sup>79</sup> Literature review <sup>134</sup>

continued

**TABLE 20** Career development at early career – summary of the evidence used to refine the programme theory (*continued*)

Context	Strategy	Mechanism (resource)	Mechanism (reasoning)	Outcome	Who does it work for
<i>Sense checking with HR managers and front-line staff</i>					
<p><b>Cost saving:</b> making use of free resources/courses.</p> <p><b>Time:</b> training often takes place on days off, but a challenge is staff become fatigued. Sometimes, if staff do the training on their days off – their time is paid (hourly rate while undertaking training), but travel costs are not paid. If staff are travelling a long way to work sometimes their travel cost outweigh the time reimbursement.</p>	<p><b>Context:</b> funding should also cover travel costs (front-line staff).</p> <p>Training and refresher training: having opportunities for training and guidance (front-line staff).</p>	<p><b>Training/refresher training:</b> having a wide variety of refresher training and training on new topics helps long-standing staff to remain engaged (front-line staff).</p> <p>Being mentored: Working closely with a mentor means staff can ask questions and learn from their peers (staff huddles are another example where new starters can ask questions and receive support).</p>	<p>These opportunities helps to make the staff feel valued and recognised (front-line staff).</p>	<p><b>Training/refresher</b> helps retain staff (front-line staff).</p>	<p>Early, mid and advanced career points.</p>

TABLE 21 Career development for mid-advanced career – summary of the evidence used to refine the programme theory

Context	Strategy	Mechanism (resource)	Mechanism (reasoning)	Outcome	Who does it work for
Managers access resources/ training (for example, through the workforce development funds, <sup>174</sup> or an apprenticeship Scheme <sup>175,177</sup> ) and give staff time, space, and support to complete the training.	Advanced courses in topic specific areas (dementia, end of life). <sup>152,155,156,164,165,168,170</sup> Becoming a mentor: encourage staff to take on mentoring/ buddying roles (as and when it works for staff). Showcasing mentoring opportunities. Communicating with local press to showcase the career potential available in the sector. <sup>108</sup>	Provided an opportunity to develop topic specific knowledge/ expertise which they can then share and influence attitudes and practice. <sup>155,164,165,168</sup> Share topic specific <sup>155,164,165,168</sup> and tacit knowledge about the inner workings of the care home <sup>97,99,100,186</sup> educates and prepares people for the realities of care work. <sup>108</sup>	Staff feel valued, respected and motivated. <sup>100,186</sup>	Promotes learning on the job. <sup>97,164</sup> Cultures of learning. <sup>82,136,153,156,162</sup> Developing competence in others, incentivises staff to stay in their role. <sup>99,156</sup> Staff feel rewarded and fulfilled. <sup>156</sup>	Staff with the right attitudes and values at mid and advanced career points. <sup>97,132,157,170</sup>
<b>Type and quality of supporting evidence</b>					
Literature review <sup>131,134,162</sup> Grey literature <sup>171,173,175,177</sup>	Qualitative <sup>152,155,156</sup> Literature review <sup>164,165</sup> Intervention <sup>168</sup>	Qualitative <sup>155,168</sup> Quantitative <sup>100,186</sup> Literature review <sup>97,99,164,165</sup>	Qualitative <sup>156</sup> Quantitative <sup>100,186</sup>	Qualitative <sup>153,156</sup> Quantitative <sup>79</sup> Literature review <sup>82,97,99,132,161,162,164</sup> Opinion <sup>136,170</sup>	Literature review <sup>97,132</sup> Opinion <sup>170</sup>
<b>Sense checking with HR managers and front-line staff</b>					
<b>Creating cultures of learning:</b> It is important to consider the well-being of care workers who take on additional roles (e.g. mentor/buddy). This can have a negative impact on coworker relationships. Managers are key for supporting staff with accessing training, protecting staff time to engage, and role modelling learning cultures (context).	<b>Creating a mentoring job 'guide'</b>	Mentoring is important because it gives staff the opportunity to share their knowledge with others, which supports new staff and consolidates learning (front-line staff). Mentors are particularly important for integrating staff from overseas as they may face additional challenges for example staff from overseas do not always understand local accents and dialects (slang/informal words used in everyday conversations).	Having good mentors/buddies and support means new starters are less likely to pick up bad practice.	It is important for mentors to be up-to-date with training/refresher training because their knowledge and work practices will directly influence new starters and it is important that they pass on correct information. If the mentor does not know something then it is important that they admit this rather than passing on incorrect information (front-line staff)	<b>Considering personal circumstances</b> is important – staff step up and step down depending on what is happening in their personal lives. Care should be taken around how mentors are selected. Mentors should be staff who can nurture others, and have the right attitudes, values, and behaviours.

## The caring conversations programme theory

### Theory building and testing

The caring conversations programme theory was developed from three IPTs: the continuous feedback, caring community, and listening to all staff (presented in [Boxes 15–17](#)). The data used to build these IPTs are summarised in [Report Supplementary Material 10–12](#). During theory testing, the analysis of data demonstrated connections and

**TABLE 22** Career development through promotion – summary of the evidence used to refine the programme theory

Context	Strategy	Mechanism (resource)	Mechanism (reasoning)	Outcome	Who does it work for
Organisations that promote opportunities for promotion.	Supporting staff to move within an agreed network of local care homes.	Even if some staff leave, they may come back after they have progressed. If not, they will share their positive experiences of their previous organisation.	Word of mouth attracts new staff (Mreasoning).	Improve attraction and retention rates (sometimes in the long-term).	Care workers seeking promotion, and rising stars who demonstrate the right skills and attitudes.
	Investing in staff by supporting nursing associate roles, nursing degrees – creating a role dedicated to managing this is important.	Supporting rising stars to learn new knowledge and skills.	Staff feel valued.		

**Type and quality of supporting evidence**

None of the included studies referred to a care home collaborative (an agreement between a network of likeminded care homes that promote the movement of staff). It is an innovative strategy suggested by HR managers of care homes.

**Sense checking with HR managers and front-line staff****Strategy: creating a care home collaborative where staff with promotional aspirations can move around**

The reality of care providers 'competing for the same staff' was apparent. HR managers suggested setting up a network of care providers that work together on a collective/collaborative approach to career development– including sharing opportunities, enabling movement of staff within the network. The free movement of staff within the network was seen as positive because although some staff may leave, they may return in the future. If not, they will share their positive experiences of the host organisation, which may attract more staff. Word of mouth is effective in the care home context. Organisations have a healthy amount of churn; this strategy would capitalise on it.

**Strategy: investing in staff**, that is supporting nursing associate roles, nursing degrees requires investment and makes staff feel valued which positively impact retention. However, some external courses require significant investment and effort. One organisation had to dedicate a senior staff member to research how to use the funding. They also had to arrange supervision, monitoring and regular check-ins.

**Creating a role dedicated to career development** (particularly in larger organisations) would mean there is someone there to manage and co-ordinate promotion and progression (HR managers).

commonalities across theories and for this reason were collated into one theory, the caring conversations programme theory. In total, 47 records contributed the data used to test and refine this theory. Papers were published between 1997 and 2023 and were from the UK ( $n = 19$ ), USA ( $n = 9$ ), Canada ( $n = 4$ ), Australia ( $n = 7$ ), Turkey ( $n = 1$ ), the Netherlands ( $n = 2$ ), Sweden ( $n = 1$ ), Norway ( $n = 1$ ) and Finland ( $n = 1$ ). One paper was joint first authored in both Saudi Arabia and Malaysia, and one was joint first authored in Australia and New Zealand. Of the 47 records included, 33 were scientific papers (23 empirical studies, 10 literature reviews), 7 were commentary articles, 1 was a care sector web page, 1 was a blog, and 5 were care home quality inspection reports. The characteristics of the 47 records are presented in [Table 23](#).

**BOX 15** Continuous feedback IPT

Regular check-ins and/or frequent informal hall-way conversations, comments, insights, suggestions and goal setting (strategy), from visible and approachable managers, supervisors, coworkers who endorse open communication (context), give staff information in real time (M resource), that allows them to regularly reflect and act on their emotions and performance (M reasoning), leading to job satisfaction (outcome). This support is valued by younger and older staff, overseas workers, male staff and those from disadvantaged backgrounds because they may lack the confidence and skills needed for care work.

**BOX 16** Listening to all staff IPT

Formal and informal communication systems (team huddles, scheduled meetings, handovers, check-ins) that include all staff in decisions about clinical practice, quality improvement and organisation of care, means staff are motivated to speak up and share their thoughts. Having the chance to communicate with other staff about their concerns, ideas, and suggestions allows staff to develop a shared narrative. The diversity of perspectives enhances problem solving and creativity, and the outcome is that priorities are mutually agreed and enacted.

**TABLE 23** Characteristics of the records used to test and refine the caring conversations programme theory

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Forbes-Thompson, 2007, USA <sup>86</sup>	Qualitative	Observations, interviews, document review	Care home staff generally (not a specific role)	Nursing homes	Trustworthy
Chu, 2016, Canada <sup>82</sup>	Literature review	Integrative review	RNs and registered practical nurses	Long-term care	Trustworthy
Khatutsky, 2010, USA <sup>79</sup>	Quantitative	Survey	Certified nursing assistants	Nursing home	Trustworthy
Moyle, 2003, Australia <sup>80</sup>	Qualitative	Focus group interviews	Nursing and care worker	Long-term care	Trustworthy
Haunch, 2021, UK <sup>97</sup>	Literature review	Realist review	Care staff generally (and residents and relatives)	Long-term care facilities	Trustworthy
Bernstein, 2017, UK <sup>103</sup>	Commentary	N/A	Not workforce focused	Care home	Untrustworthy
Care Worker Charity, 2022, UK <sup>108</sup>	Web page	N/A	Care worker	Care sector	Untrustworthy
Care Quality Commission, 2019, UK <sup>109</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Quality Commission, 2020, UK <sup>111</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Costello, 2019, UK <sup>36</sup>	Literature review	Systematic review and meta-analysis	Care home staff generally (not a specific role)	Long-term care facilities	Trustworthy
Garratt, 2021, Australia and New Zealand <sup>131</sup>	Literature review	Qualitative meta-synthesis	Care home staff generally (not a specific role)	Residential aged care	Trustworthy
Lindbloom, 2007, USA <sup>132</sup>	Literature review	Systematic review	Study focused on residents	Nursing home	Trustworthy
Shrestha, 2021, Australia <sup>133</sup>	Literature review	Scoping review	Direct care worker	Residential aged care	Trustworthy
Güney, 2021, Turkey <sup>134</sup>	Literature review	Systematic review of qualitative studies	Nurses and nurse aides	Long-term residential care facilities	Trustworthy
Mileski, 2019, USA <sup>135</sup>	Literature review	Systematic review	Study focused on residents	Long-term care setting	Trustworthy
Wells, 2019, Australia <sup>136</sup>	Literature review	Narrative review	Aged care workforce generally (not a specific role)	Residential and aged community care	Trustworthy
Giebel, 2022, UK <sup>137</sup>	Qualitative	Interviews	Care home staff generally (not a specific role) and relatives	Care home	Trustworthy
Adebayo, 2020, Australia <sup>41</sup>	Literature review	Scoping review	Aged care workers	Residential aged care facilities	Trustworthy
Haunch, 2023, UK <sup>188</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Trustworthy

continued

**TABLE 23** Characteristics of the records used to test and refine the caring conversations programme theory (continued)

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Backhaus, 2021, Netherlands <sup>189</sup>	Qualitative	World Café (a group dialog method)	RNs	Nursing homes	Trustworthy
Boeije, 1997, Netherlands <sup>190</sup>	Qualitative	Interview	Enrolled nurses	Nursing homes	Trustworthy
Eaton, 2020, USA <sup>191</sup>	Qualitative	Focus group	Certified nursing assistants	Long-term care	Trustworthy
Kirkpatrick, 2023, UK <sup>192</sup>	Qualitative	Interviews	Care home managers	Care home	Trustworthy
Norrie, 2020, UK <sup>193</sup>	Qualitative	Observations and interviews	Managers, RNs and care assistants	Care home	Trustworthy
Hanna, 2022, UK <sup>194</sup>	Qualitative	Interviews	Care home staff generally (not a specific role)	Care home	Trustworthy
Waring, 2010, UK <sup>195</sup>	Qualitative	Observations	Clinicians (mix of staff roles)	Day Surgery Units	Trustworthy
Bowers, 2000, USA <sup>196</sup>	Qualitative	Interview and observation	Nurse aids	Long-term care facilities	Trustworthy
Chou, 2002, Australia <sup>197</sup>	Quantitative	Survey	Director of Nursing, manager, RNs, enrolled nurses, nursing assistants, and therapists	Residential aged care facilities	Trustworthy
Raikkonen, 2007, Finland <sup>199</sup>	Quantitative	Survey	nursing supervisors, RNs, practical nurses and nursing aids.	Long-term care settings	Trustworthy
Rasheed, 2015, Saudi Arabia and Malaysia <sup>199</sup>	Quantitative	Survey	Nursing staff (supervisor and junior staff)	Hospitals	Trustworthy
Arco, 2006, Australia <sup>200</sup>	Mixed methods	Observations, survey	Nursing assistants (and residents)	Nursing home	Trustworthy
Cummings, 2018, Canada <sup>201</sup>	Quantitative	Survey	Mix of staff roles (Managers, RNs, Licensed Practical Nurses and Healthcare Aides)	Long-term care settings	Trustworthy
McGilton, 2022, Canada <sup>202</sup>	Quantitative	Pre, post evaluation study, intervention study	Registered practical nurses and personal support workers	Long-term care settings	Trustworthy
Ore, 2019, Norway <sup>203</sup>	Quantitative	Reporting on medication observations in patient reports	RNs, auxiliary nurses, and nursing assistants	Nursing homes	Trustworthy
Wills, 2023, Canada <sup>204</sup>	Qualitative	Interview	Management, nurse and care provider staff	Long-term care	Trustworthy
Brandes, 2021, USA <sup>205</sup>	Quantitative	Survey	Care home staff generally (not a specific role)	Skilled nursing facilities, academic health institutions, rehabilitation centres.	Trustworthy
Tingström, 2015, Sweden <sup>206</sup>	Mixed method	Interviews, survey	Nursing assistants	Nursing home	Trustworthy
Beynon, 2012, UK <sup>207</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Untrustworthy

First author, year, country of first author	Type of evidence	Study design/method	Staff group	Setting	Rigour rating
Birk, 2010, USA <sup>208</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Long-term care	Untrustworthy
Thomson, 2020, Australia <sup>209</sup>	Commentary	N/A	Care and health workforce	No specific setting	Untrustworthy
Boudreau-Scott, 2016, USA <sup>210</sup>	Blog	N/A	Certified nursing assistant	Nursing home	Untrustworthy
Care Quality Commission, 2021, UK <sup>211</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
Care Quality Commission, 2021, UK <sup>212</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
British Geriatrics Society, 2021, UK <sup>213</sup>	Commentary	N/A	Not workforce focused	Care home	Trustworthy
National Health Service, 2020, UK <sup>214</sup>	Commentary	N/A	Care home staff generally (not a specific role)	Care home	Untrustworthy
Farr, 2017, UK <sup>215</sup>	Mixed methods	Realist evaluation, (intervention evaluation)	Clinical and non-clinical staff	Mental health and community services	Trustworthy
Care Quality Commission, 2019, UK <sup>216</sup>	Care home quality inspection report	N/A	Not workforce focused	Care home	Untrustworthy
N/A, not applicable.					

**BOX 17** Caring community IPT

A caring community that promotes equality and inclusion, and where everyone understands what is meant by diversity and discrimination and knows how to support one another in day-to-day activities, means potential staff can envisage working with people in an environment who they relate to. New staff do not feel they have to 'fake it' to fit in, hide aspects of themselves or hide what is important to them. Staff develop social ties to those they work with. As a result staff feel safe sharing themselves, as well as their ideas and perspectives.

**What is continuous feedback?**

Continuous feedback refers to creating ways of communicating information 'in the moment'<sup>199</sup> (M resource) in a safe and inclusive environment<sup>97,192</sup> (context). The continuous feedback IPT described ways of providing staff with regular opportunities to share their experiences, concerns and reflect on/evaluate their work<sup>133,201,209</sup> (M resource).

**Why is it important?**

Waiting for formal meetings (e.g. annual/monthly review meetings) to hear about employees' experiences<sup>202</sup> can mean 'in the moment' issues related to their role, workload, and residents/relatives are not shared and/or learnt from.<sup>86,132,137,190,194,196,201,202,209</sup> In addition, personal problems or tensions with coworkers<sup>137,193,194,213</sup> are left unaddressed. Not communicating about 'in the moment' problems can also result in missed care, and/or decreased productivity<sup>36,86,132,133,137,190,194</sup> (outcome). The reason for this is because the quality of care is influenced by care workers communicating with coworkers, nurses, and senior care workers<sup>194,201</sup> (M reasoning). Having opportunities to provide/receive feedback (M resource) was also a key feature in care homes rated as high quality.<sup>103,109,211,216</sup>

*The transparent and frequent flow of information between staff is essential to provide quality care.*<sup>86</sup>

Creating opportunities for learning and support through continuous feedback is important because the sector has had a history of limited professional development opportunities.<sup>178,188</sup> Opportunities for continuous feedback also allows staff to communicate key information about residents. Care workers build familiarity and relationships with residents,<sup>188</sup> and for this reason can detect and report issues to their supervisor,<sup>80,97,134,191,193,196</sup> acting as the *eyes and ears* of the nurse or senior care worker on shift.<sup>193,194,196,206</sup>

*These assessments are often based on the subjective observations of nursing assistants who mostly communicate their observations to nurses informally.*<sup>206</sup>

Without mechanisms for continuous feedback (M resource), the nurse or senior care worker may not get the information needed<sup>193,202</sup> (outcome). If care workers perceive that they were being ignored or their views were not recognised, this led to care workers not sharing their concerns<sup>201,202</sup> (M reasoning), and this negatively impacted on morale and productivity (outcome).

*No one was interested in their opinions, and this was borne out through lack of contact with senior management and perceived communication difficulties.*<sup>82</sup>

*There was a perception among care workers that communication was either avoided or forgotten and they saw this as destructive to team-building and productivity.*<sup>82</sup>

It is therefore important to supplement formal feedback strategies (annual/monthly review meetings) with regular informal feedback mechanisms (strategy) so front-line staff can feedback 'in the moment' issues<sup>86,190,191,196,197,200-202</sup> (M resource).

**When and where does informal continuous feedback occur?**

Informal continuous feedback conversations occur opportunistically, last approximately 5–15 minutes<sup>193,202,204,205</sup> (strategy) and are used to discuss 'in the moment' complex resident challenges and/or team issues where an immediate solution is required<sup>133,192,202,205,209</sup> (M resource). Informal feedback took place in spaces that bring staff together, have appropriate levels of privacy, and provide legitimate reasons to stay and talk, such as a nurses' station, staff lounge and/or storerooms<sup>193,202,209</sup> (context).

*Learning happens through conversations in communal and in-between spaces, like corridors, around shared desks and in offices, and around coffee machines and water coolers.*<sup>209</sup>

Consistent feedback loops, role modelled by managers were particularly important in times of pressure and uncertainty, such as COVID-19.<sup>137,194</sup>

*Staff appreciated the example set by care home managers who supported frontline care during the pandemic.*<sup>194</sup>

### **How does informal continuous feedback occur?**

The literature reported strategies that created opportunities for informal continuous feedback: huddles,<sup>192,202-205</sup> coaching conversations<sup>131,193,201</sup> and sharing sessions.<sup>86,137,207,214,215,217</sup> The evidence reported informal feedback strategies should be frequent, purposeful and direct.<sup>192,193,197,201,205,208</sup> Stakeholder consultations also described the use of well-being ambassadors to support with creating opportunities for informal feedback. During stakeholder consultation meetings, the use of huddles was widely recognised but stakeholders described these did not usually include care workers. Stakeholders also described using open door policies and regular check-ins where care workers could discuss with senior staff about incidents and accidents, deterioration in residents, coworker issues and supervision issues.

### **The content and composition of informal continuous feedback**

There was evidence that continuous feedback strategies should include goal and expectation setting, constructive feedback and praise.<sup>108</sup> Feedback strategies were associated with improved performance<sup>133,192,199-201,203,205</sup> and emotional well-being<sup>79,82,111,133,201,205</sup> (outcome) when feedback was frequent, direct, purposeful and incorporated praise and encouragement<sup>203,205</sup> (M resource). Tone and approach (M reasoning) were also described as important.<sup>193,201,205,210</sup> There was evidence that informal feedback enabled staff to receive social and emotional support, and engage in reflection and sense-making (M reasoning).<sup>133,195,201,202</sup> This was described as particularly important for the following groups – those new to care,<sup>205</sup> those with low levels of education,<sup>198</sup> those from overseas whose first language is not English,<sup>36,41,79,97,133</sup> those who care for residents with dementia<sup>36,200</sup> and those with poor mental health (context). Coaching conversations, were reported as being difficult for staff who were not familiar with coaching conversations (younger people, new to the context).<sup>190,199,201</sup>

*But more important, when using feedback, its effects on individual staff performance require close monitoring, and feedback should be adjusted when necessary.*<sup>200</sup>

Stakeholders described conversations taking place in groups and on a one-to-one basis. Stakeholders also described group conversations worked well for discussing team related issues and one-to-one conversations worked well for discussing individual issues.

### **Creating an open communication culture**

For informal continuous feedback to have the desired outcome, it was important to have an open communication culture, one where staff were comfortable to receive feedback and share their concerns and worries.<sup>36,79,133,190,192,196,197,201</sup> Consultations with stakeholders supported this, describing that without an open communication culture - huddles, sharing sessions, informal/in the moment conversations (strategy) were not perceived as effective (outcome). Staff relationships and the care home manager were important for creating an open communication culture.

Managers were described as key in establishing a positive and supportive environment, one where all staff were included. Care home managers role modelled an open communication culture. Managers empowered staff and promoted inclusivity through role modelling the behaviour.<sup>79,82,97,133,192-194,197,201,202</sup>

*Relationship orientated leadership strongly influenced manager's support for staff, which led to significantly more coaching conversations.*<sup>201</sup>

*They said their supervisors provided clear instructions in assigning work, treated all CNAs equally, dealt with CNAs' concerns and complaints.*<sup>79</sup>

In such environments, support was distributed equally, and not favouring selected staff.<sup>79,80,82,97,133,134,190,198,201</sup> Stakeholders built on this, adding that the visibility, availability and approachability of managers was essential for ‘caring conversations’ to occur (context).

Stakeholders also highlighted that staff teams needed some level of consistency for staff relationships to build. When there were good staff relationships this helped staff to staff know each other well enough to feel comfortable to share when they needed support and sensed when something might be wrong (e.g. subtle changes in mood and presence). Stakeholders highlighted that turnover, and regular changes in staff teams, including high uses of agency staff can prevent this from happening. However, low staffing levels can hinder communication loops.<sup>36,82,132,134–136,190,196,198,202</sup>

*Chronic short staffing posed a challenge to huddle implementation as staff found it difficult to participate and respond to care needs simultaneously.<sup>205</sup>*

Given the need for opportunities for giving and receiving feedback to occur in a positive, supportive, and caring environment – the title of the programme theory changed to ‘caring conversations’. The refined programme theory is presented in [Box 18](#), and a summary of the cost and resource implications is summarised in [Table 24](#). A summary of the evidence used to refine the components of the caring conversations programme theory is summarised in [Table 25](#).

**BOX 18** Caring conversations – refined programme theory

When visible, experienced and emotionally intelligent managers create and role model environments (context) that promote opportunities for inclusive, caring, often informal conversations (strategies), staff, their supervisors and coworkers get a chance to regularly share ‘in the moment’ feelings, concerns and support (m resource). This enables staff to regularly act on their emotions and performance (M reasoning) enhancing productivity, emotional well-being and job satisfaction (outcome). This support is important for everyone but valued by younger staff who lack life experiences, those with low education, those new to the care context (e.g. overseas workers, those with transferrable skills) and those with mental health issues. Adequate staffing levels are needed for caring conversations to take place.

**TABLE 24** Summary of the costs and resources associated with using the caring conversations strategy

Costs and resources	
<b>Staff</b>	
<ul style="list-style-type: none"> <li>• Management and front-line staff time needed for engaging in regular conversations which consist of praise and encouragement for front-line staff, discussing ‘in the moment’ issues (e.g. incidents, residents, and coworker issues), providing feedback, and social/emotional support.</li> <li>• Time, support and opportunities for developing capacity for well-being ambassadors who can support with peer sharing sessions.</li> <li>• Management staff need the time, support, and opportunities to develop their skills and abilities to lead and engage in effective caring conversations.</li> </ul>	
<b>Other</b>	
<ul style="list-style-type: none"> <li>• Space where there is an appropriate level of privacy where staff can gather (e.g. lounge).</li> </ul>	

**TABLE 25** Caring conversations – summary of the evidence used to refine the programme theory

Context	Visible, experienced and emotionally intelligent managers that create and role model environments <sup>79,80,82,86,97,131,133,134,190,192–194,197,198,200–202,204</sup> Adequate staffing levels <sup>36,82,131,132,134–136,190,196,198,202,204</sup> and staff attitudes <sup>86,193</sup> COVID-19 (distal context) <sup>137,194</sup>	Mixed methods <sup>133</sup> Literature review <sup>36,82,97,131,132,134,135</sup> Qualitative <sup>80,86,137,190,192–194,196–198</sup> Cross-sectional <sup>197</sup> Intervention <sup>200–202,204</sup> Secondary analysis <sup>79</sup> Opinion <sup>136</sup>
Strategy	Opportunities for inclusive, caring, often informal conversations <sup>82,86,109,111,133,192,195,197,200,209,211,212,216</sup> (i.e. huddles, <sup>192,202–205</sup> coaching conversations, <sup>131,193,201</sup> sharing sessions, <sup>86,207,214</sup> handovers <sup>193</sup> )	Mixed methods <sup>133,205</sup> Literature review <sup>82,131</sup> Qualitative <sup>86,192,193,195</sup> Opinion piece <sup>207,209</sup> Cross-sectional <sup>197</sup> Intervention <sup>200–204</sup> Grey literature <sup>109,111,211,214,216</sup>

**TABLE 25** Caring conversations – summary of the evidence used to refine the programme theory (*continued*)

Mechanism (resource)	Staff, their supervisors and coworkers get a chance to regularly express ‘in the moment’ feelings, concerns and support <sup>86,131,133,193,195,197,201,204,205,209</sup> ‘An opportunity to speak and be heard’ <sup>204</sup> Improve skills and knowledge <sup>86,133,191,192,205</sup> Preparation <sup>195,197</sup>	Mixed methods <sup>133,205</sup> Intervention <sup>201,204</sup> Opinion piece <sup>209</sup> Qualitative <sup>86,191-193,195</sup> Cross-sectional <sup>197</sup> Literature review <sup>131</sup>
Mechanism (reasoning)	This allows staff to regularly act on their emotions and performance <sup>86,193,195,204,209</sup> (feel supported, included <sup>36,133,203,205</sup> and aware of their actions) <sup>133,195,197,202</sup> Feeling connected to coworkers <sup>86,204,205</sup> Sense-making <sup>195</sup>	Mixed methods <sup>133,205</sup> Qualitative <sup>86,193</sup> Cross-sectional <sup>197</sup> Intervention <sup>202,204</sup> Literature review <sup>36</sup>
Outcome	Confidence <sup>86,133,203,204</sup> Information about residents is shared <sup>86,131,193,195,202,204,209</sup> Coping resources <sup>82,133,202</sup> Reduced stress <sup>133,202</sup> Productivity <sup>82,86,191,205</sup> Emotional well-being <sup>79,82,86,111,133,191,195,201,204,205</sup> Self-generated feedback <sup>133,200</sup> Leadership skills <sup>133,204,205</sup> Job satisfaction <sup>82,86,197,201,202</sup> Team work <sup>86,191,193,197,203-205</sup> Competency <sup>133,192,199-201,203,205</sup> Resident satisfaction <sup>131,200,204</sup> Solutions <sup>195,204</sup> Lead change in their organisation <sup>205</sup> Positive culture <sup>195,203,205</sup> Clinical safety <sup>192,195,203</sup> Learning from mistakes <sup>195</sup> Shared decision-making <sup>203</sup>	Mixed methods <sup>79,133,205</sup> Qualitative <sup>86,191-193,195</sup> Intervention (pre-post) <sup>200-204</sup> Literature review <sup>82,131</sup> Cross-sectional <sup>197</sup> Intervention <sup>200-204</sup> Grey literature <sup>111</sup>
Who does it work for?	This support is important for everyone but valued by younger staff who lack life experiences, <sup>190,199,201</sup> those with little or no education <sup>197,198,200,201</sup> and those new to the care context (e.g. overseas workers, with transferrable skills) <sup>36,41,79,97,133</sup> and those caring for people with dementia <sup>36,133,200,205</sup>	Mixed methods <sup>133,205</sup> Cross-sectional <sup>197-199</sup> Intervention <sup>200,201</sup> Literature review <sup>36,41,97,133</sup> Secondary analysis <sup>79</sup> Qualitative <sup>190</sup>

## Chapter 5 Developing an explanatory framework

The overarching aim of our research (and research objective number six) was to develop an explanatory framework of strategies used to recruit, and retain staff working in care homes. In the final step, we examined whether the refined programme theories could be meaningfully brought together into an explanatory framework. The purpose of the explanatory framework was to provide (1) an overview of all the strategies, and (2) further explain why these strategies work for recruiting and retaining staff. It was intended that the explanatory framework could also form the basis of a resource for disseminating the review findings to care home stakeholders. The previous chapter outlined the tested and refined programme theories individually, describing five distinct strategies used to support the recruitment and retention of care home staff. In this chapter we:

- describe the ways the individual programme theories connect and interact,
- present a framework which brings the strategies together
- provide further explanations, helping to understand the study's programme theories.

### *Examining the interaction across programme theories*

Throughout developing, testing, and refining the programme theories the study team recognised a sense of interdependence and interaction across theories. Once all programme theories were complete, the theories were studied side by side, and compared to identify the commonalities and interactions across theories. The following observations were made:

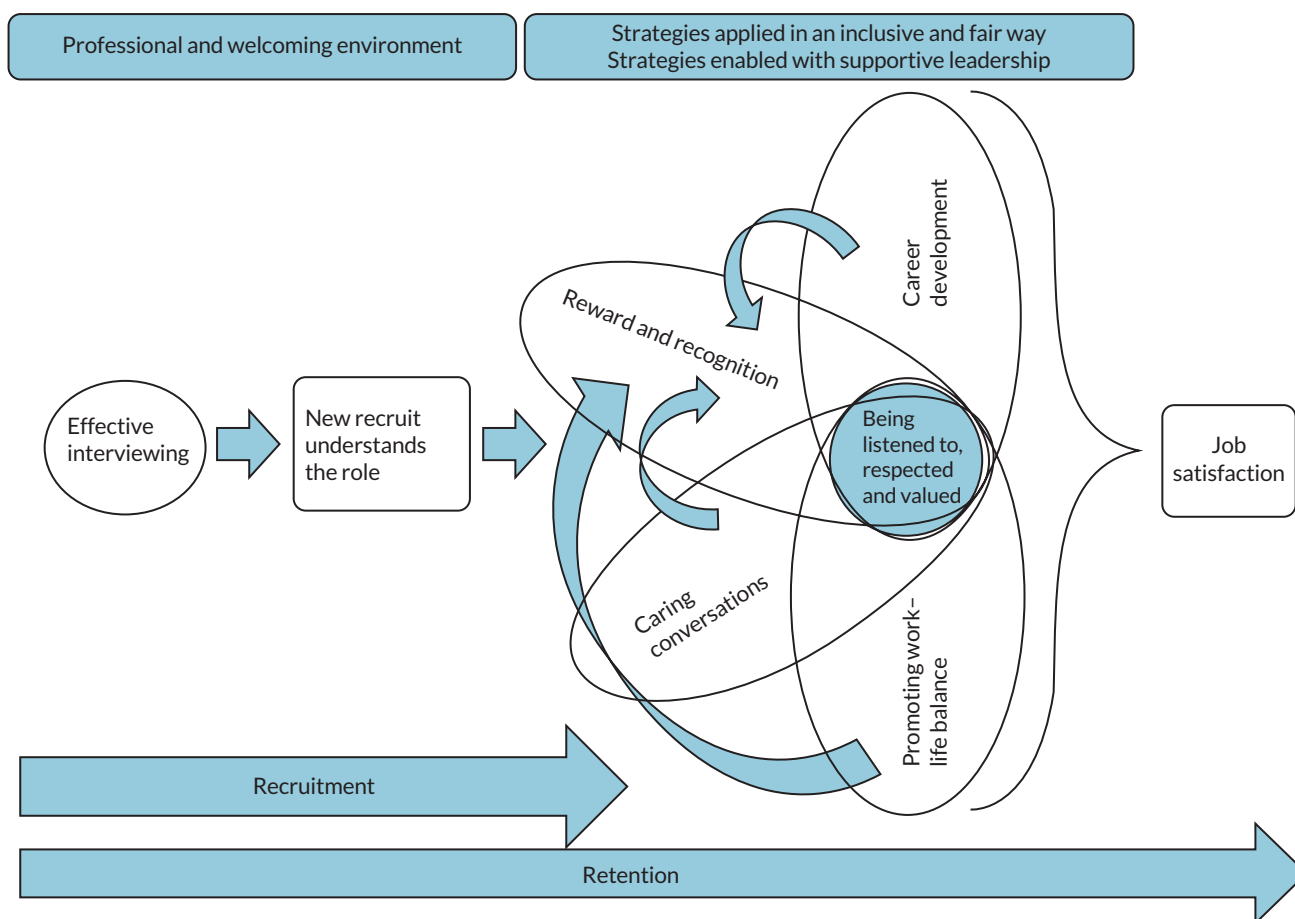
- Retention starts with recruitment: the effective interviewing strategy is relevant to staff recruitment, and the induction component of the career development strategy is relevant to the early stages of employment – and therefore operate in a sequential and 'time-bound' way. Even though these strategies are relevant for the recruitment and early stages of employment stages, they have a longer-term impact on retention, and therefore have a dual purpose.
- Job satisfaction is achieved through four strategies: career development, caring conversations, reward and recognition, and promoting work-life balance.
- Staff feeling listened to, respected and valued is a mechanism generated across four strategies: career development, caring conversations, reward and recognition, and promoting work-life balance.
- The sense of inclusion and fairness is key for enabling three strategies to result in job satisfaction: promoting work-life balance, reward and recognition, and caring conversations.
- Supportive leadership is key for enabling staff to be rewarded and recognised, have opportunities for career development, for flexible working needs to be met and feel supported through caring conversations.
- Having opportunities for career development, support through caring conversations, and supporting staff to have work-life balance offered additional ways of rewarding and recognising staff.

These interactions and connections across the strategies/programme theories are illustrated in [Figure 6](#), and this formed the basis for the overarching explanatory framework.

We next turned to the broader HR and employee management theoretical literature to support with further interpreting, explaining and refining the overarching explanatory framework. We found the following theories/concepts useful for this purpose: structural empowerment,<sup>218</sup> psychological contract<sup>219,220</sup> and social exchange theory.<sup>221</sup> The remainder of this chapter describes why these theories/concepts are particularly pertinent, and how these theories provide additional explanation and understanding around why these strategies help with recruiting and retaining care home RNs and care workers.

### *Develop accurate psychological contracts with effective interviewing*

'A psychological contract is an individual's belief in mutual obligations between that person and another party such as an employer'.<sup>220</sup> The effective interviewing strategy resonates with the concept of psychological contract. A key component of the effective interviewing strategy is setting realistic and accurate expectations of the job role and this ensures the new recruit understands the nature of the job role. Setting realistic and accurate expectations ensures the psychological contract between the employer and employee is fulfilled and prevents the scenario of a new recruit having inaccurate expectations which then leads to the psychological contract being breached. When looking to the wider literature there is evidence in



**FIGURE 6** Explanatory framework illustrating the interactions across the 5 strategies/programme theories (prior to drawing on substantive theory).

this workforce of the link between the concept of psychological contracts and staff retention related outcomes. Trybou *et al.* studied a sample of nurses and nursing assistants, 77% of the sample were recruited from a nursing home, and a perceived breach of the psychological contract was found to significantly predict job satisfaction, trust and intention to leave.<sup>222</sup> Similar findings are mirrored in nurses working in other health and social care settings. Two recent studies of nurses in hospital settings have reported a link between psychological contract with retention<sup>223</sup> and job embeddedness<sup>224</sup> and a recent meta-analysis of 18 studies taken from a range of health and care settings report a psychological contract being an important indicator of turnover intention among nurses.<sup>225</sup> When looking to the concept of psychological contract and supporting evidence, it is plausible that the effective interviewing strategy is also functioning in a 'forming psychological contract' way, and this is why 'accurate expectations of care home work' is an important component of the effective interviewing strategy. This highlights that during the recruitment stage a psychological contract is building and the care home provider need to 'fulfil promises' made during recruitment to help with successfully retaining staff.

### **Empower staff through career development and caring conversations**

Kanter's theory of Structural Empowerment<sup>218</sup> is relevant for the care home workforce for the reason that this workforce may be perceived as disempowered because of low rates of pay and working in a sector which is undervalued by society. These challenges mean that the sector has a difficult starting position, one where both care home providers and employees may feel 'powerless' when it comes to attracting, recruiting, and retaining staff. Kanter's Structural Empowerment theory provides a lens which focuses on ways to empower staff, putting forward that empowered work environments are those where employees have access to:

- Information: data, technical knowledge and the expertise required to function effectively in one's position.
- Resources: time, materials, money, supplies and equipment necessary to accomplish organisational goals.
- Support: feedback and guidance received from supervisors, peers and subordinates.
- Opportunities: opportunities for autonomy, growth, a sense of challenge and the chance to learn and grow.

This theory suggests staff with the information, resources, support, and opportunities needed to carry out their work will be empowered, and this consequently means staff will feel a greater commitment towards the organisation.<sup>219</sup> Kanter's theory, and 'empowerment structures' resonate with three parts of the study's findings:

- Career development: this strategy provides staff with the following empowering structures outlined by Kanter: information, support and opportunities.
- Caring conversations: this strategy supports staff through offering feedback and guidance, and concurs with Kanter's 'support' structure of empowerment.

Using Kanter's theory, the career development, caring conversations, and the reward and recognition strategies are empowering staff by providing the information, resources, support, and opportunities they need to carry out their work and as a result staff will be committed to their work and experience job satisfaction. Evidence from the care home and wider nursing and care worker literature supports this interpretation. The care home literature contains evidence of a link between empowerment and staff retention.<sup>94,226</sup> Other studies report education and learning opportunities (i.e. elements of Kanter's theory) as important for empowering care home staff.<sup>227,228</sup> The opposite scenario has also been reported, with an absence of opportunities to grow/develop being linked to care home staff experiencing disempowerment.<sup>227</sup> There are similar observations among nurses and care workers working in other settings. For example, evidence reviews have examined the relationship between nurse empowerment and job satisfaction and report empowerment as a strong predictor of job satisfaction and commitment.<sup>229,230</sup> Similar conclusions have also been drawn for care workers working in other settings.<sup>231,232</sup> Kusmaul *et al.*<sup>231</sup> studied empowerment in care workers working in home care, and reported supportive and responsive supervisors were linked with empowerment. A recent study carried out by Karmacharya<sup>232</sup> studied care workers from across a range of different settings (nursing homes, assisted living, home care) and showed direct care workers experience empowerment through career development opportunities.<sup>232</sup>

When looking to the concept of 'empowerment', theoretical and empirical evidence from the broader literature provides some additional explanation for parts of our study findings. It is plausible that providing staff with opportunities for career development, and support with caring conversations are helping to empower staff, and as a result ensuring staff are satisfied at work (and thus retained).

### **Provide staff with positive exchanges**

Central to Social Exchange Theory is the concept of reciprocity: *the social expectation that people will respond in a positive way to positive actions and in a negative way to negative actions.*<sup>233</sup> The following strategies in our study findings provide care home staff with positive social experiences:

- being rewarded and recognised
- being supported with caring conversations
- having opportunities for career development
- needs for flexible working being met.

As described earlier these strategies are enabling positive interactions with staff, enabling staff to perceive a sense of being listened to, respected and valued, and experience job satisfaction as a result. The sense of inclusion and fairness, and supportive leadership are key to enabling these strategies to result in job satisfaction: flexible working, reward and recognition, career development and caring conversations. These strategies are providing staff with positive exchanges, and according to the Social Exchange Theory – staff will respond positively as a consequence of this.

### **Empowerment, psychological contracts and positive social exchanges**

The following concepts from existing and established theories provide further explanation and understanding around why the strategies studied in this review support the recruitment and retention of care home RNs and care workers: developing and maintaining a psychological contract, empowering staff and building staff reciprocity through providing staff with positive exchanges. These three different lenses provide additional explanations of the observed links and interactions across the programme theories. *Figure 7* now incorporates these concepts, illustrating how the set of strategies interact and connect and explaining why these strategies help with recruiting and retaining staff.

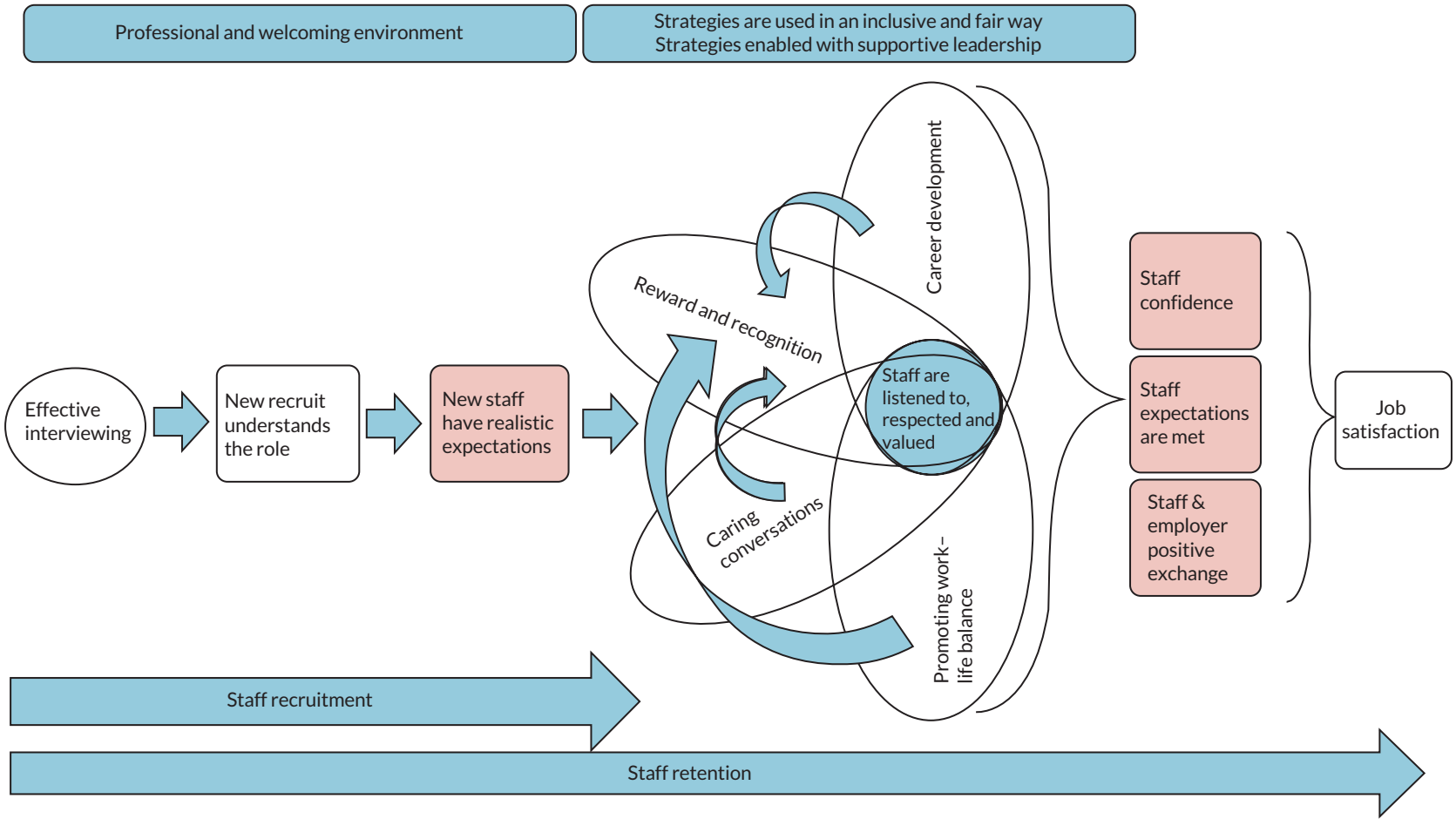


FIGURE 7 Explanatory framework illustrating interactions between the five programme theories (after drawing on substantive theory).

## Chapter 6 Discussion

### Summary of findings

Data from 153 records and stakeholder consultations contributed to the final programme theories underpinning 5 strategies used to recruit and retain RNs and care workers in care homes. The theories describe why and how the strategies work, for which staff, the conditions needed, the outcomes to be expected, and the resources needed. An overview of each strategy and accompanying programme theory is summarised below:

- **Effective interviewing:** staff trained/experienced in interviewing create a professional and welcoming environment. Interviewers use selection templates to assess the applicant's values, learn about the applicant and set realistic expectations of the job role. This ensures the applicant understands the job role and the interviewer assesses suitability, and thus develop confidence in the decisions made (for both the interviewer and applicant). The applicant also starts to build a connection to the care home. This is particularly important for applicants new to care, whose first language is not English, and/or those lacking confidence. Resources needed include trained interviewers, their time for carrying out interviews, the time of involving residents, families and front-line staff, interview templates, and realistic job previews.
- **Reward and recognition:** using relational strategies (e.g. positive reinforcement, listening to care workers and 'pitching in'), well-being strategies (e.g. promoting self-care and well-being ambassadors) and financial strategies (e.g. paid time off, perks, salary increases) in an inclusive and equal way helps to retain staff through increasing motivation, productivity and job satisfaction. This strategy helps staff to feel supported, listened to, respected, valued, and adequately compensated. All staff benefit from this, and in particular staff with poor mental health and staff new to care work. Resources needed include staff time for relational strategies, training for developing well-being ambassadors (and time for carrying out this role), resources for accessing external mental health support, and funding (and HR staff time) for providing financial strategies.
- **Promoting work-life balance:** providing flexible working options (e.g. shorter shifts) to accommodate different personal circumstances (e.g. caring responsibilities outside of work) helps develop job satisfaction and commitment, and reduces staff absence. This provides a sense of work-life balance and staff feel listened to, valued and respected. This strategy works when care providers work on understanding and accommodating individual staff circumstances in a fair and inclusive way, have policies/procedures focused on staff well-being, and when management staff are trained in enacting the policies/procedures. Adequate staffing levels and having staff available to cover shifts are also needed for this strategy to work well. Resources needed include flexible working policies, senior staff time to facilitate, co-ordinate, and put policies into practice, and funds may also be required for arranging staff cover.
- **Career development:** new starters require comprehensive inductions, and early career staff develop competencies through formal courses and on-the-job learning. At mid-advanced career, staff mentor colleagues at early career stages, while undertaking formal courses to a) refresh their own competencies and b) advance learning in specific topics. Supporting staff to pursue additional qualifications can also lead to staff promotion. Giving staff opportunities for career development helps to prepare staff and develop commitment and job satisfaction. This also helps promotes quality of care for residents. Care home managers are key to giving staff access to career development opportunities, and ensuring staff have the time and support needed to undertake opportunities. Resources needed include the cost/fees of formal courses, support for frontline staff undergoing training, senior staff time for organising and co-ordinating formal training, cover for the time away from care duties, and the subsequent time/support needed to put learning into practice. Frontline staff taking up a buddy/mentor role will require time and support for developing and carrying out this role, and formal recognition for taking on additional responsibility.
- **Caring conversations:** regular informal conversations with care home managers create regular opportunities for staff to share concerns and seek support, and in turn staff respond to and act on the feedback. This leads to enhanced performance, emotional well-being and job satisfaction. Managers have a key role in enabling this strategy to work well. Managers need to (a) be visible, available, and approachable, (b) role model positive and supportive working environments, and (c) ensure all staff feel included. Adequate staffing levels are needed for

caring conversations to occur, and staff relationships are built through staff consistency. All staff benefit from this, and in particular, those new to care homes, younger staff, and staff with poor mental health. The resources needed include staff (management and frontline) time, skills (for management staff), and space for engaging in caring conversations.

We developed an explanatory framework which brings together and shows the links and interactions across the strategies/theories. Across four strategies, a sense of inclusion and fairness, and supportive leadership were key for enabling these to work well: career development opportunities, promoting work–life balance, reward and recognition, and caring conversations. The explanatory framework includes the following concepts (taken from existing/established HR and employee engagement theories) which further explain how these strategies support with recruiting and retaining staff:

- Building and fulfilling a psychological contract: during recruitment a psychological contract starts to build and setting accurate expectations of care work reduces the risk of breaching that contract.
- Empowering staff: carrying out caring conversations and offering opportunities for career development contribute towards empowering staff.
- Reciprocating positive experiences: when providing staff with positive experiences (i.e. caring conversations, rewards and recognition, opportunities for career development and promoting work-life balance) staff will reciprocate and respond positively (i.e. commitment and loyalty at work).

## Achieving the research objectives

1. Identify strategies to attract, recruit, and retain staff, and develop IPTs for each strategy.

In the first step of this review, data were gathered using (1) theory gleaning interviews, (2) stakeholder consultations, and (3) a scoping literature review. Practical strategies used to attract, recruit, and retain care workers and RNs in care homes were identified ( $n = 22$ ), and data were used to develop IPTs for each strategy. Care home sector representatives in the study team refined and reduced the IPTs, resulting in 15 final IPTs: 2 were focused on attracting staff, 3 were focused on recruiting staff, and 10 were focused on retaining staff. At the end of step 1 sector stakeholders prioritised the IPTs to take forward to theory testing and refining, and the nature of strategies prioritised were around recruitment and retention. We have reflected on possible reasons why stakeholders prioritised IPTs focused on recruitment and retention rather than attracting staff. Firstly, IPTs were developed during 2021, and prioritisation carried out during 2022. Thirty-four stakeholders were involved in prioritising IPTs, and the majority ( $n = 29$ ) were staff working in care homes (HR, management and front-line nursing and care worker staff). There were 15 final IPTs of which only 2 were focused on ‘attracting staff’ (positive storytelling and simpler job application processes) and neither of these were prioritised. It is possible that during 2021 there was more focus on the immediate challenges being felt at that time, retaining current staff. Since 2022 there has been a growing focus on the workforce crisis and future sustainability. It is possible that if this activity was repeated there may be more of a focus on attracting new staff and growing the workforce. We acknowledge that it remains important to understand how to attract new workers to the sector. We have put forward suggestions for future research around addressing this remaining gap.

2. Identify the outcomes underpinning effective (and ineffective) strategies.
3. Identify the contexts where outcomes (desirable and undesirable) are expected, and in each context identify the underlying causal mechanisms that generate outcomes. Explain how mechanisms are influenced by context and generate outcomes.
4. Systematically search for and identify evidence, and extract and use data to test and refine programme theories, focusing on interactions between contexts, mechanisms, and outcomes.
5. Identify and describe the cost implications associated with the programme theories.

The outcomes of strategies used to support staff recruitment and retention, the contexts where outcomes can be expected, the underlying causal mechanisms that generate outcomes, and the cost/resource implications are summarised in [Table 26](#).

TABLE 26 Summary of the recruitment and retention strategies/programme theories

Strategy	Context	Mechanism	Costs/resources implications	Outcome	Who does this work for
<b>Effective interviewing</b>					
Assessing applicant values and set accurate job expectations.	Trained and experienced staff carrying out the interview in a professional and welcoming environment.	Mechanism resource: the applicant is informed and interviewers assess suitability. Mechanism reasoning: the applicant and interviewers are confident with decisions made, and the applicant starts to build a connection to the care home.	Trained interviewers, time for carrying out interviews, the time of residents, families and front-line staff involved, interview templates, and realistic job previews.	New recruit understands the job role.	All staff benefit, particularly those who lack confidence, who are new to care, or if English is not their first language.
<b>Reward and recognition</b>					
Relational, well-being, and financial strategies.	Inclusive and fair working environment. Adequate staffing levels.	Mechanism resource: support. Mechanism reasoning: staff feel valued, listened to, respected and adequately compensated.	Staff time needed to provide relational strategies. Time and funds needed to provide well-being and financial strategies.	Increased motivation, productivity, and job satisfaction.	All staff benefit from all strategies. Relational strategies are particularly beneficial for staff with poor mental health and staff new to care work.
<b>Promoting work-life balance</b>					
Flexible working options (e.g. shorter shifts).	Employee circumstances are understood. There are policies around staff well-being, and senior staff are trained in implementing policies in an inclusive and fair way. There are adequate staffing levels, and staff who can cover shifts.	Mechanism resource: sense of work-life balance. Mechanism reasoning: provides a sense of work-life balance and staff feel listened to, valued and respected.	Flexible working policies, senior staff time to facilitate, co-ordinate, and put policies into practice, and funds may be required for arranging staff cover.	Job satisfaction, staff commitment and reduced staff absence.	For staff with personal circumstances (e.g. caring responsibilities outside of work or experiencing an illness) which require flexible working.
<b>Career development</b>					
Comprehensive inductions for new starters. Formal courses, and on-the-job learning for early career staff. Mid-advanced staff have opportunities to mentor/buddy junior staff, and undertake formal courses to refresh competencies and advance learning. Staff are also supported to undertake formal qualifications.	Care home managers facilitate access to career development opportunities. Staff have the time and support to undertake career development opportunities. Adequate staffing levels.	Mechanism resource: staff are prepared (e.g. skills, knowledge). Mechanism reasoning: staff have increased motivation, support, and confidence.	Access, time and support to undertake opportunities. Training, support, time, and recognition to take on a mentor or buddy role.	Commitment and job satisfaction.	All staff benefit, particularly staff without experience of care homes, younger staff and staff from overseas.

TABLE 26 Summary of the recruitment and retention strategies/programme theories (continued)

Strategy	Context	Mechanism	Costs/resources implications	Outcome	Who does this work for
<b>Caring conversations</b>					
Inclusive, caring and informal conversations.	Managers need to be visible, available and approachable. Adequate staffing levels.	Mechanism resource: regular opportunities to share concerns and seek support. Mechanism reasoning: staff respond to/act on feedback.	Staff time (management and frontline), skills (management staff), and space for carrying out caring conversations. Capacity building for well-being ambassadors.	Enhanced performance, emotional well-being and job satisfaction.	All staff benefit, particularly younger staff, those with low levels of education, and those new to care.

## 6. Develop an overarching explanatory framework underpinned by the refined programme theories.

As detailed in [Chapter 5](#), we developed an explanatory framework which brings together the set of five different strategies used to support the recruitment and retention of staff in care homes. The explanatory framework illustrates the ways the strategies connect and interact and provides further explanations and understanding around why this set of strategies help to address staff shortages.

## 7. Develop guidance for care home providers, commissioners and policy-makers that explains what works and why to improve care home staff recruitment and retention.

This research project was developed and carried out within the NICHE–Leeds partnership,<sup>52</sup> a partnership between academia and social care organisations. Alongside this academic report, we have worked with sector stakeholders (care home HR, management and front-line staff) and co-produced a resource designed for care homes, presenting the study findings in an accessible language and format (a NICHE-Know How). A copy of the resource is available in [Report Supplementary Material 13](#).

## 8. Throughout the process prioritise the voice and experience of RNs and care worker, as experts in what supports recruitment and retention in care homes.

RNs and care workers have been key in developing the findings, they participated in theory gleaning interviews ( $n = 13$ ), shaped and refined IPTs, prioritised which to take forward for testing and refining, and had input in shaping and refining the final programme theories.

## Comparison with existing literature

To the best of our knowledge, this is the first realist synthesis of the literature in this field. We identified real world practical strategies used in care homes to recruit and retain staff, focusing on those prioritised by sector stakeholders: effective interviewing, reward and recognition, promoting work–life balance, career development, and caring conversations. We used existing evidence (and stakeholder input) to develop evidence-based programme theories explaining how and why these strategies work, the conditions needed, the outcomes which can be expected, and the resources needed. When evidence was available, we also describe the staff characteristics for whom these strategies work for. This is an important step forward in this field where the literature is vast, unwieldy and mostly descriptive. Our findings are consistent with recent reviews in this area, insofar as, the findings of other reviews feature items included in our evidence-based theories. For instance, a recent systematic review carried out by Thwaites *et al.* outlined the individual and organisational factors linked to the retention of care workers, and the findings include

education and training, support from supervisors, and schedule/roster management as linked to retention of care workers in long-term care and home care settings.<sup>24</sup> Similarly, Morris *et al.* reviewed evidence of interventions used to recruit, retain, educate and care for care workers across a wide range of care sectors (e.g. disability, older people, youth services), and a key finding of Morris *et al.* was the importance of education and development for improving staff retention; consistent with the career development theory we put forward.<sup>234</sup> There is also consistency with other recent reviews which have focused on identifying ways of supporting recruitment and retention of care workers during the pandemic,<sup>235</sup> and identifying innovations for attracting, recruiting, and retaining the social care workforce.<sup>236</sup> Our contribution to knowledge is offering evidence-based theories which provide more insights around these strategies, explaining how they work, for whom, the conditions needed, and the resource implications. For example, previous work has highlighted the need to set realistic job expectations,<sup>235</sup> and we explain why this is important. Setting realistic job role expectations enables the applicant to understand the role and therefore feel confident with their decision, and this reduces the risk of breaching the 'psychological contract' between the employer and the staff member, and therefore is important for future retention. We build on Randle's observation through also highlighting the need to create a professional and welcoming job interviewing environment, and staff who carry out the interview to be trained and/or experienced, and the importance of this when interviewing applicants who are new to care, those whose first language is not English, and applicants who lack confidence.

## Strengths and limitations

The care home (and the wider social care) sector has been a difficult policy area for many governments over the past 30 years, and for this reason has a history of being overlooked by policy-makers. It is imperative that evidence-based solutions developed to address the challenges faced by the sector are shared widely with central government and policy decision-makers. We carried out a comprehensive review of the literature in this field, and therefore the strategies put forward for recruiting and retaining care home staff are underpinned by extensive evidence: *effective interviewing, reward and recognition, promoting work-life balance, career development, and caring conversations*. Those experienced in this field may not be surprised by the findings, but rather the findings have confirmed what was instinctively known. Even though this may be the case, approaches to recruitment and retention which may have been perceived intuitively are now confirmed and supported with a large and diverse range of evidence sources. Providing solutions which are based on vast evidence is important for future policy-making, commissioning, funding and impact.

The evidence included grey literature sources. Searching sector relevant websites, and including grey literature is important to highlight here – this is particularly key in social care research because sector stakeholders have important insights and contributions which are not necessarily published in academic journals but have relevance for realist reviews. The inclusion of international evidence also means our findings are relevant to international audiences – this is crucial given that care home (often called long-term residential care in other countries) staff shortages is a global concern.

The study team represents collaborative working with the sector, and as per realist methodology, sector stakeholders contributed to the development of the IPTs, prioritising IPTs, and sense checking and refining the final programme theories. The close working with the sector increases the relevance and usefulness of our findings for policy and practice stakeholders.

A realist approach was useful given the nature of the evidence in this field. The literature is vast, unwieldy and mostly descriptive, and a realist approach meant we could identify practical strategies used in care homes to support staff recruitment and retention, and collate nuggets of relevant data, and organise and analyse the data in a way that provides rich explanations around these strategies. Our findings offer the sector practical level evidence (i.e. practical strategies), while also giving detailed explanations around why different strategies work, outcomes to be expected, the conditions needed, and the resource implications. When evidence was available, we also highlight the characteristics of staff for whom the strategies are particularly important (e.g. age, levels of experience).

A common criticism often associated with realist research is the lack of transparency with how the method is applied. In our work, we have provided a detailed and transparent account of how we applied the realist method to reviewing the

literature. For example, when assessing the eligibility of evidence, we developed a systematic and transparent way of assessing and reporting the relevance and rigour of papers, drawing on Dada *et al.*<sup>58</sup>

Most participants taking part in the theory gleaning interviews were based in the north of England and the average age of nurses and care workers was 54 and 27 years, respectively. This may affect the generalisability of the study findings. In addition, the stakeholders involved in this research did not include staff who had left care work – although 8 out of 13 participants taking part in the theory gleaning interviews indicated they were not intending to stay in care home work.

Another unique aspect of this research was to attempt to identify the resource implications associated with strategies and integrate these into our finding.<sup>237</sup> However, as this was a realist synthesis, we were limited to identifying and describing the resource inputs and outputs associated with the programme theories. We stopped short of measuring and valuing these. An evaluation study was beyond the scope of this research and therefore no data on resource use or costs were collected. The limitations to our study reflect the nature of the current evidence base and, therefore, highlight research gaps, making suggestions for future research below.

## Recommendations for future research

We propose suggestions for future research; these are listed below (not in order of priority):

- Our programme theories unpack only part of the recruitment and retention puzzle. This was an externally funded and time fixed project, and the programme theories and subsequent explanatory framework focused on the strategies prioritised by sector stakeholder. Other strategies which were not prioritised (e.g. simpler/efficient job application and onboarding processes) are not yet represented in the explanatory framework. In addition, the explanatory framework does not yet include strategies around attracting new staff to the sector. There are currently social care recruitment campaigns being rolled out across the UK<sup>27-30</sup> and provide a timely opportunity to evaluate the effectiveness of these campaigns in attracting new staff to the sector. We hypothesise that evidence-based strategies shown as important for retaining staff might also be important for attracting new staff. For example, it may help to attract new staff if job adverts conveyed a supportive work culture and the career development opportunities, rewards, and flexible working options available. We propose our explanatory framework is a 'working version' and invite researchers to build on/add more strategies important for attracting, recruiting and retaining staff.
- Our findings describe that all strategies work together to improve staff recruitment and retention. A suggestion for future research is to examine how much 'weight' each strategy (or combination of strategies) carries in terms of influencing staff decisions to join and stay (or leave) care home work. Understanding this would help sector stakeholders prioritise strategies known to have the most influence.
- It is important to recognise the ongoing challenges impacting this workforce, for example, the cost of living crisis, changes to immigration and employing overseas staff in social care, no clear government plan regarding investment for the sector, and growing pressures across the health and social care system. These are significant issues which are not easy to navigate, and a concern is that these broader issues will challenge any efforts made to attract, recruit and retain staff. To ensure our findings hold up against these current wider socio-political issues – we suggest our programme theories and explanatory framework are tested with primary data collected in the current context.
- Our programme theories and subsequent explanatory framework are based on mostly descriptive evidence which make links and associations, as opposed to demonstrating cause and effect. We provide the theoretical groundwork for future intervention research. A suggestion is to take the multiple strategies we put forward and generate a multicomponent intervention which could be evaluated using appropriate comparative study designs. Future teams need to be mindful though of recent evidence describing the challenges with evaluating complex multi-component interventions in care homes.<sup>238</sup> For this reason, it would be crucial to operate in a cautious and iterative way, undertaking appropriate pilot work to understand feasibility and acceptability before carrying out an intervention evaluation study.
- A key part of our research was to understand and differentiate between staff groups (e.g. age, levels of experience). Some evidence specified the needs of particular staff groups, but only when authors made explicit links we were able to highlight the characteristics of staff for whom the different strategies are important. When developing

solutions for the care home workforce shortages, we request researchers highlight important differences between staff groups.

- Our findings reflect the current workforce, and underrepresented demographics are not represented. For example, recent reports highlight the need to recruit more men into social care.<sup>239</sup> Men make up only 19% of the workforce and this has not changed since 2012<sup>5</sup> and we did not find evidence focused on men working in social care.
- Our work focused on care workers and nurses working in care homes. The sector faces shortages in other settings (e.g. home care), and future research should continue to understand how to address shortages in other settings. If researchers are using a realist approach the programme theories and explanatory framework we put forward can be used as a starting point.
- One of the IPTs prioritised by stakeholders for theory testing and refining was focused on onboarding newly recruited staff (the period of time between being offered the job and starting work). We were unable to test and refine this theory due to a lack of evidence in the literature, and thus highlight this as a gap for an empirical study focusing on understanding the strategies which employers can use during this period to develop employee commitment.
- A key part of the 'effective interviewing' strategy highlighted the need to use tools to accurately assess the suitability of the applicants. We suggest future research focuses on designing and developing suitable tools which care home providers can use to support the recruitment of staff.

## Implications for practice and policy

*There is no one silver bullet*, a phrase used to refer to the complexity of the social care workforce crisis. The findings of this review support this line of thinking. The evidence in this field clearly shows the issue of recruiting and retaining the workforce is complex and multifaceted, one for which there is no single solution (i.e. *no silver bullet*). We put forward a number of strategies/programme theories which are underpinned by an extensive evidence base. A multi-pronged approach is needed, with commitment and action from practice and policy stakeholders. The recommendations we put forward are based on a set of five strategies/programme theories: *effective interviewing*, *reward and recognition*, *promoting work-life balance*, *career development*, and *caring conversations*. In [Table 27](#), we outline specific and focused implications and recommendations for practice and policy stakeholders.

Below we also outline general recommendations directed at practice and policy stakeholders:

- The findings provide evidence-based strategies which are practical and actionable by practice and policy stakeholders. This is timely given that the workforce shortage has become *'the greatest workforce crisis in history'*.<sup>2</sup>
- There is a 'catch 22' situation with some of the findings. An adequate level of staff is needed for *promoting work-life balance*, *caring conversations*, and part of the *reward and recognition* and *career development* strategies. For instance, having enough staff means shifts are covered when staff have flexible working needs, and similarly, adequate levels of staff means staff have space and opportunity for making caring conversations happen, and for covering shifts of staff undertaking formal training. It is unlikely care providers will be able to adopt these strategies successfully without adequate staffing levels.
- Leadership staff are key in facilitating the following strategies: *career development opportunities*, *reward and recognition*, *promoting work-life balance*, and *caring conversations*. This highlights a significant need to ensure staff in leadership roles are supported and prepared for their role.
- The sense of inclusion, fairness and equality was key for enabling three strategies to result in job satisfaction: *promoting work-life balance*, *reward and recognition* and *caring conversations*. When using these strategies care home leaders need to use these strategies in a way which promotes equality, and not favouring staff. This highlights the need to be inclusive and ensure staff do not feel excluded. In a sector which employs a diverse staff group (and staff from overseas), practice and policy stakeholders need to remain alert to this.
- Practice and policy stakeholders also need to remain alert to ensuring staff feel listened to, respected, and valued. The study findings provide evidence of four strategies which helped to facilitate this: *career development*, *caring conversations*, *reward and recognition*, and *promoting work-life balance*.
- Integrated Care Systems focus on improving population health outcomes. It is reasonable to assume that a key factor in helping to achieve this ambition is having a workforce which feels valued and productive. There are workforce

**TABLE 27** Implications and recommendations for practice and policy stakeholders

<b>Effective interviewing</b>
<p>Staff conducting interviews:</p> <ul style="list-style-type: none"> <li>• At the interviewing stage, a 'psychological contract' between the applicant and the care organisation is starting to develop, and for future staff retention it is important to develop a 'psychological contract' which can be fulfilled later. For this to occur, the review findings described the importance of providing job applicants with: <ul style="list-style-type: none"> <li>– a warm welcome (e.g. interviewers being courteous and friendly, offering a drink)</li> <li>– opportunities to start building a connection (this can be done through being shown around the care home environment)</li> <li>– realistic and accurate expectations of the job role so that the applicant has insight into what the job will involve. Ways of doing this are through the nature of interview questions asked, and involving residents, family and frontline staff in asking questions and communicating about their experience of care homes during interviews.</li> </ul> </li> <li>• Front-line care work involves addressing residents' physical, social and emotional needs (and caring for residents with dementia). The interview should include asking emotive and values-based questions (along with skills-based questions) so that the interviewers can understand if the applicant is suitable. This can also help with communicating realistic and accurate expectations. Interview templates help to guide and structure conversations.</li> <li>• The evidence highlighted that carrying out interviews in this way is particularly important for applicants who are new to care, their first language is not English, and if they appear to lack confidence.</li> </ul> <p>Care home providers, managers and staff working in HR roles:</p> <ul style="list-style-type: none"> <li>• Ensure staff conducting interviews are supported, through training and offering opportunities to observe/shadow others conducting interviews.</li> <li>• Provide staff conducting interviews with interview templates which interviewers can use to assess if the applicant aligns with organisational goals, assessing skills and experiences, determining training needs, and includes emotive and values-based questions.</li> <li>• Provide staff conducting the interviews with clear job descriptions.</li> </ul> <p>Care home staff:</p> <ul style="list-style-type: none"> <li>• Maintain a welcoming and professional environment when meeting job applicants who are being shown around the care home.</li> </ul>
<b>Career development opportunities</b>
<p>Care home front-line staff:</p> <ul style="list-style-type: none"> <li>• The evidence highlighted that staff having the information and support they need to carry out their work is a way of empowering staff. Front-line staff can speak with managers about different ways of accessing training (e.g. formal courses) and development (e.g. learning from a mentor).</li> </ul> <p>Care home providers, managers, and staff working in HR roles:</p> <ul style="list-style-type: none"> <li>• Care home work is skilled work, and preparing staff with the skills and knowledge needed for their work ensures staff are prepared for their role. The evidence highlighted this will help staff feel valued, respected and motivated, which will then lead to developing staff satisfaction and commitment. The nature of opportunities for learning and development will be different for staff across career stages: <ul style="list-style-type: none"> <li>– New starters: providing inductions which include activities focused on developing positive attitudes, being assigned a 'buddy', and regular supervision will mean new starters become socialised into the organisation and prepared for the role. The findings described the importance of inductions being of a sufficient duration, not giving new starters responsibilities too soon.</li> <li>– Early career staff: providing staff with access to formal learning opportunities (e.g. formal courses), mentorship (to learn from experienced colleagues), and opportunities to put learning into practice (i.e. on-the-job learning) helps with developing competencies.</li> <li>– Mid-advanced career staff require access to training which enables competencies to be refreshed, and training which advances learning in specific topics. If staff are seeking additional roles, this group of staff can also be trained and supported to take on a mentor/buddy role, and support new starters/staff at early career.</li> </ul> </li> <li>• An awareness that management staff are key in supporting front-line staff access to career development opportunities and providing dedicated time for completing opportunities.</li> <li>• Have policies and procedures in place which ensures opportunities are offered to staff in a fair and inclusive way.</li> </ul> <p>Policy-makers</p> <ul style="list-style-type: none"> <li>• Care providers need support with accessing funding to help support staff career development opportunities.</li> <li>• A key finding was the importance of inclusivity and fairness – ambitions to establish an integrated health and social care workforce (as part of the Integrated Care Systems) will need to recognise this and ensure opportunities for career development provided to healthcare staff are the same as opportunities provided to care home staff.</li> <li>• The DHSC published an overview of a plan to improve the career prospects of the social care workforce through training, qualifications, and a clearer care career pathway.<sup>33</sup> This proposed pathway needs to differentiate between career stages (i.e. staff who are new, at early career, and mid-advanced career) and take into account the conditions needed (i.e. opportunities offered in a fair and inclusive way, and front-line staff have management support and time for opportunities).</li> <li>• Having a clear and accessible infrastructure and investment for care providers to access training, and support their workforce with career development opportunities.</li> </ul>

continued

**TABLE 27** Implications and recommendations for practice and policy stakeholders (*continued*)**Reward and recognition**

Care providers, care home managers (any staff in a leadership senior role), HR staff:

- Relational strategies, and well-being and development strategies should be used in combination with financial strategies:
  - Relational strategies – the evidence described the relational skills of the managers will be important for this, examples include positive reinforcement and listening to staff (overlap with caring conversations described below) and pitching in (i.e. working alongside front-line staff and performing tasks). A consideration here though is that relational strategies may not be possible without adequate staffing levels.
  - Well-being and development strategies – for example, preserving and promoting the mental well-being of all staff, encouraging self-care, appreciation events and career development opportunities.
- This is important for all staff and needs to be carried out in an inclusive and fair way, and not favouring staff.
- Front-line staff to understand the difference between thanking and paying, it is not a substitute, it is *as well as*.

Policy-makers:

- While relational strategies and well-being and development strategies may well be within the gift of the individual care provider employing the workforce, these will not be effective on their own. The financial reward and recognition strategies include decent levels of pay, above the national living wage, as well as other financially costly elements such as more generous sick pay, help with childcare costs and so on. These financial strategies cannot be delivered solely by the care provider organisation without the support of the wider care system and being paid the full cost of care including more generous pay, terms and conditions. Given that 60–70% of the care provided is commissioned by the state, policy-makers and commissioners play a central role in enabling better investment to support better reward and recognition via financial strategies.
- A key finding was the importance of inclusivity and fairness – ambitions to establish an integrated health and social care workforce (as part of the Integrated Care Systems) will need to recognise this and ensure the ways in which staff are rewarded and recognised are the same across health and social care.

**Promoting work–life balance**

Care home front-line staff:

- The evidence highlighted the importance of supporting staff who need flexible working options. If front-line staff need flexible working, staff can explore options with care home management staff.

Care home providers, management, and staff in HR roles:

- Clear policies and procedures around flexible working are needed, and staff involved in implementing flexible working (e.g. managers, HR staff) need to be trained in the policies/procedures.
- Policies and procedures need to be inclusive, expecting diverse needs and reasons for requesting flexible working, for example, ill health, caring responsibilities for children, spouse or family members (e.g. ageing parents).
- An awareness that it may not be possible to offer flexible working options without adequate staffing levels as staff are needed to cover shifts.
- Flexible working requests need to be considered in an inclusive and fair way.

Policy-makers:

- Stakeholders in this study described using technology to support the administration side of flexible working, describing the use of websites or apps to help communicate 'available shifts' to staff. For example, using an app to communicate with staff about gaps in the rota which need filling.<sup>240</sup> Policy-makers could support care providers with using these types of innovations which could help with facilitating flexible working.

**Caring conversations**

Care home managers (and other staff in leadership roles):

- The evidence highlighted the importance of care home managers being visible, available and approachable. It helps to have an open-door policy and regular opportunities where caring conversations with staff can take place. The nature of caring conversations involves management and front-line staff engaging in conversations where front-line staff receive frequent, direct and purposeful feedback, praise, and encouragement. It also helps if registered managers role model this, and create supportive working environments.
- An awareness that it may not be possible to create the space needed for caring conversations without adequate staffing levels.
- The evidence described caring conversations being important for all staff, and the need to offer support through caring conversations in a fair and inclusive way (and not favouring staff).
- The staff most likely to benefit from this are staff with poor mental health, overseas staff who do not know the UK context, staff whose first language is not English, younger staff, staff with low levels of education, and staff with low confidence.

Care home provider, policy-makers and regulators:

- The care home manager role is fundamental and has many different responsibilities. It is important that care home managers are recognised, rewarded and supported when carrying out this role.

issues across both health and social care settings, and the findings of this study could help with improving workforce recruitment and retention related issues in other settings within the wider system.

- The study findings offer insights which are directly relevant for the following current discussions:
  - *Repairing the leaky bucket*: in 2023 the Skills for Care Chief Executive, Oongh Symth, highlighted the issue of the *leaky bucket*.<sup>241</sup> The *leaky bucket* illustrates the need to ensure staff are retained, and to do this workplace cultures and practices need to be addressed. Our findings can contribute to the *leaky bucket discussion*, offering evidence-based strategies which can be used to help build workplace culture and retain staff.
  - The long-term social care workforce plan: Skills for Care recently reported plans to develop a long-term social care workforce strategy.<sup>241</sup>
  - Priorities raised for the future of the care workforce by leaders of national social care organisations include staff recognition, value and reward, investing in training, qualification and support.<sup>242</sup> Our study findings provide evidence-based strategies around these, and importantly the conditions needed for strategies to work well. For example, ensuring rewards and recognition, caring conversations, and flexible working options are applied in an inclusive and equal way.

## Patient and public involvement and engagement

This research project was developed and carried out within the NICHE–Leeds partnership; a partnership between academia and social care organisations where academics and social care stakeholders work together on addressing topics raised by people receiving social care, their family/friends, and staff.<sup>52</sup> The REACH study was initiated by staff working in the NICHE–Leeds partnership, and the proposal (and initial funding application) developed with input from:

- care home staff, residents and relatives
- national care organisations
- health and social care commissioners
- members of the public (consulted during an annual University of Leeds open day in 2019).

The REACH study team included:

- two members of the public (EF and KW) who each have experience of a family member living in a care home
- the Policy Director of the NCF (LJ).

EF, KW and LJ were co-applicants on the initial research funding application, study team collaborators, and co-authors of this report.

Using a realist synthesis approach meant that sector stakeholder involvement was a key feature and built into the study plans. Stakeholders' experiences and insights were crucial in developing and prioritising the IPTs, and sense checking and refining the final programme theories.

As described in [Chapter 6](#), alongside this academic report, a practical resource has been co-produced with care home HR, management, and front-line staff. This was co-produced with NICHE–Leeds care partners, and presents the study findings in an accessible and engaging way. The resource is called a 'NICHE Know How' and is available in [Report Supplementary Material 13](#).

## Equality, diversity and inclusion

Step 1 involved primary data collection, theory gleaning interviews with nurses and care workers. The participant sample comprised five nurses and eight care workers. All participants were female and represented the following ethnicities: White British ( $n = 7$ ), Asian ( $n = 3$ ), Black ( $n = 2$ ) and other ethnicity group ( $n = 1$ ). Most participants ( $n = 10$ ) were located in the north of England (northwest, and Yorkshire and Humber), and only three located in the south (south west and south east).

## DISCUSSION

The study also involved stakeholder consultations. During step 1 10 stakeholders contributed to the development of IPTs, and 34 stakeholders were involved in the prioritisation of IPTs. During step 4, the programme theories were presented to the NCF HR forum over three online meetings (meeting attendance ranged from 27 to 51 attendees), and in-person consultations took place in 7 care homes (across Yorkshire) with 26 members of staff. All stakeholders involved represented a mix of local and national stakeholders and staff roles. Unfortunately, we did not collect demographic information from stakeholders, and for this reason, it is not possible to comment on how diverse/representative stakeholders were.

It is worth noting a project focused on improving diversity has been developed as a result of the REACH study. When sense checking and refining the draft findings with stakeholders, a male care worker asked whether the findings represented the views of male staff. This question highlighted a significant research gap. Since, we have developed a research proposal, and secured funding to conduct research on this topic. The MEND study (stands for ProMoting diversity and under represENteD staff in adult social care; attracting, recruiting and retaining more male care workers) started in 2024, and is focused on understanding how to promote diversity and inclusivity of men in the adult social care workforce. More information is described in blogs published on sector websites.<sup>243,244</sup>

# Additional information

## CRedit contribution statement

**Reena Devi** (<https://orcid.org/0000-0003-2834-8597>): Conceptualisation (lead), Data curation (support), Formal analysis (support), Project administration (lead), Supervision (lead), Writing – original draft (lead).

**Kirsty Haunch** (<https://orcid.org/0000-0002-5013-1258>): Data curation (lead), Formal analysis (lead), Writing – reviewing and editing (support).

**Sonia Dalkin** (<https://orcid.org/0000-0002-3266-5926>): Conceptualisation (support), Methodology (lead), Writing – reviewing and editing (support).

**Angela Bate** (<https://orcid.org/0000-0001-5277-4188>): Conceptualisation (support), Methodology (lead), Writing – reviewing and editing (support).

**Natalie King** (<https://orcid.org/0000-0002-4215-2323>): Data curation (lead), Writing – reviewing and editing (support).

**Judy Wright** (<https://orcid.org/0000-0002-5239-0173>): Data curation (support), Writing – reviewing and editing (support).

**Liz Jones** (<https://orcid.org/0009-0007-1063-5025>): Conceptualisation (support), Data curation (support), Writing – reviewing and editing (support).

**Claire Goodman** (<https://orcid.org/0000-0002-8938-4893>): Conceptualisation (support), Formal analysis (support), Writing – reviewing and editing (support).

**Karen Winterburn**: Conceptualisation (support), Formal analysis (support), Writing – reviewing and editing (support).

**Edna Feenan**: Conceptualisation (support), Formal analysis (support), Writing – reviewing and editing (support).

**Vinny Kennedy** (<https://orcid.org/0000-0002-5794-3558>): Data curation (support), Formal analysis (support), Writing – reviewing and editing (support).

**Karen Spilsbury** (<https://orcid.org/0000-0002-6908-0032>): Conceptualisation (support), Formal analysis (support), Writing – reviewing and editing (support).

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## Use of artificial intelligence

Artificial intelligence was not used in carrying out or writing up the research findings.

## Patient data statement

Patient data were not used in this research project.

## Data-sharing statement

Primary data collected in this study involved theory gleaning interviews with care home staff and consultation with sector stakeholders. Primary data generated in this study is not suitable for sharing beyond that contained within the report.

## Ethics statement

The theory gleaning interview component of the study was reviewed and approved by the School of Healthcare Research Ethics Committee at the University of Leeds in January 2021 (HREC-20-004).

## Information governance statement

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## Disclosure of interests

**Full disclosure of interests:** Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at <https://doi.org/10.3310/GJRD0408>.

**Primary conflicts of interest:** The following team members have worked as members of the following NIHR committees:

Kirsty Haunch worked as committee member of the NIHR Health Technology Assessment Prioritisation Committee A (Out of Hospital).

Claire Goodman worked as a committee member of the NIHR Health and Social Care Delivery Research funding panel.

Karen Spilsbury worked as a committee member of the NIHR Health and Social Care Delivery Research funding panel.

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## Publications

Devi R, Goodman C, Dalkin S, Bate A, Wright J, Jones L, Spilsbury K. Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory. *Age Ageing* 2021;50:65–7.

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# Appendix 1 Exploratory scoping literature review search strategy

## Search strategies

Every effort has been made to find and credit the original source/author(s) of the search strategies and to obtain permission from their copyright holders to reproduce this material; any further information related to the rightsholder if notified will be incorporated in any revisions or updates to this report/article.

**Project Name: REACH**

**Search1b: Theory Care home workforce recruitment & retention includes economics terms**

**Date: 30 November 2021**

**CINAHL (EBSCO) host**

Tuesday, November 30, 2021 5:11:25 PM

#	Query	Results
S54	S46 OR S53	355
S53	S42 AND S52	287
S52	S47 OR S48 OR S49 OR S50 OR S51	484,050
S51	TI ((policy or policies or guideline* or recommendation* or position)) OR TI ((theor* or concep* or logic)) OR AB ((theor* or concep* or logic) n1 (framework* or model* or analy* or evaluat*))	203,139
S50	(MH "Policy and Procedure Manuals") OR (MH "Hospital Policies") OR (MH "Practice Guidelines") OR (MH "Health Policy") OR (MH "Public Policy")	167,758
S49	(MH "News")	10,484
S48	TI "Comment on" OR TI commentary OR TI opinion*	66,923
S47	TI ((view or views)) OR TI editorial OR TI letter*	97,378
S46	S42 AND S45	71
S45	S43 OR S44	215,985
S44	TI (Literature review* or systematic n2 review* or narrative n2 review* or critical n2 review* or realist n2 review* or scoping review* or synthesis or meta-analys* or "meta analysis") OR AB ("Search filter*" or "search strateg*" or "literature search*")	181,597
S43	(MH "Systematic Review") OR (MH "Scoping Review")	105,526
S42	S8 AND S14 AND (S23 OR S41)	3676
S41	S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40	206,313
S40	TI "economic evaluation*" OR AB "economic evaluation*"	5769
S39	TI manpower OR AB manpower	1380
S38	TI ((workforce workforce N1 (capacity or demand* or shortage* or development or delivery or effective*)) OR AB ((workforce workforce N1 (capacity or demand* or shortage* or development or delivery or effective*)))	74
S37	TI "health impact" OR AB "health impact"	4107
S36	TI "quality improvement" OR AB "quality improvement"	24,515
S35	(MH "Quality Improvement+")	71,300
S34	TI organi?ational capacity OR AB organi?ational capacity	688
S33	(MH "Performance Measurement Systems")	2279

- S32 TI (“performance management” or “performance measurement\*”) OR AB (“performance management” or “performance measurement\*”) 1675
- S31 TI productivity OR AB productivity 12,913
- S30 (MH “Organizational Efficiency+”) 39,646
- S29 TI “economies of scale” OR AB “economies of scale” 249
- S28 TI “in work benefit\*” OR AB “in work benefit\*” 65
- S27 TI (wage\*) OR AB (wage\*) 5101
- S26 TI reimbursement OR AB reimbursement 14,255
- S25 (MH “Reimbursement Mechanisms+”) 22,699
- S24 TI (pay or salar\* or enumeration or remunerat\*) OR AB (pay or salar\* or enumeration or remunerat\*) 37,212
- S23 S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 581,520
- S22 TI (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) OR AB (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) 218,068
- S21 TI ((labor or labour) N3 (market# or force or supply or demand)) OR AB ((labor or labour) N3 (market# or force or supply or demand)) 4397
- S20 MH “Job Market” 3284
- S19 TI ((job or work or role or career or employee\* or staff) N2 (benefit# or satisf\* or dissatisf\* or leav\* or loss\* or attrition)) OR AB ((job or work or role or career or employee\* or staff) N2 (benefit# or satisf\* or dissatisf\* or leav\* or loss\* or attrition)) 21,002
- S18 MH “Job Satisfaction+” 46,765
- S17 MH “Work Environment” 35,626
- S16 (MH “Employment+”) OR (MH “Unemployment”) 55,244
- S15 MH “Personnel Management+” 298,731
- S14 S9 OR S10 OR S11 OR S12 OR S13 356,526
- S13 TI (carer\* or employee\* or worker\* or workforce or staff) 78,966
- S12 TI (nurse\* or “care assistant\*” or “healthcare assistant\*” or aide\* OR personnel) 191,536
- S11 (MH “Health Personnel, Unlicensed”) 3873
- S10 (MH “Health Personnel”) OR (MH “Nursing Assistants”) OR (MH “Nurses”) OR (MH “Gerontologic Nurse Practitioners”) 119,401
- S9 MH “Workforce” 12,493
- S8 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 65,583
- S7 TI (“long-term care” or “care facilit\*” or sector) N5 (old\* or aged or elder\* or geriatric or dementia)) 2450
- S6 TI (“care home\*” OR “nursing home\*”) 17,555
- S5 TI ((residential or institution\*) N2 (home\* or care or facilit\*)) 4135
- S4 MH “Assisted Living” 3225
- S3 MH “Residential Facilities” 5005
- S2 MH “Housing for the Elderly” OR MH “Long Term Care” 30,148
- S1 MH “Nursing Homes+” 28,928

### Health Management Information Consortium (Ovid) <1983–present>

Search date: 30 November 2021

- 1 care homes/ or nursing homes/ or old peoples homes/ 3254
- 2 long term care/ or long stay residential care/ 1958
- 3 residential care/ or local authority residential care/ or long stay residential care/ or private residential care/ or “residential care of the elderly”/ 4853
- 4 retirement communities/ 31
- 5 ((residential or institution\*) adj2 (home\* or care or facilit\*)),ti,hw. 5875
- 6 “care home?”.ti,hw. 1673
- 7 long term care/ 1882
- 8 “nursing home?”.ti,hw. 1922

- 9 (“long-term care” or “care facilit\*” or sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 542
- 10 or/1-9 [care homes] 9902
- 11 staff/ or health service staff/ 5188
- 12 geriatric nurses/ or geriatric care/ or geriatric nursing/ or residential nurses/ 630
- 13 workforce/ 4924
- 14 care assistants/ or health care assistants/ 650
- 15 nursing assistants/ 92
- 16 (nurse? or “care assistant?” or “healthcare assistant\*” or aide? or personnel).ti,hw. 23,611
- 17 (carer\* or employee\* or worker\* or workforce or staff).ti,hw. 45,120
- 18 temporary staff/ 185
- 19 or/11-18 [staff] 63,887
- 20 exp labour supply/ 8054
- 21 labour market/ 413
- 22 exp recruitment/ 4347
- 23 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*).tw,hw. 13,544
- 24 job satisfaction/ 1126
- 25 human resources management/ 1625
- 26 job mobility/ 27
- 27 exp employment/ 4451
- 28 ((job or work\* or role or career or employee\* or staff) adj2 (benefit? or satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,hw. 2807
- 29 ((labor or labour) adj3 (market? or force or supply or demand?)).tw. 1072
- 30 or/20-29 [staff retention] 27,189
- 31 exp “conditions of employment”/ 15,577
- 32 (pay or salar\* or enumeration or remunerat\*).tw,hw. 7703
- 33 reimbursement.tw,hw. 1096
- 34 wage?.tw,hw. 1800
- 35 “in work benefit\*”.tw,hw. 1
- 36 “economies of scale”.tw,hw. 120
- 37 productivity/ 811
- 38 productivity.tw,hw. 1797
- 39 performance measurement/ or performance management/ 3086
- 40 (performance management or performance measurement\*).tw,hw. 3532
- 41 organi#ational capacity.tw,hw. 45
- 42 exp quality improvement/ 4598
- 43 quality improvement.tw,hw. 6006
- 44 health impact.tw,hw. 674
- 45 (workforce adj1 (capacity or demand? or shortage\* or development or delivery or effective\*)).tw,hw. 365
- 46 manpower.tw,hw. 1168
- 47 exp economic evaluation/ 1454
- 48 economic evaluation\*.tw,hw. 1996
- 49 or/31-48 [economics terms] 35,366
- 50 10 and 19 and (30 or 49) 359
- 51 systematic reviews/ or meta analysis/ 3632
- 52 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or “meta analysis” or realist).ti. 4833
- 53 51 or 52 5585
- 54 50 and 53 4
- 55 Commentaries/ 18
- 56 “Comment on”.ti. 29
- 57 editorial.ti. 293
- 58 letter.ti. 414

59 Opinions/ 778  
 60 opinion\*.ti. 519  
 61 Views/ 7184  
 62 (view or views).ti. 3601  
 63 (letter\* adj3 editor\*).ti. 1  
 64 or/55-63 [Implied or hidden theories] 11,658  
 65 (evidence\* adj8 (policy or policies)).tw. 1478  
 66 policy/ or health policy/ or public policy/ 9284  
 67 (policy or policies or guideline\* or recommendation\* or position).ti. 12,524  
 68 exp guidelines/ 7281  
 69 exp Theory/ 1728  
 70 (theor\* or concep\* or logic).ti. 2853  
 71 ((theor\* or concep\* or logic) adj (framework\* or model\* or analy\* or evaluat\*)).ab. 1935  
 72 or/65-71 [Policy, Guideline or overt Theory] 30,299  
 73 64 or 72 [Theories] 41,114  
 74 50 and 73 34  
 75 54 or 74 38

### Ovid MEDLINE(R) ALL <1946–29 November 2021>

Search date: 30 November 2021

1 exp Nursing Homes/ 42,180  
 2 Homes for the Aged/ 14,558  
 3 Residential Facilities/ 5678  
 4 ((residential or institution\*) adj2 (home\* or care or facilit\*)).ti,kf. 5213  
 5 Assisted Living Facilities/ 1525  
 6 "care home?".ti,kf. 2296  
 7 long term care/ 27,243  
 8 "nursing home?".ti,kf. 19,802  
 9 (("long-term care" or "care facilit\*" or sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,kf. 2900  
 10 or/1-9 [care homes] 80,621  
 11 exp Workforce/ 78,485  
 12 nurses/ or nursing staff/ or Geriatric Nursing/ 77,188  
 13 Health Personnel/ 54,111  
 14 allied health personnel/ or nursing assistants/ 16,679  
 15 (nurse? or "care assistant?" or "healthcare assistant\*" or aide? or personnel).ti,kf. 166,246  
 16 (carer\* or employee\* or worker\* or workforce or staff).ti,kf. 128,564  
 17 or/11-16 [staff] 438,735  
 18 Personnel Turnover/ 5607  
 19 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*).tw,kf. 1,063,336  
 20 Job Satisfaction/ 26,864  
 21 exp Personnel Management/ 165,123  
 22 employment/ or career mobility/ or return to work/ or unemployment/ or workplace/ 92,069  
 23 ((job or work or role or career or employee\* or staff) adj2 (benefit? or satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,kf. 23,131  
 24 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,kf. 11,442  
 25 or/18-24 [staff retention] 1,291,846  
 26 (pay or salar\* or enumeration or remunerat\*).tw,kf. 70,897  
 27 exp reimbursement mechanisms/ 37,758  
 28 reimbursement.tw,kf. 25,039  
 29 wage?.tw,kf. 8021

- 30 "in work benefit".tw,kf. 1  
 31 "economies of scale".tw,kf. 795  
 32 Efficiency, Organizational/ 22,261  
 33 productivity.tw,kf. 68,544  
 34 (performance management or performance measurement\*).tw,kf. 2896  
 35 organi#ational capacity.tw,kf. 562  
 36 exp Quality Improvement/ 30,839  
 37 quality improvement.tw,kf. 45,292  
 38 health impact.tw,kf. 10,696  
 39 (workforce adj1 (capacity or demand? or shortage\* or development or delivery or effective\*).tw,kf. 2981  
 40 manpower.tw,kf. 7812  
 41 Cost-Benefit Analysis/ 87,535  
 42 economic evaluation\*.tw,kf. 14,219  
 43 or/26-42 [economics terms] 381,912  
 44 10 and 17 and (25 or 43) 3568  
 45 limit 44 to (meta analysis or "systematic review") 37  
 46 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or  
 scoping review\* or synthesis or meta-analys\* or "meta analysis" or realist).ti. 638,093  
 47 44 and 46 53  
 48 45 or 47 58  
 49 (policy or policies or guideline\* or recommendation\* or position).ti. 229,716  
 50 guideline/ or practice guideline/ 36,456  
 51 policy/ or public policy/ or exp health policy/ 147,751  
 52 (theor\* or concep\* or logic).ti. 221,248  
 53 ((theor\* or concep\* or logic) adj (framework\* or model\* or analy\* or evaluat\*)).ab. 84,328  
 54 or/49-53 [Policy, Guideline or overt Theory] 647,886  
 55 Comment/ 940,176  
 56 Letter/ 1,160,667  
 57 Editorial/ 588,129  
 58 news/ or newspaper article/ 227,044  
 59 "Comment on".ti. 31,178  
 60 (letter\* adj3 editor\*).ti. 21,338  
 61 opinion\*.ti. 16,760  
 62 (view or views).ti. 58,356  
 63 or/55-62 [Discussion papers Hidden Theory] 2,306,154  
 64 54 or 63 [Theory Search] 2,888,353  
 65 44 and 64 338  
 66 48 or 65 393

### Social care online

[www.scie-socialcareonline.org.uk/](http://www.scie-socialcareonline.org.uk/)

Search date: 30 November 2021

(Search results: 316 before dedup)

*Sixteen searches were undertaken using the 'Advanced Search' interface. All records were downloaded as ris files then imported into EndNote.*

**Search 1: (n = 16)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “recruitment” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 2 (n = 18)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “staff retention” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 3 (n = 15)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “recruitment” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 4 (n = 9)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “staff retention” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 5 (n = 33)**

- All fields: “nursing home\*” OR “long term care” OR “care home\*” AND
- All fields: staff OR “Care assistant\*” AND
- All fields: recruitment OR retention OR labour OR labor or turnover AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 6 (n = 20)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “staff development” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 7 (n = 20)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “job satisfaction” Include broader terms AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Search 8 (n = 2)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND

- Subject term: “living wage” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 9 (n = 57)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “performance management” Include narrower terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 10 (n = 4)**

- Subject term: “nursing homes” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “quality improvement” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 11 (n = 31)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “staff development” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 12 (n = 7)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “job satisfaction” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 13 (n = 2)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “living wage” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 14 (n = 37)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “performance management” Include narrower terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 15 (n = 4)**

- Subject term: “long term care” Include broader terms AND
- All fields: staff or “care assistant\*” AND
- Subject term: “quality improvement” Include broader terms AND
- Title: review or synthesis or meta-analysis\* or theory or view or views or policy or policies or framework\*

**Search 16 (n = 38)**

- All fields “nursing home\*” OR “care home” OR “long term care” AND
- All fields “care assistant\*” OR Staff AND
- All fields “staff development” OR “job satisfaction” OR workforce OR productivity OR “quality improvement” OR “Performance management” OR “performance measurement” OR manpower AND
- Title: review or synthesis or meta-analys\* or theory or view or views or policy or policies or framework\*

**Google**

Search date: 26 October 2021

*Selected the first 100 results from these 3 searches; however, two searches only had the first 80 links available resulting in 260 instead of 300 expected records.*

- allintitle: retention OR recruit OR turnover ‘nursing home\*’ (n = 994 Note: only 80 were accessible to download)
- allintitle: retention OR recruit OR turnover ‘care home\*’ (n = 2670 Note: only 80 were accessible to download)
- allintitle: retention OR recruit OR turnover ‘long term care’ (n = 898 selected 100)

*Collected 260 records then deduplicated in word. Removed obvious job adverts, kept news items for screening*

## Appendix 2 Step 2: Literature search strategies

### Search strategies

Every effort has been made to find and credit the original source/author(s) of the search strategies and to obtain permission from their copyright holders to reproduce this material; any further information related to the rightsholder if notified will be incorporated in any revisions or updates to this report/article

**Project Name: REACH**

**Search 2a: Evidence checks: IPT 5 & 6. Early investment in staff and inductions above and beyond statutory**

**Date: 2 August 2022**

ABI/INFORM Collection (ProQuest)

Search date: 2 August 2022

Limits applied: Remove wire feeds

- S1 MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities") 170,904
- S2 ind 1528
- S5 (MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) OR NOFT("care home\*" OR "nursing home\*" OR NOFT("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) OR NOFT(((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 215,570
- S6 MAINSUBJECT.EXACT("Orientations") 13,841
- S7 NOFT(onboarding OR "on boarding" OR on-boarding) 7667
- S8 NOFT(preceptor\*) 538
- S9 NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) 2915
- S10 NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 1633
- S11 NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 3039
- S12 NOFT(buddy or buddies or "peer support") 39,558
- S13 NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) 592
- S14 NOFT(early NEAR/2 invest\*) 16,113
- S15 MAINSUBJECT.EXACT("New employees") 41,719
- S16 MAINSUBJECT.EXACT("Orientations") OR NOFT(onboarding OR "on boarding" OR on-boarding) OR NOFT(preceptor\*) OR NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) OR NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(buddy or buddies or "peer support") OR NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) OR NOFT(early NEAR/2 invest\*) OR MAINSUBJECT.EXACT("New employees") 121,595

- S17 ((MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) OR NOFT("care home\*" OR "nursing home\*" OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) OR NOFT(((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia))) AND (MAINSUBJECT.EXACT("Orientations") OR NOFT(onboarding OR "on boarding" OR on-boarding) OR NOFT(preceptor\*) OR NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) OR NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(buddy or buddies or "peer support") OR NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) OR NOFT(early NEAR/2 invest\*) OR MAINSUBJECT.EXACT("New employees")) 275
- S18 (MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) AND NOFT("care home\*" OR "nursing home\*") AND NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) AND NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) AND MAINSUBJECT.EXACT("Orientations") AND NOFT(onboarding OR "on boarding" OR on-boarding) AND NOFT(preceptor\*) AND NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) AND NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) AND NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) AND NOFT(buddy OR buddies OR "peer support") AND NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) AND NOFT(early NEAR/2 invest\*) AND MAINSUBJECT.EXACT("New employees") 137 [limit applied]

### Applied Social Sciences Index and Abstracts (ASSIA) (ProQuest)

Search date: 2 August 2022

- homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care")) 15,136
- S2 NOFT("care home\*" OR "nursing home\*") 10,756
- S3 NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 2605
- S4 NOFT(((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 1400
- S5 (MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care"))) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) OR NOFT(((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 19,263
- S6 MAINSUBJECT.EXACT("Preceptors") OR MAINSUBJECT.EXACT("Orientation schemes") 368
- S7 NOFT(onboarding OR "on boarding" OR on-boarding) 34
- S8 NOFT(preceptor\*) 1044
- S9 NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) 360

- S10 NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 419
- S11 NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 652
- S12 NOFT(buddy or buddies or "peer support") 2574
- S13 NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) 137
- S14 NOFT(early NEAR/2 invest\*) 191
- S15 MAINSUBJECT.EXACT("Professional socialization") 144
- S16 (MAINSUBJECT.EXACT("Preceptors") OR MAINSUBJECT.EXACT("Orientation schemes")) OR NOFT(onboarding OR "on boarding" OR on-boarding) OR NOFT(preceptor\*) OR NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) OR NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(buddy or buddies or "peer support") OR NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) OR NOFT(early NEAR/2 invest\*) OR MAINSUBJECT.EXACT("Professional socialization") 5399
- S17 ((MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care"))) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia))) AND ((MAINSUBJECT.EXACT("Preceptors") OR MAINSUBJECT.EXACT("Orientation schemes")) OR NOFT(onboarding OR "on boarding" OR on-boarding) OR NOFT(preceptor\*) OR NOFT((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*)) OR NOFT(induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(orientation\* PRE/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR NOFT(buddy or buddies or "peer support") OR NOFT((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) PRE/3 (Socialisation OR socialization)) OR NOFT(early NEAR/2 invest\*) OR MAINSUBJECT.EXACT("Professional socialization")) 71

### Business Source Premier (EBSCOhost)

Search date: 2 August 2022

Print Search History: Tuesday, 2 August 2022, 7:06:37 PM

- S20 S7 AND S19 19
- S19 S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 20,020
- S18 DE "NEW employees" 1464
- S17 DE "ORGANIZATIONAL socialization" 863
- S16 TI early N2 invest\* OR AB early N2 invest\* 3086
- S15 TI ((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) N3 (Socialisation OR socialization)) OR AB ((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) N3 (Socialisation OR socialization)) 654
- S14 TI (buddy or buddies or "peer support") OR AB (buddy or buddies or "peer support") 3853
- S13 TI (orientation\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR AB (orientation\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 2952
- S12 TI (induction\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR AB (induction\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 1477
- S11 TI preceptor\* OR AB preceptor\* 105

- S10 TI (onboarding OR "on boarding" OR on-boarding) OR AB (onboarding OR "on boarding" OR on-boarding) 4550
- S9 DE "MENTORING in the professions" 642
- S8 DE "EMPLOYEE orientation" 1374
- S7 S1 OR S2 OR S3 OR S4 OR S5 OR S6 15,572
- S6 TI (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) 311
- S5 TI (((("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia))) 1705
- S4 TI ("care home\*" OR "nursing home\*") OR AB ("care home\*" OR "nursing home\*") 8807
- S3 DE "SENIOR housing" OR DE "OLD age homes" OR DE "RETIREMENT communities" 2499
- S2 DE "RESIDENTIAL care" 433
- S1 DE "LONG-term care facilities" OR DE "NURSING care facilities" 6106

### CINAHL (EBSCOhost)

Search date: 2 Aug 2022

Print Search History: Tuesday, August 2, 2022 7:32:43 PM

- S18 S6 AND S17 302
- S17 S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 23,146
- S16 TI early N2 invest\* OR AB early N2 invest\* 1963
- S15 TI ((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) N3 (Socialisation OR socialization)) OR AB ((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) N3 (Socialisation OR socialization)) 168
- S14 TI (buddy or buddies or "peer support") OR AB (buddy or buddies or "peer support") 5665
- S13 TI (orientation\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR AB (orientation\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 2240
- S12 TI (induction\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) OR AB (induction\* N3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*)) 1189
- S11 TI ((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) N3 (induction\* OR orientation)) OR AB ((Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) N3 (induction\* OR orientation)) 1231
- S10 TI preceptor\* OR AB preceptor\* 4143
- S9 TI (onboarding OR "on boarding" OR on-boarding) OR AB (onboarding OR "on boarding" OR on-boarding) 1274
- S8 MH "Employee Orientation" 4749
- S7 MH "Preceptorship" 4898
- S6 S1 OR S2 OR S3 OR S4 OR S5 74,548
- S5 TI (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) 3948
- S4 TI (((("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia))) 7605
- S3 TI ("care home\*" OR "nursing home\*") OR AB ("care home\*" OR "nursing home\*") 30,659
- S2 MH "Residential Facilities" OR MH "Assisted Living" 8285
- S1 MH "Nursing Homes+" OR MH "Housing for the Elderly" OR MH "Long Term Care" 50,230

**Health Management Information Consortium (Ovid) <1979–May 2022>**

Search date: 2 August 2022

- 1 care homes/ or nursing homes/ or old peoples homes/ 3282
- 2 long term care/ or long stay residential care/ 1976
- 3 residential care/ or local authority residential care/ or private residential care/ or “residential care of the elderly”/ 4769
- 4 retirement communities/ 31
- 5 assisted community homes/ 13
- 6 (“care home\*” or “nursing home\*”).tw,hw. 4775
- 7 (“long term care” or “residential care” or “assisted living” or “care facilities” or “care facility” or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia).tw,hw. 1541
- 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 1023
- 9 or/1-8 [care homes] 10,449
- 10 (onboarding or “on boarding” or on-boarding).tw,hw. 7
- 11 induction training/ 93
- 12 ((Staff or employee\* or worker\* or personnel or “new hire” or assistant\* or aide\* or nurse\* or recruit or recruits) adj3 (induction\* or orientation)).tw,hw. 70
- 13 (induction\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,hw. 111
- 14 (orientation\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,hw. 74
- 15 preceptorship/ 74
- 16 preceptor\*.tw,hw. 152
- 17 (buddy or buddies or “peer support”).tw. 348
- 18 ((organisational or organizational or formal or informal or employee\* or staff or worker\*) adj3 (Socialisation or socialization)).tw. 3
- 19 or/10-18 [inductions] 786
- 20 9 and 19 27

**Ovid MEDLINE(R) ALL <1946–1 August 2022>**

Search date: 2 August 2022

- 1 exp Nursing Homes/ 43,259
- 2 Homes for the Aged/ 14,635
- 3 Residential Facilities/ 5717
- 4 Assisted Living Facilities/ 1563
- 5 long term care/ 27,842
- 6 (“care home\*” or “nursing home\*”).tw,kf. 39,313
- 7 (“long term care” or “residential care” or “assisted living” or “care facilities” or “care facility” or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia).tw,kf. 8095
- 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,kf. 3812
- 9 or/1-8 [care homes] 93,638
- 10 (onboarding or “on boarding” or on-boarding).tw,kf. 356
- 11 ((Staff or employee\* or worker\* or personnel or “new hire” or assistant\* or aide\* or nurse\* or recruit or recruits) adj3 (induction\* or orientation)).tw,kf. 866
- 12 (induction\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,kf. 8140
- 13 (orientation\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,kf. 4281
- 14 Preceptorship/ 5511
- 15 preceptor\*.tw,kw. 4772
- 16 (buddy or buddies or “peer support”).tw,kf. 7108

- 17 ((organisational or organizational or formal or informal or employee\* or staff or worker\*) adj3 (Socialisation or socialization)).tw,kf. 116  
 18 or/10-17 [induction] 28,166  
 19 9 and 18 182

#### APA PsycInfo (OVID) <1806 to July Week 4 2022>

Search date: 2 August 2022

- 1 residential care institutions/ or exp nursing homes/ 20,370  
 2 long term care/ 5997  
 3 assisted living/ 818  
 4 elder care/ 5741  
 5 Retirement Communities/ 381  
 6 ("care home\*" or "nursing home\*").tw,hw. 16,011  
 7 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 4456  
 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 2437  
 9 or/1-8 [care homes] 36,884  
 10 (onboarding or "on boarding" or on-boarding).tw,hw. 259  
 11 ((Staff or employee\* or worker\* or personnel or "new hire" or assistant\* or aide\* or nurse\* or recruit or recruits) adj3 (induction\* or orientation)).tw,hw. 935  
 12 (induction\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,hw. 2398  
 13 (orientation\* adj3 (program\* or procedure\* or model\* or practice\* or Process\*)).tw,hw. 4388  
 14 inservice training/ 687  
 15 preceptor\*.tw,hw. 1021  
 16 (buddy or buddies or "peer support").tw,hw. 6098  
 17 ((organisational or organizational or formal or informal or employee\* or staff or worker\*) adj3 (Socialisation or socialization)).tw,hw. 875  
 18 exp professional socialization/ 2106  
 19 socialization/ 12,375  
 20 or/10-19 [induction] 30,137  
 21 9 and 20 261  
 22 ((child\* or adolescen\*) not adult\*).ag. 539,866  
 23 21 not 22 236

#### Web of Science Core Collection

Simultaneous search of the following databases

- WOS.SSCI: 1900 to 2022
- WOS.AHCI: 1975 to 2022
- WOS.ISTP: 1990 to 2022
- WOS.ESCI: 2015 to 2022
- WOS.SCI: 1900 to 2022
- WOS.ISSHP: 1990 to 2022

Date run: Tuesday, 2 August 2022, 22:15:24 GMT+0100 (British Summer Time)

- 1: "Care home\*" OR "nursing home\*" (Topic) 47,351  
 2: ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Topic) 11,849

- 3: (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Topic) 5419
- 4: #3 OR #2 OR #1 57,745
- 5: onboarding OR "on boarding" OR "on-boarding" (Topic) 810
- 6: preceptor\* (Topic) 4111
- 7: (Staff OR employee\* OR worker\* OR personnel OR "new hire" OR assistant\* OR aide\* OR nurse\* OR recruit OR recruits) NEAR/3 (induction\* OR orientation\*) (Topic) 2397
- 8: induction\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*) (Topic) 19,569
- 9: orientation\* NEAR/3 (program\* OR procedure\* OR model\* OR practice\* OR Process\*) (Topic) 17,933
- 10: buddy or buddies or "peer support" (Topic) 10,784
- 11: ((organisational OR organizational OR formal OR informal OR employee\* OR staff OR worker\*) NEAR/3 (Socialisation OR socialization)) (Topic) 1173
- 12: #11 OR #10 OR #9 OR #8 OR #7 OR #6 OR #5 56,122
- 13: #12 AND #4 129

### Search strategies

#### Search 2b: Evidence checks: IPT 9. Effective interviewing

Date: 4 August 2022

ABI/INFORM Collection (ProQuest)

Search date: 7 August 2022

Limits applied: Remove wire feeds

- S1 MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities") 171,145
- S2 NOFT("care home\*" OR "nursing home\*") 125,201
- S3 NOFT(("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 30,225
- S4 NOFT((((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) 1532
- S5 (MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) OR NOFT((((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) 215,900
- S6 MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Personnel selection") OR MAINSUBJECT.EXACT("Preemployment screening") 110,390
- S7 MAINSUBJECT.EXACT("Talent management") 38,421
- S8 NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) 3047
- S9 NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) 21,013
- S10 NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") 18,876
- S11 NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" or "candidate\* fit") 1430
- S12 NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) 35,309
- S13 NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) 2334

S14 (MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Personnel selection") OR MAINSUBJECT.EXACT("Preemployment screening")) OR MAINSUBJECT.EXACT("Talent management") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) ABI/INFORM Collection

These databases are searched for part of your query. 194,021

S15 ((MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia))) AND ((MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Personnel selection") OR MAINSUBJECT.EXACT("Preemployment screening")) OR MAINSUBJECT.EXACT("Talent management") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))) 490

S16 ti(((child\* OR infant\* OR baby OR babies OR preterm\* OR adolesc\* OR newborn\* OR pediatric\* OR paediatric\* OR neonate\* OR teen\* OR schoolchild\*) NOT (adult OR elderly OR geriatric\*))) 953,570

S17 (((MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia))) AND ((MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Personnel selection") OR MAINSUBJECT.EXACT("Preemployment screening")) OR MAINSUBJECT.EXACT("Talent management") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)))) NOT ti(((child\* OR infant\* OR baby OR babies OR preterm\* OR adolesc\* OR newborn\* OR pediatric\* OR paediatric\* OR neonate\* OR teen\* OR schoolchild\*) NOT (adult OR elderly OR geriatric\*))) 307

S18 (MAINSUBJECT.EXACT("Nursing homes") OR MAINSUBJECT.EXACT("Long term health care") OR MAINSUBJECT.EXACT("Elder care") OR MAINSUBJECT.EXACT("Retirement homes") OR MAINSUBJECT.EXACT("Assisted living facilities")) AND NOFT("care home\*" OR "nursing home\*") AND NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) AND

NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) AND (MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Personnel selection") OR MAINSUBJECT.EXACT("Preemployment screening")) AND MAINSUBJECT.EXACT("Talent management") AND NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) AND NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) AND NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") AND NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") AND NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) AND NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) AND ti(((child\* OR infant\* OR baby OR babies OR preterm\* OR adolesc\* OR newborn\* OR pediatric\* OR paediatric\* OR neonate\* OR teen\* OR schoolchild\*) NOT (adult OR elderly OR geriatric\*)) 307 [limit no wire feed]

### Applied Social Sciences Index and Abstracts (ASSIA) (ProQuest)

Search date: 7 August 2022

- S1 MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care")) 15,145
- S2 NOFT("care home\*" OR "nursing home\*") 10,763
- S3 NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) 2607
- S4 NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) 1402
- S5 (MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care"))) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) Applied Social Sciences Index & Abstracts (ASSIA). 19,272
- S6 MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Interviewers") OR MAINSUBJECT.EXACT("Hiring") 1148
- S7 MAINSUBJECT.EXACT("Preemployment contracts") 2
- S8 NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) 358
- S9 NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) 2261
- S10 NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") 544
- S11 NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") 79
- S12 NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) 2066
- S13 NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) 437
- S14 (MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Interviewers") OR MAINSUBJECT.EXACT("Hiring")) OR MAINSUBJECT.EXACT("Preemployment contracts") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3

- (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) Applied Social Sciences Index & Abstracts (ASSIA). 5982
- S15 ((MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care"))) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia))) AND ((MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Interviewers") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Preemployment contracts") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))) Applied Social Sciences Index & Abstracts (ASSIA)" 121
- S16 ti(((child\* OR infant\* OR baby OR babies OR preterm\* OR adolesc\* OR newborn\* OR pediatric\* OR paediatric\* OR neonate\* OR teen\* OR schoolchild\*) NOT (adult OR elderly OR geriatric\*)))" 161,635
- S17 (((MAINSUBJECT.EXACT.EXPLODE("Residential homes") OR MAINSUBJECT.EXACT("Retirement homes") OR (MAINSUBJECT.EXACT.EXPLODE("Residential care") OR MAINSUBJECT.EXACT("Long term care"))) OR NOFT("care home\*" OR "nursing home\*") OR NOFT(("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia)) OR NOFT(((residential OR institution\*) NEAR/2 (home\* OR care OR facilit\*)) NEAR/5 (old\* OR aged OR elder\* OR geriatric OR dementia))) AND ((MAINSUBJECT.EXACT("Employment interviews") OR MAINSUBJECT.EXACT("Interviewers") OR MAINSUBJECT.EXACT("Hiring") OR MAINSUBJECT.EXACT("Preemployment contracts") OR NOFT(realistic NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR NOFT((role OR job OR post OR candidate\* OR applicant\*) NEAR/2 (interview\* OR expectation\*)) OR NOFT("employee interview\*" OR "employment interview\*" OR "job interview\*") OR NOFT("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" OR "candidate\* fit") OR NOFT((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) NEAR/2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR NOFT(values\* NEAR/3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)))) NOT ti(((child\* OR infant\* OR baby OR babies OR preterm\* OR adolesc\* OR newborn\* OR pediatric\* OR paediatric\* OR neonate\* OR teen\* OR schoolchild\*) NOT (adult OR elderly OR geriatric\*))) Applied Social Sciences Index & Abstracts (ASSIA)" 114

### Business Source Premier (EBSCOhost)

Search date: 7 August 2022

Monday, 8 August 2022 12:31:16 AM

- S18 S7 AND S17 93
- S17 S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 120,218
- S16 TI (values\* N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR AB (values\* N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))" 1424
- S15 TI ((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) N2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR AB ((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) N2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*))" 11,114

- S14 TI ("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" or "candidate\* fit") OR AB ("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" or "candidate\* fit")" 575
- S13 TI ("employee interview\*" OR "employment interview\*" OR "job interview\*") OR AB ("employee interview\*" OR "employment interview\*" OR "job interview\*")" 3026
- S12 TI ((role OR job OR post OR candidate\* OR applicant\*) N2 (interview\* OR expectation\*)) OR AB ((role OR job OR post OR candidate\* OR applicant\*) N2 (interview\* OR expectation\*))" 7625
- S11 TI (realistic N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR AB (realistic N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))" 1462
- S10 DE "EMPLOYMENT interviewing" OR DE "STRUCTURED employment interviews" 4871
- S9 DE "EMPLOYEE selection" OR DE "EMPLOYMENT tests" OR DE "JOB applications" OR DE "JOB offers" OR DE "JOB placement" OR DE "NEGLIGENT hiring" 56,249
- S8 DE "EMPLOYEE recruitment" OR DE "COLLEGE graduate recruitment" OR DE "EXECUTIVE recruiting" OR DE "JOB fairs" OR DE "SKILLED labor recruitment" 51,617
- S7 S1 OR S2 OR S3 OR S4 OR S5 OR S6 15,580
- S6 TI (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia)))" 312
- S5 TI (("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia)) OR AB (("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia))" 1708
- S4 TI ("care home\*" OR "nursing home\*") OR AB ("care home\*" OR "nursing home\*")" 8809
- S3 DE "SENIOR housing" OR DE "OLD age homes" OR DE "RETIREMENT communities" 2501
- S2 DE "RESIDENTIAL care" 433
- S1 DE "LONG-term care facilities" OR DE "NURSING care facilities" 6106

**CINAHL (EBSCO host)**

Search date: 7 August 2022

- S17 S15 NOT S16 301
- S16 (MH "Child") OR (MH "Adolescence+") OR (MH "Minors (Legal)") NOT (MH "Adult+")" 863,006
- S15 S6 AND S14 308
- S14 S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 23,205
- S13 TI (values\* N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR AB (values\* N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))" 1125
- S12 TI ((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) N2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*)) OR AB ((employee\* OR staff OR candidate\* OR worker\* OR personnel\* OR applicant\*) N2 (select\* OR screen\* OR prescreen\* OR Pre-screen\*))" 4899
- S11 TI ("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" or "candidate\* fit") OR AB ("employee\* fit" OR "organisational fit" OR "organizational fit" OR "cultural fit" or "candidate\* fit")" 105
- S10 TI ("employee interview\*" OR "employment interview\*" OR "job interview\*") OR AB ("employee interview\*" OR "employment interview\*" OR "job interview\*")" 410
- S9 TI ((role OR job OR post OR candidate\* OR applicant\*) N2 (interview\* OR expectation\*)) OR AB ((role OR job OR post OR candidate\* OR applicant\*) N2 (interview\* OR expectation\*))" 4078
- S8 TI (realistic N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*)) OR AB (realistic N3 (interview\* OR expectation\* OR preview\* OR Conditions OR recruit\*))" 1212
- S7 (MH "Temporary Employment") OR (MH "Personnel Selection+") OR (MH "Job Interviews+")" 12,597
- S6 S1 OR S2 OR S3 OR S4 OR S5 59,889
- S5 TI (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia))) OR AB (((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia)))" 3958

- S4 TI ("long-term care" or "care facilit\*" or sector) N5 (old\* or aged or elder\* or geriatric or dementia)  
OR AB ("long-term care" or "care facilit\*" or sector) N5 (old\* or aged or elder\* or geriatric or dementia))" 6461
- S3 TI ("care home\*" OR "nursing home\*") OR AB ("care home\*" OR "nursing home\*")" 30,675
- S2 (MH "Residential Facilities" OR MH "Assisted Living" OR MH "Long Term Care") AND (MH "Aged+"  
OR MH "Aged+")" 14,845
- S1 MH "Nursing Homes+" OR MH "Housing for the Elderly" 29,694

### Health Management Information Consortium (Ovid) <1979–May 2022>

Search date: 8 Aug 2022

- 1 care homes/ or nursing homes/ or old peoples homes/ 3282
- 2 long term care/ or long stay residential care/ 1976
- 3 residential care/ or local authority residential care/ or private residential care/ or "residential care of the elderly"/ 4769
- 4 retirement communities/ 31
- 5 assisted community homes/ 13
- 6 ("care home\*" or "nursing home\*").tw,hw. 4775
- 7 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 1541
- 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 1023
- 9 or/1-8 [care homes] 10,449
- 10 exp staff selection/ 198
- 11 exp recruitment techniques/ 101
- 12 (realistic adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*)).tw,hw. 57
- 13 ((role or job or post or candidate\* or applicant\*) adj2 (interview\* or expectation\*)).tw,hw. 207
- 14 ("employee interview\*" or "employment interview\*" or "job interview\*").tw,hw. 43
- 15 ("employee\* fit" or "organisational fit" or "organizational fit" or "cultural fit" or "candidate\* fit").tw,hw. 6
- 16 ((employee\* or staff or candidate\* or worker\* or personnel\* or applicant\*) adj2 (select\* or screen\* or prescreen\* or Pre-screen\*)).tw,hw. 398
- 17 (values\* adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*)).tw,hw. 45
- 18 or/10-17 [job interview] 788
- 19 9 and 18 19

### Ovid MEDLINE(R) ALL <1946–5 August 2022>

Search date: 8 August 2022

- 1 exp Nursing Homes/ 43,313
- 2 Homes for the Aged/ 14,636
- 3 Residential Facilities/ 5716
- 4 Assisted Living Facilities/ 1564
- 5 long term care/ 27,866
- 6 ("care home\*" or "nursing home\*").tw,kf. 39,371
- 7 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,kf. 8104
- 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,kf. 3813
- 9 or/1-8 [care homes] 93,725
- 10 Personnel Selection/ 13,471

- 11 (realistic adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*).tw,kf. 4715
- 12 ((role or job or post or candidate\* or applicant\*) adj2 (interview\* or expectation\*).tw,kf. 3756
- 13 ("employee interview\*" or "employment interview\*" or "job interview\*").tw,kf. 455
- 14 ("employee\* fit" or "organisational fit" or "organizational fit" or "cultural fit" or "candidate\* fit").tw,kf. 131
- 15 ((employee\* or staff or candidate\* or worker\* or personnel\* or applicant\*) adj2 (select\* or screen\* or prescreen\* or Pre-screen\*).tw,kf. 16,063
- 16 (values\* adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*).tw,kf. 3618
- 17 or/10-16 [job interviews] 40,867
- 18 9 and 17 440
- 19 (exp Child/ or Adolescent/ or exp Infant/) not exp Adult/ 2,070,875
- 20 18 not 19 430

**APA PsycInfo <1806 to August Week 1 2022>**

Search date: 8 August 2022

- 1 residential care institutions/ or exp nursing homes/ 20,382
- 2 long term care/ 6004
- 3 assisted living/ 820
- 4 elder care/ 5747
- 5 Retirement Communities/ 381
- 6 ("care home\*" or "nursing home\*").tw,hw. 16,023
- 7 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 4460
- 8 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).tw,hw. 2437
- 9 or/1-8 [care homes] 36,913
- 10 exp personnel selection/ 9188
- 11 personnel recruitment/ 2594
- 12 (realistic adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*).tw,hw. 1359
- 13 ((role or job or post or candidate\* or applicant\*) adj2 (interview\* or expectation\*).tw,hw. 8671
- 14 ("employee interview\*" or "employment interview\*" or "job interview\*").tw,hw. 1589
- 15 ("employee\* fit" or "organisational fit" or "organizational fit" or "cultural fit" or "candidate\* fit").tw,hw. 355
- 16 person environment fit/ 1663
- 17 ((employee\* or staff or candidate\* or worker\* or personnel\* or applicant\*) adj2 (select\* or screen\* or prescreen\* or Pre-screen\*).tw,hw. 12,837
- 18 (values\* adj3 (interview\* or expectation\* or preview\* or Conditions or recruit\*).tw,hw. 1408
- 19 or/10-18 [job interviews] 27,260
- 20 9 and 19 216
- 21 ((child\* or adolescen\*) not adult\*).ag. 540,195
- 22 20 not 21 201

**Web of Science Core Collection**

Simultaneous search of the following databases

- WOS.SSCI: 1900 to 2022
- WOS.AHCI: 1975 to 2022
- WOS.ISTP: 1990 to 2022
- WOS.ESCI: 2015 to 2022
- WOS.SCI: 1900 to 2022
- WOS.ISSHP: 1990 to 2022

Date run: Monday 8 August 2022 08:54:36 GMT+0100 (British Summer Time)

#### # Searches:

- 1: "Care home\*" OR "nursing home\*" (Topic) Results: 47,394
- 2: ("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Topic) Results: 11,866
- 3: (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Topic) Results: 5430
- 4: #3 OR #2 OR #1 Results: 57,805
- 5: realistic NEAR/3 (interview\* or expectation\* or preview\* or Conditions or recruit\*) (Topic) Results: 16,792
- 6: "employee interview\*" or "employment interview\*" or "job interview\*" (Topic) Results: 1763
- 7: (role or job or post or candidate\* or applicant\*) NEAR/2 (interview\* or expectation\*) (Topic) Results: 11,285
- 8: "employee\* fit" or "organisational fit" or "organizational fit" or "cultural fit" or "candidate\* fit" (Topic) Results: 507
- 9: values\* NEAR/3 (interview\* or expectation\* or preview\* or Conditions or recruit\*) (Topic) Results: 23,281
- 10: #9 OR #8 OR #7 OR #6 OR #5 Results: 52,224
- 11: #10 AND #4 Results: 138

#### Search strategies

#### Search 2c: Evidence checks: IPT 1 & 10. Recognising and rewarding staff and Listening to all staff

Date: 3 April 2023

#### CINAHL (EBSCO)

Search date: 3 April 2023

- S34 (S21 OR S28) AND S33 8
- S33 S29 OR S30 OR S31 OR S32 318,559
- S32 TI Literature review\* or systematic n2 review\* or narrative n2 review\* or critical n2 review\* or realist n2 review\* or scoping review\* or synthesis or meta-analys\* or meta-ethnog\* or meta-synthesis 310,640
- S31 AB "Search filter\*" or "search strateg\*" or "literature search\*" 31,031
- S30 (MH "Scoping Review") OR (MH "Systematic Review") 124,462
- S29 (MH "Meta Analysis") OR (MH "Meta Synthesis") 70,637
- S28 S5 AND S14 AND S27 145
- S27 S22 OR S23 OR S24 OR S25 OR S26 46,261
- S26 (MH "Hand Off (Patient Safety)") 2757
- S25 TI (huddle\* or handover\* or Hand-over\* or handoff\* or hand off\*.) OR AB (huddle\* or handover\* or Hand-over\* or handoff\* or hand off\*.) 5142
- S24 TI ((professional\* or staff or employee\* or manager# or aide\* or assistant\* or worker\* or personnel or peer# or role# or job) N4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy)) OR AB ((professional\* or staff or employee\* or manager# or aide\* or assistant\* or worker\* or personnel or peer# or role# or job) N4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy)) 22,681
- S23 TI (open\* N2 (dialog\* or communicat\*)) OR AB (open\* N2 (dialog\* or communicat\*)) 2960
- S22 MH "Empowerment" 16,699
- S21 S5 AND S14 AND S20 61
- S20 S15 OR S16 OR S17 OR S18 OR S19 32,939
- S19 MH "Employee Incentive Programs" 1093
- S18 TI ((professional\* or staff or employee\* or manager# or aide\* or assistant\* or worker\* or personnel or peer# or role# or job) N4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*)) OR

- ((professional\* or staff or employee\* or manager# or aide\* or assistant\* or worker\* or personnel or peer# or role# or job) N4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*) 27,320
- S17 TI ((effort or reward) N3 (balanc\* or imbalanc\*)) OR AB ((effort or reward) N3 (balanc\* or imbalanc\*)) 791
- S16 MH "Professional Recognition" 14,454
- S15 MH "Reward" 5237
- S14 S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 296,364
- S13 TI ((labor or labour) N3 (market# or force or supply or demand)) OR AB ((labor or labour) N3 (market# or force or supply or demand)) 4861
- S12 MH "Job Market" 3579
- S11 MH "Job Satisfaction" 23,658
- S10 TI ((job or work or role or career or employee\* or staff) N2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)) OR AB ((job or work or role or career or employee\* or staff) N2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)) 20,160
- S9 TI (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) OR AB (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) OR AB (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) OR AB (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*) 241,717
- S8 MH "Personnel Loyalty" 861
- S7 (MH "Personnel Turnover") OR (MH "Personnel Retention") OR (MH "Personnel Recruitment") 25,030
- S6 MH "Personnel Management" 7884
- S5 S1 OR S2 OR S3 OR S4 41,106
- S4 TI (residential or institution\*) N2 (home\* or care or facilit\*) 4547
- S3 TI ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia) 3350
- S2 TI ((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia) 1944
- S1 MM "Nursing Homes+" OR MM "Housing for the Elderly" OR MM "Long Term Care" OR MM "Residential Facilities" OR MM "Assisted Living" 36,975

### Health Management Information Consortium (Ovid) <1979–January 2023>

Search date: 4 April 2023

- 1 care homes/ or nursing homes/ or old peoples homes/ 3306
- 2 long term care/ or long stay residential care/ 1984
- 3 residential care/ or local authority residential care/ or long stay residential care/ or private residential care/ or "residential care of the elderly"/ 4864
- 4 retirement communities/ 31
- 5 ("care home\*" or "nursing home\*").ti,hw. 3379
- 6 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 1005
- 7 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 631
- 8 or/1-7 [specific care homes] 9158
- 9 exp labour supply/ or labour market/ 8820
- 10 exp recruitment/ 4434
- 11 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*).tw,hw. 13,796
- 12 job satisfaction/ 1160
- 13 human resources management/ 1669
- 14 job mobility/ 27

- 15 ((job or work\* or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,hw. 2453
- 16 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,hw. 1402
- 17 labour mobility/ 62
- 18 or/9-17 [more specific recruit & retain] 24,083
- 19 exp incentive programmes/ or exp incentive systems/ 445
- 20 reward\*.tw,hw. 1409
- 21 ((effort or reward) adj3 (balanc\* or imbalanc\*)).tw,hw. 47
- 22 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*)).tw,hw. 1217
- 23 or/19-22 [IPT1 reward & recognition] 2967
- 24 8 and 18 and 23 [IPT1 staff recognition & rewards - specific recruit & care homes] 14
- 25 empowerment/ 964
- 26 (open dialog\* or open communication\*).tw,hw. 86
- 27 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy)).tw,hw. 3981
- 28 (huddle\* or handover\* or Hand-over\* or handoff\* or hand off\*).tw,hw. 293
- 29 or/25-28 [IPT10 listening to staff] 5158
- 30 8 and 18 and 29 [IPT10 listening to staff, recruit care homes] 12
- 31 systematic reviews/ or meta analysis/ 3739
- 32 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\*)).ti. 4971
- 33 ("review of reviews" or ((overview\* or umbrella) adj5 review\*)).ti. 72
- 34 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 1179
- 35 (meta-ethnography or meta-synthesis).ti. 49
- 36 or/31-35 [SR terms] 6383
- 37 (24 or 30) and 36 0

#### Ovid MEDLINE(R) ALL <1946-31 March 2023>

Search date: 3 April 2023

- 1 exp \*Nursing Homes/ or \*Homes for the Aged/ or \*Residential Facilities/ or \*Assisted Living Facilities/ or \*long term care/ 46,045
- 2 ("care home\*" or "nursing home\*").ti,kf. 23,744
- 3 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,kf. 3920
- 4 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,kf. 2018
- 5 or/1-4 [focussed care homes] 55,623
- 6 Personnel Turnover/ 5900
- 7 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*).tw,kf. 1,164,964
- 8 Personnel Selection/ 13,567
- 9 ((job or work or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,kf. 23,564
- 10 Personnel Loyalty/ 2207
- 11 Personnel Management/ 16,165
- 12 Job Satisfaction/ 28,440
- 13 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,kf. 12,748
- 14 or/6-13 [specific recruit/retain] 1,235,177

- 15 reward/ 25,474  
 16 Employee Incentive Plans/ 1573  
 17 ((effort or reward) adj3 (balanc\* or imbalanc\*)).tw,kf. 1471  
 18 reward\*.tw,kf./freq=2 27,486  
 19 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*)).tw,kf. 26,249  
 20 or/15-19 [IPT1 staff recognition & reward] 66,051  
 21 5 and 14 and 20 [IPT1 staff recognition & rewards - specific recruit & care homes] 87  
 22 empowerment/ 734  
 23 (open\* adj2 (dialog\* or communicat\*)).tw,kf. 3343  
 24 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy)).tw,kf. 27,822  
 25 Patient Handoff/ 1569  
 26 (huddle\* or handover\* or Hand-over\* or handoff\* or hand off\*).tw,kf. 6204  
 27 or/22-26 [IPT10 listening to staff] 37,837  
 28 5 and 14 and 27 [IPT10 listening to staff - specific recruit & care homes] 135  
 29 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\*)).ti. 736,472  
 30 ("review of reviews" or ((overview\* or umbrella) adj5 review\*)).ti. 2901  
 31 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 92,634  
 32 (meta-ethnography or meta-synthesis).ti. 1295  
 33 meta-analysis/ or "systematic review"/ 306,252  
 34 or/29-33 [SR terms] 845,599  
 35 (21 or 28) and 34 [Reviews IPT1 & IPT10] 6

#### APA PsycInfo (Ovid)<1806 to March Week 4 2023>

Search date: 3 April 2023

- 1 \*residential care institutions/ or exp \*nursing homes/ 17,126  
 2 \*long term care/ or \*Retirement Communities/ 5116  
 3 \*assisted living/ 680  
 4 ("care home\*" or "nursing home\*").ti,hw. 10,809  
 5 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 1637  
 6 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 929  
 7 or/1-6 [focussed care homes] 24,197  
 8 personnel recruitment/ 2686  
 9 employee turnover/ or employee retention/ 7671  
 10 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\*).tw,hw. 261,683  
 11 job satisfaction/ 21,722  
 12 human resource management/ 12,999  
 13 ((job or work or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,hw. 37,655  
 14 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,hw. 13,484  
 15 or/8-14 [specific recruit & retain] 313,969  
 16 exp Rewards/ or exp incentives/ 29,449  
 17 exp Professional Recognition/ or employee motivation/ 5203  
 18 reward\*.tw,hw./freq=2 35,605  
 19 ((effort or reward) adj3 (balanc\* or imbalanc\*)).tw,hw. 851

- 20 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*).tw,hw. 14,525  
 21 or/16-20 [IPT1 staff recognition & reward] 60,748  
 22 7 and 15 and 21 [IPT1 staff recognition & reward recruit care homes] 47  
 23 empowerment/ 9456  
 24 (open\* adj2 (dialog\* or communicat\*)),tw,hw. 3373  
 25 ((professional\* or staff or employee\* or manager? or aide\* or assistant\* or worker\* or personnel or peer? or role? or job) adj4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy)).tw,hw. 24,747  
 26 (huddle\* or handover\* or Hand-over\* or handoff\* or hand off\*).tw,hw. 1423  
 27 or/23-26 [IPT10 listening to staff] 37,131  
 28 7 and 15 and 27 [IPT10 listening to staff, recruit care homes] 88  
 29 (systematic review or meta analysis or metasynthesis).md. 62,926  
 30 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\*).ti. 69,815  
 31 ("review of reviews" or ((overview\* or umbrella) adj5 review\*).ti. 484  
 32 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 12,886  
 33 (meta-ethnography or meta-synthesis).ti. 739  
 34 or/29-33 [SRs] 92,372  
 35 (22 or 28) and 34 [SRs IPT 1 & IPT10] 2

### Web of Science Core Collection

Simultaneous search of the following databases

- WOS.SSCI: 1900 to 2023
- WOS.AHCI: 1975 to 2023
- WOS.ISTP: 1990 to 2023
- WOS.ESCI: 2015 to 2023
- WOS.SCI: 1900 to 2023
- WOS.ISSHP: 1990 to 2023

Search date: 3 April 2023

- 1: "Care home\*" OR "nursing home\*" (Topic)" 49,393
- 2: ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Title) OR ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Keyword Plus ®)" 4847
- 3: (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Title) OR (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Keyword Plus ®)" 2763
- 4: #3 OR #2 OR #1 53,768
- 5: "turn-over" or turnover or recruit\* or retain\* or retention or resign\* or quit\* or loyalty or churn\* or vacan\* (Topic)" 2,006,704
- 6: (job or work or role or career or employee\* or staff) NEAR/2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition) (Topic)" 74,459
- 7: (labor or labour) NEAR/3 (market\$ or force or supply or demand) (Topic)" 86,110
- 8: #5 OR #6 OR #7 2,144,450
- 9: reward\* (Title) OR reward\* (Keyword Plus ®) OR reward\* (Author Keywords)" 56,111
- 10: (professional\* or staff or employee\* or manager\$ or aide\* or assistant\* or worker\* or personnel or peer\$ or role\$ or job) NEAR/4 (respect or recognition or recogni?e\* or appreciat\* or incentive\*) (Topic)" 52,467
- 11: (effort or reward) NEAR/3 (balance\* or imbalanc\*) (Topic)" 3708
- 12: #9 OR #10 OR #11 110,044

- 13: #12 AND #8 AND #4 83
- 14: open\* NEAR/2 (dialog\* or communicat\*) (Topic)" 9080
- 15: (professional\* or staff or employee\* or manager\$ or aide\* or assistant\* or worker\* or personnel or peer\$ or role\$ or job) NEAR/4 (communicat\* or accountab\* or inclusiv\* or empower\* or listen\* or autonomy). (Topic)" 68,840
- 16: huddle\* or handover\* or "Hand-over\*" or handoff\* or "hand off\*" (Topic)" 26,235
- 17: #14 OR #15 OR #16 103,188
- 18: #17 AND #8 AND #4 169
- 19: TI= (Literature review\* or systematic near/2 review\* or narrative near/2 review\* or critical near/2 review\* or realist near/2 review\* or scoping review\* or synthesis or meta-analys\* or meta-ethnog\* or meta-synthes\*) OR TS= ("Search filter\*" or "search strateg\*" or "literature search\*")" 1,895,491
- 20: (#13 OR #18) AND #19 9

**Social care online**

[www.scie-socialcareonline.org.uk/](http://www.scie-socialcareonline.org.uk/)

Search date: 3 April 2023

Using Advanced search interface

Note: number retrieved keeps changing!

***Searches 1–6 Reward and recognition [IPT4]***

Search 1

Subject term (INC narrower terms): "care homes"                   **AND**

Subject term (INC broader terms): "recruitment"                   **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 4

Search 2

Subject term (INC narrower terms): "care homes"                   **AND**

Subject term (INC related terms): "staff retention"                   **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 11

Search 3

Subject term (INC narrower terms): "care homes"                   **AND**

All fields: recruit\* OR retention OR retain\* OR turnover                   **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 13

## Search 4

Subject term (this term only): "long term care" **AND**

Subject term (INC broader terms): "recruitment" **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 0

## Search 5

Subject term (this term only): "long term care" **AND**

Subject term (INC related terms): "staff retention" **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 0

## Search 6

Subject term (this term only): "long term care" **AND**

All fields: recruit\* OR retention OR retain\* OR turnover **AND**

All fields: reward\* OR incentive\* OR recogn\* OR appreciat\* OR bonus\*

Search results = 3

**Searches 7-12 listening to all staff [IPT2]**

## Search 7

Subject term (INC narrower terms): "care homes" **AND**

Subject term (INC broader terms): "recruitment" **AND**

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusiv\*

**Search results = 4**

## Search 8

Subject term (INC narrower terms): "care homes" **AND**

Subject term (INC related terms): "staff retention" **AND**

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusiv\*

Search results = 3

## APPENDIX 2

### Search 9

Subject term (INC narrower terms): "care homes" AND

All fields: recruit\* OR retention OR retain\* OR turnover AND

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusive\*

Search results = 6

### Search 10

Subject term (this term only): "long term care" AND

Subject term (INC broader terms): "recruitment" AND

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusiv\*

Search results = 1

### Search 11

Subject term (this term only): "long term care" AND

Subject term (INC related terms): "staff retention" AND

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusiv\*

Search results = 1

### Search 12

Subject term (this term only): "long term care" AND

All fields: recruit\* OR retention OR retain\* OR turnover AND

All fields: empower\* OR listen\* OR autonomy OR Communicat\* OR accountab\* OR inclusiv\*

Search results = 1

## Search strategies

### Search 2d: Evidence checks: IPT 2 & 4. Flexible working and salary packages

Date: 27 April 2023

CINAHL (EBSCO)

Search date: 27 April 2023

S44 S28 OR S37 397

S43 (S28 or S37) AND S42 15

- S42 S38 OR S39 OR S40 OR S41 318,444
- S41 TI Literature review\* or systematic n2 review\* or narrative n2 review\* or critical n2 review\* or realist n2 review\* or scoping review\* or synthesis or meta-analys\* or meta-ethnog\* or meta-synthesis 310,538
- S40 AB "Search filter\*" or "search strateg\*" or "literature search\*" 31,071
- S39 (MH "Scoping Review") OR (MH "Systematic Review") 124,109
- S38 (MH "Meta Analysis") OR (MH "Meta Synthesis") 70,619
- S37 S5 AND S14 AND S36 196
- S36 S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 37,071
- S35 TI "job shar\*" OR AB "job shar\*" 140
- S34 TI (self-schedul\* or self-staff\* or self-roster\*) OR AB (self-schedul\* or self-staff\* or self-roster\*) 154
- S33 TI (shift N1 (pattern\* or work or roster\* or rota#)) OR AB (shift N1 (pattern\* or work or roster\* or rota#)) 3104
- S32 TI (flexitime or flexi-time) OR AB (flexitime or flexi-time) 21
- S31 TI (flex# N1 (time or hours or shift)) OR AB (flex# N1 (time or hours or shift)) 37
- S30 TI (flexib\* N2 (work\* or shift# or hours or roster\* or rota#)) OR AB (flexib\* N2 (work\* or shift# or hours or roster\* or rota#)) 1879
- S29 (MH "Personnel Staffing and Scheduling+") 33,656
- S28 S5 AND S14 AND S27 237
- S27 S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 129,740
- S26 TI bonus\* AND AB bonus\* 72
- S25 TI "health\* insurance" OR AB "health\* insurance" 23,687
- S24 TI pension# OR AB pension# 3426
- S23 (MH "Pensions") 3075
- S22 TI ((competitive or fringe) N2 (benefit# or package#)) OR AB ((competitive or fringe) N2 (benefit# or package#)) 194
- S21 TI ((job or employ\* or worker\* or staff or personnel) N2 (benefit# or package#)) OR AB ((job or employ\* or worker\* or staff or personnel) N2 (benefit# or package#)) 2866
- S20 (MH "Health Benefit Plans, Employee") 650
- S19 TI ((maternity or paternity or parental or sick\* or illness or annual or holiday\*) N3 (pay\* or leave or paid or benefit#)) OR AB ((maternity or paternity or parental or sick\* or illness or annual or holiday\*) N3 (pay\* or leave or paid or benefit#)) 6055
- S18 TI "paid leave" OR AB "paid leave" 162
- S17 TI remunerat\* OR AB remunerat\* 1531
- S16 TI (pay\* or salary or salaries or wage\*) OR AB (pay\* or salary or salaries or wage\*) 76,828
- S15 (MH "Salaries and Fringe Benefits+") 36,414
- S14 S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 278,926
- S13 TI ((labor or labour) N3 (market# or force or supply or demand)) OR AB ((labor or labour) N3 (market# or force or supply or demand)) 4850
- S12 MH "Job Market" 3389
- S11 MH "Job Satisfaction" 22,790
- S10 TI ((job or work or role or career or employee\* or staff) N2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)) OR AB ((job or work or role or career or employee\* or staff) N2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)) 19,704
- S9 TI (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty or churn\* or vacan\*) OR AB (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty or churn\* or vacan\*) 226,128
- S8 MH "Personnel Loyalty" 829
- S7 (MH "Personnel Turnover") OR (MH "Personnel Retention") OR (MH "Personnel Recruitment") 24,003
- S6 MH "Personnel Management" 7426
- S5 S1 OR S2 OR S3 OR S4 40,287
- S4 TI (residential or institution\*) N2 (home\* or care or facilit\*) 4496
- S3 TI ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) N5 (old\* or aged or elder\* or geriatric or dementia) 3317

- S2 TI ((residential or institution\*) N2 (home\* or care or facilit\*)) N5 (old\* or aged or elder\* or geriatric or dementia)) 1920
- S1 MM "Nursing Homes+" OR MM "Housing for the Elderly" OR MM "Long Term Care" OR MM "Residential Facilities" OR MM "Assisted Living" 36,211

### Health Management Information Consortium (Ovid) <1979 to March 2023>

Search date: 27 April 2023

- 1 care homes/ or nursing homes/ or old peoples homes/ 3313
- 2 long term care/ or long stay residential care/ 1986
- 3 residential care/ or local authority residential care/ or long stay residential care/ or private residential care/ or "residential care of the elderly"/ 4862
- 4 retirement communities/ 31
- 5 ("care home\*" or "nursing home\*").ti,hw. 3386
- 6 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 1005
- 7 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 631
- 8 or/1-7 [specific care homes] 9165
- 9 exp labour supply/ or labour market/ 8859
- 10 exp recruitment/ 4442
- 11 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty or churn\* or vacan\*).tw,hw. 12,989
- 12 job satisfaction/ 1163
- 13 human resources management/ 1679
- 14 job mobility/ 27
- 15 ((job or work\* or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,hw. 2458
- 16 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,hw. 1410
- 17 labour mobility/ 62
- 18 or/9-17 [more specific recruit & retain] 23,324
- 19 exp employee benefits/ 5357
- 20 exp pay/ 3691
- 21 occupational pensions/ 4318
- 22 "conditions of employment"/ or overtime/ or superannuation/ 2086
- 23 (pay\* or salary or salaries or wage\*).tw,hw. 14,195
- 24 remunerat\*.tw,hw. 928
- 25 exp leave/ 896
- 26 ((maternity or paternity or parental or sick\* or illness or annual or holiday\*) adj3 (pay\* or leave or paid or benefit\*)).tw,hw. 1569
- 27 ((job or employ\* or worker\* or staff or personnel) adj2 (benefit? or package\*)).tw,hw. 361
- 28 ((competitive or fringe) adj2 (benefit? or package\*)).tw,hw. 21
- 29 pension?.tw,hw. 7245
- 30 health\* insurance.tw,hw. 2481
- 31 bonus\*.tw,hw. 168
- 32 or/19-31 [IPT4 salary package] 26,053
- 33 8 and 18 and 32 [IPT4 salary package focus recruit care homes] 73
- 34 flexible working/ 299
- 35 (flexib\* adj2 (work\* or shift? or hours or roster\* or rota?)).tw,hw. 670
- 36 (flex? adj (time or hours or shift)).tw,hw. 2
- 37 flexible working hours/ 55
- 38 (flexitime or flexi-time).tw,hw. 14

- 39 (shift adj (pattern\* or work or roster\* or rota?)).tw,hw. 413  
 40 (self-schedul\* or self-staff\* or self-roster\*).tw,hw. 23  
 41 job shar\*.tw,hw. 157  
 42 job sharing/ 100  
 43 ((nonstandard or non-standard) adj2 (contract\* or hours or shift? or schedule?)).tw,hw. 3  
 44 or/34-43 [IPT2 flexible working] 1187  
 45 8 and 18 and 44 [IPT2 flexible working recruit care homes] 1  
 46 systematic reviews/ or meta analysis/ 3745  
 47 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\*)).ti. 4995  
 48 ("review of reviews" or ((overview\* or umbrella) adj5 review\*)).ti. 72  
 49 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 1181  
 50 (meta-ethnography or meta-synthesis).ti. 52  
 51 or/46-50 [SR terms] 6406  
 52 (33 or 45) and 51 [SRs IPT2 & 4] 1  
 53 33 or 45 74

### Ovid MEDLINE(R) ALL <1946–26 April 2023>

Search date: 27 April 2023

- 1 exp \*Nursing Homes/ or \*Homes for the Aged/ or \*Residential Facilities/ or \*Assisted Living Facilities/ or \*long term care/ 46,079  
 2 ("care home\*" or "nursing home\*").ti,kf. 23,801  
 3 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,kf. 3940  
 4 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,kf. 2027  
 5 or/1-4 [focussed care homes] 55,715  
 6 Personnel Turnover/ 5903  
 7 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty or churn\* or vacan\*).tw,kf. 1,043,760  
 8 Personnel Selection/ 13,572  
 9 ((job or work or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition)).tw,kf. 23,648  
 10 Personnel Loyalty/ 2207  
 11 Personnel Management/ 16,166  
 12 Job Satisfaction/ 28,477  
 13 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,kf. 12,787  
 14 or/6-13 [specific recruit/retain] 1,114,400  
 15 exp "Salaries and Fringe Benefits"/ 33,762  
 16 (pay\* or salary or salaries or wage\*).tw,kf. 144,212  
 17 remunerat\*.tw,kf. 3692  
 18 paid leave.tw,kf. 212  
 19 ((maternity or paternity or parental or sick\* or illness or annual or holiday\*) adj3 (pay\* or leave or paid or benefit\*)).tw,kf. 10,385  
 20 exp Health Benefit Plans, Employee/ 10,241  
 21 ((job or employ\* or worker\* or staff or personnel) adj2 (benefit? or package\*)).tw,kf. 3094  
 22 ((competitive or fringe) adj2 (benefit? or package\*)).tw,kf. 437  
 23 exp Pensions/ 4902  
 24 pension?.tw,kf. 6313  
 25 health\* insurance.tw,kf. 53,852  
 26 bonus\*.tw,kf. 1891

- 27 or/15-26 [IPT 4 Salary package] 234,342  
 28 5 and 14 and 27 [IPT4 salary package focus recruit care homes] 255  
 29 exp "Personnel Staffing and Scheduling"/ 45,766  
 30 (flexib\* adj2 (work\* or shift? or hours or roster\* or rota?)).tw,kf. 2560  
 31 (flex? adj (time or hours or shift)).tw,kf. 25  
 32 (flexitime or flexi-time).tw,kf. 40  
 33 (shift adj (pattern\* or work or roster\* or rota?)).tw,kf. 5767  
 34 (self-schedul\* or self-staff\* or self-roster\*).tw,kf. 152  
 35 job shar\*.tw,kf. 168  
 36 ((nonstandard or non-standard) adj2 (contract\* or hours or shift? or schedule?)).tw,kf. 149  
 37 or/29-36 [IPT2 flexible working] 51,242  
 38 5 and 14 and 37 [IPT2 flexible working recruit care homes] 277  
 39 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or  
 scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\*).ti. 740,814  
 40 ("review of reviews" or ((overview\* or umbrella) adj5 review\*)).ti. 2939  
 41 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 93,209  
 42 (meta-ethnography or meta-synthesis).ti. 1317  
 43 meta-analysis/ or "systematic review"/ 308,518  
 44 or/39-43 [SR terms] 850,387  
 45 (28 or 38) and 44 [SRs IPT2 & 4] 11  
 46 28 or 38 492

#### APA PsycInfo (Ovid) <1806 to April Week 3 2023>

Search date: 27 April 2023

- 1 \*residential care institutions/ or exp \*nursing homes/ 17,163  
 2 \*long term care/ or \*Retirement Communities/ 5138  
 3 \*assisted living/ 685  
 4 ("care home\*" or "nursing home\*").ti,hw. 10,833  
 5 (("long term care" or "residential care" or "assisted living" or "care facilities" or "care facility" or Sector)  
 adj5 (old\* or aged or elder\* or geriatric or dementia)).ti,hw. 1649  
 6 ((residential or institution\*) adj2 (home\* or care or facilit\*) adj5 (old\* or aged or elder\* or geriatric or  
 dementia)).ti,hw. 933  
 7 or/1-6 [focussed care homes] 24,264  
 8 personnel recruitment/ 2694  
 9 employee turnover/ or employee retention/ 7703  
 10 (turn-over or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty  
 or churn\* or vacan\*).tw,hw. 227,726  
 11 job satisfaction/ 21,772  
 12 human resource management/ 13,037  
 13 ((job or work or role or career or employee\* or staff) adj2 (satisf\* or dissatisf\* or leav\* or loss\* or  
 attrition)).tw,hw. 37,739  
 14 ((labor or labour) adj3 (market? or force or supply or demand?)).tw,hw. 13,509  
 15 or/8-14 [specific recruit & retain] 280,442  
 16 exp income level/ 19,167  
 17 exp Salaries/ or exp employee benefits/ 11,566  
 18 (pay\* or salary or salaries or wage\*).tw,hw. 62,506  
 19 Remunerat\*.tw,hw. 1144  
 20 paid leave.tw,hw. 149  
 21 ((maternity or paternity or parental or sick\* or illness or annual or holiday\*) adj3 (pay\* or leave or paid  
 or benefit\*)).tw,hw. 3752  
 22 ((job or employ\* or worker\* or staff or personnel) adj2 (benefit? or package?)).tw,hw. 4996

- 23 ((competitive or fringe) adj2 (benefit? or package\*).tw,hw. 290  
 24 pension?.tw,hw. 2413  
 25 health\* insurance.tw,hw. 11,611  
 26 bonus\*.tw,hw. 1556  
 27 or/16-26 [IPT4 salary packages] 102,327  
 28 7 and 15 and 27 [IPT4 salary package focus recruit care homes] 122  
 29 ((child\* or adolescen\*) not adult\*).ag. 551,643  
 30 28 not 29 121  
 31 exp work scheduling/ 1955  
 32 (flexib\* adj2 (work\* or shift? or hours or roster\* or rota?)).tw,hw. 2550  
 33 (flex? adj (time or hours or shift)).tw,hw. 34  
 34 (flexitime or flexi-time).tw,hw. 69  
 35 (shift adj (pattern\* or work or roster\* or rota?)).tw,hw. 2061  
 36 (self-schedul\* or self-staff\* or self-roster\*).tw,hw. 48  
 37 job shar\*.tw,hw. 84  
 38 ((nonstandard or non-standard) adj2 (contract\* or hours or shift? or schedule?)).tw,hw. 209  
 39 or/31-38 [IPT2 flexible working] 6141  
 40 7 and 15 and 39 [IPT2 flexible working, focus recruit care homes] 15  
 41 (systematic review or meta analysis or metasynthesis).md. 63,342  
 42 (Literature review\* or (systematic adj2 review\*) or (narrative adj2 review\*) or (critical adj2 review\*) or scoping review\* or synthesis or meta-analys\* or ((realist adj2 review\*) or meta-ethnograph\* or meta-synthesis)).ti. 70,273  
 43 ("review of reviews" or ((overview\* or umbrella) adj5 review\*)).ti. 488  
 44 ("Search filter\*" or "search strateg\*" or "literature search\*").ab. 12,943  
 45 or/41-44 [SR terms] 92,922  
 46 (30 or 40) and 45 [SRs IPT2 & 4] 3  
 47 30 or 40 134

### Web of Science Core Collection

Simultaneous search of the following databases

- WOS.SSCI: 1900 to 2023
- WOS.AHCI: 1975 to 2023
- WOS.ISTP: 1990 to 2023
- WOS.ESCI: 2015 to 2023
- WOS.SCI: 1900 to 2023
- WOS.ISSHP: 1990 to 2023

Search date: 27 April 2023

- 1: "Care home\*" OR "nursing home\*" (Topic) 49,514
- 2: ("long term care" OR "residential care" OR "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Title) OR ("long term care" OR "residential care" or "assisted living" OR "care facilities" OR "care facility" OR Sector) NEAR/5 (old\* or aged or elder\* or geriatric or dementia) (Keyword Plus ®) 4866
- 3: (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Title) OR (((residential or institution\*) NEAR/2 (home\* or care or facilit\*)) NEAR/5 (old\* or aged or elder\* or geriatric or dementia)) (Keyword Plus ®) 2774
- 4: #3 OR #2 OR #1 53,910
- 5: "turn-over" or turnover or recruit\* or retain\* or retention or resign\* or quit or quits or quitting or loyalty or churn\* or vacan\* (Topic) 1,674,556
- 6: (job or work or role or career or employee\* or staff) NEAR/2 (satisf\* or dissatisf\* or leav\* or loss\* or attrition) (Topic) 74,801

- 7: (labor or labour) NEAR/3 (market\$ or force or supply or demand) (Topic) 86,406
- 8: #7 OR #6 OR #5 1,814,040
- 9: pay\* or salary or salaries or wage\* (Topic) 425,226
- 10: remunerat\* (Topic) 9236
- 11: "paid leave" (Topic) 347
- 12: (maternity or paternity or parental or sick\* or illness or annual or holiday\*) NEAR/3 (pay\* or leave or paid or benefit\*). (Topic) 16,448
- 13: (job or employ\* or worker\* or staff or personnel) NEAR/2 (benefit\$ or package\*) (Topic) 10,203
- 14: (competitive or fringe) NEAR/2 (benefit\$ or package\*) (Topic) 1616
- 15: pension\$ (Topic) 19,989
- 16: "health\* insurance" (Topic) 54,334
- 17: bonus\* (Topic) 6935
- 18: #17 OR #16 OR #15 OR #14 OR #13 OR #12 OR #11 OR #10 OR #9 524,086
- 19: #4 AND #8 AND #18 251
- 20: flexib\* NEAR/2 (work\* or shift\$ or hours or roster\* or rota\$) (Topic) 11,995
- 21: flex\$ NEAR/1 (time or hours or shift) (Topic) 140
- 22: flexitime or flexi-time (Topic) 151
- 23: shift NEAR/1 (pattern\* or work or roster\* or rota\$) (Topic) 17,819
- 24: self-schedul\* or self-staff\* or self-roster\* (Topic) 677
- 25: "job shar\*" (Topic) 234
- 26: (nonstandard or non-standard) NEAR/2 (contract\* or hours or shift\$ or schedule\*) (Topic) 425
- 27: #26 OR #25 OR #24 OR #23 OR #22 OR #21 OR #20 30,900
- 28: #27 AND #8 AND #4 38
- 29: #28 OR #19 281
- 30: TI= (Literature review\* or systematic near/2 review\* or narrative near/2 review\* or critical near/2 review\* or realist near/2 review\* or scoping review\* or synthesis or meta-analys\* or meta-ethnog\* or meta-synthes\*) OR TS= ("Search filter\*" or "search strateg\*" or "literature search\*") 1,901,763
- 31: #30 AND #29 11

### Social care online

[www.scie-socialcareonline.org.uk/](http://www.scie-socialcareonline.org.uk/)

Search date: 27 April 2023

Using Advanced search interface

**Salary Package [IPT4] searches 1-6**

**Flexible working [IPT2] searches 7-12**

**Total: 48**

Search 1

Subject term (INC narrower terms): "care homes" AND

Subject term (INC broader terms): "recruitment" AND

Subject term (INC narrower terms): "wages"

Search results = 3

## Search 2

Subject term (INC narrower terms): "care homes" AND

Subject term (INC broader terms): "recruitment" AND

Subject term (INC narrower terms): "pensions" (also tried "leave" here)

Search results = 0 (both)

## Search 3

Subject term (INC narrower terms): "care homes" AND

Subject term (INC broader terms): "recruitment" AND

All fields: pay\* OR salary OR salaries OR wage\* OR remunerat\* OR bonus\*

Search results = 14

## Search 4

Subject term (INC narrower terms): "care homes" AND

Subject term (INC related terms): "staff retention" AND

Subject term (INC narrower terms): "wages"

Search results = 6

## Search 5

Subject term (INC narrower terms): "care homes" AND

Subject term (INC related terms): "staff retention" AND

Subject term (INC narrower terms): "pensions"" (also tried "leave" here)

Search results = 0 (both)

## Search 6

Subject term (INC narrower terms): "care homes" AND

Subject term (INC related terms): "staff retention" AND

All fields: pay\* OR salary OR salaries OR wage\* OR remunerat\* OR bonus\*

Search results = 16

## Search 7

Subject term (this term only): "long term care" AND

## APPENDIX 2

Subject term (INC broader terms): "recruitment" AND

Subject term (INC narrower terms): "wages"

Search results = 1

Search 8

Subject term (this term only): "long term care" AND

Subject term (INC broader terms): "recruitment" AND

Subject term (INC narrower terms): "pensions" (also tried "leave" here)

Search results = 0 (both)

Search 9

Subject term (this term only): "long term care" AND

Subject term (INC broader terms): "recruitment" AND

All fields: pay\* OR salary OR salaries OR wage\* OR remunerat\* OR bonus\*

Search results = 2

Search 10

Subject term (this term only): "long term care" AND

Subject term (INC related terms): "staff retention" AND

Subject term (INC narrower terms): "wages"

Search results = 1

Search 11

Subject term (this term only): "long term care" AND

Subject term (INC related terms): "staff retention" AND

Subject term (INC narrower terms): "pensions" =0

(also tried "leave" here) = 1

Search 12

Subject term (this term only): "long term care" AND

Subject term (INC related terms): "staff retention"

All fields: pay\* OR salary OR salaries OR wage\* OR remunerat\* OR bonus\*

Search results = 4.



EME  
HSDR  
HTA  
PGfAR  
PHR

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