

Understanding the relationship between resilience and care quality in home care support

Jan Healey, Sue Hignett & Diane Gyi

Loughborough University, UK

ABSTRACT

A resilient healthcare theoretical framework was applied to identify the performance obstacles and corresponding adaptations home care workers make in the delivery of home care support to provide an understanding of the relationship between home care resilience and quality of care.

KEYWORDS

Human factors, quality of healthcare, patient safety

Content

Home care in England is typically commissioned using a 'Time and Task' costing model limited to direct client contact time. Workflow fluctuations, workload demands and staff turnover are constant pressures in the home care sector (Skills for Care, 2021) and little is known about the resilient attributes of the homecare workforce and how service pressures effect the quality of care.

The aim was to understand the factors that affect home care quality and safety standards by exploring how home care workers (HCWs) deliver care and manage work performance barriers.

Study design and sampling strategy

The study used a mixed methods design in two parts.

1. Descriptive surveys (HCW and client) recorded work-as-done (last shift). The HCW survey included questions about job characteristics and client's demographic data (n=99 care calls) e.g., level of mobility and cognitive behaviour which was categorised using design personas.
2. In-depth interviews with home care worker participants (n=11) to explore their work attitudes, feelings and behaviours.

Data analysis

The application of the resilience health care theory model; Concepts of Applied Resilience Engineering Quality Improvement (CARE QI) (Anderson et al, 2020) theoretical framework was chosen to guide understanding of the home care 'work-as-done' (WAD) and the adaptations that were made due to misalignments between demand and capacity characterised as 'work-as-imagined' (WAI). SEIPS 2.0 (Holden et al, 2013) was selected as a secondary analysis to identify the processes causing the misalignments and adaptations.

Results and discussion

Performance obstacles were identified in six elements of the work system; persons (client and HCW), tasks, organisation, internal environment, tools/technology and external environment. Person(s), organisation and tasks imposed a strong influence on HCW performance due to the

number of obstacles (Table 1). There were 132 misalignments (CARE QI) identified by type demand and capacity misalignments of which 55 corresponded to adaptations HCWs made during work shifts.

Table 1: Home care work-as-done

| Performance shaping factors | Misalignments | Adaptations (n=55) | |
|--|-------------------------------|--|----|
| Person(s) factors P1 – client: preferences, physical and cognitive abilities, understanding of care needs, ability to participate, engage and cooperate in their care activities P2 - HCW: HCWs knowledge of client needs, home environment and how health condition(s) effect functional abilities. | Client complexity Staffing | Extend shift Reduce call time Sacrifice breaks | 20 |
| Task factors Ta1 - care task complexity e.g., client presentation, ability to participate & cooperate, variability and number of activities Ta2- physicality of the task associated with dependency levels (e.g., moving and handling) Ta3- sequencing, pacing, adapting of activities to match client abilities Ta4- Covid PPE (face mask) communication barrier | Skills and knowledge | Extend shift Reduce call time Sacrifice breaks | 14 |
| Organisation factors O1- workload scheduling demands, short notice changes, distance between care calls O2- inflexible care support plan -fixed length of time for care calls O3- inadequate/no rostered travel time, route planning | Care coordination | Modify ADLs Extend shift Reduce call time | 21 |

The adaptations identified as routine ways of working are characteristic of the resilience strategies devised by workers to offset conflicting goals e.g., work schedule versus quality-of-care outcomes.

The key findings from this study have shown that the provision of home care is dependent on the resilience behaviours of HCWs but may introduce challenges for the quality and safety of care.

References

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