

Directors of Nursing in the Irish long-term care setting:

Learning and Development
supports required to meet
challenges in their current role

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Table of Contents

	Page
Acknowledgements	
List of Abbreviations	2
Participant Groups	2
Foreword	3
Leading Healthcare Providers (LHP) Skillnet	5
Executive Summary	6
Background	9
Methods	13
Research Findings	15
Part 1: Findings from the anonymous online survey	16
Demographics (See Appendix 1, Table 1)	16
Responses to open-ended questions	20
Part 2: Findings from the semi structured interviews	23
Theme 1. Challenges	23
Theme 2. Supports	25
Theme 3. Vision	29
Recommendations	33
Practical Steps for Action -	35
Conclusions	37
References	41
Appendices	45
Appendix 1 – Quantitative results	46
Appendix 2 - Authors	53

List of Tables

	Page
In the main document	
Table 1	Demographic Work Environment Characteristics 16
Table 2	Key Findings from the Maslach Burnout Inventory Questionnaire 17
Table 3	Responses to open ended question 1: Education and Training 21
Table 4	Themes and subthemes 23
Table 5	Key Recommendations for Action 34
In appendix 1	
Table 1	Nurse Manager Work Environment Scale (adapted) 46
Table 2	The Utrecht Work Engagement Scale-9 51
Table 3	Intention to leave current job 52
Table 4	Views and opinions about Care of the Older Person Nursing 52

List of Abbreviations

CEO	Chief Executive Officer	LHP	Leading Healthcare Providers
CoE	Centre of excellence	LTC	Long-term Care
CPD	Continuing Professional Development	NH	Nursing Homes
DON*	Director of Nursing	PIC*	Person In Charge*
EU	European Union	PIL	Participant Information Leaflet
FG	Focus Group	PN	Provider Nominee
ICN	International Council of Nurses	RCSI	Royal College of Surgeons
HCA	Health Care Assistant	ROI	Republic of Ireland
HIQA	Health Information Quality Authority	RR	Regulator Representative

* The Director of Nursing (DON) for the most part is the Person In Charge, but not in all cases. Therefore, the abbreviation DON and PIC are used interchangeably and refer to the one role.

Participant Groups

	Director of Nursing Public Sector	DON Public
	Director of Nursing Private Sector	DON Private
	Director of Nursing Voluntary Sector	DON Voluntary
	Nursing Home Owner Provider Nominee	Provider Nominee
	Health Information and Quality Authority (HIQA) Regulator Representative	HIQA Rep

Foreword

The role of Director of Nursing (DON) in the long-term care (LTC) sector is pivotal in promoting a high standard of quality care to residents in their care. However, growing evidence has highlighted the risk of burnout and intention to leave among DONs in the sector. It is also well recognized that a workforce of skilled personnel is required in addition to the DON to provide high quality care.

This research examined the attitudes and experiences of DONs and Assistant DONs (ADONs), in the LTC sector in Ireland; regarding their educational and training needs, their work environment, their intention to leave, their level of burnout and to identify other supports required by DONs in their role.

This research sought the perspectives of DONs regarding their role from the public, private and voluntary sector, to gain a better understanding of the challenges experienced and the support required. This evidence was used to develop key recommendations to support DONs in their role. In addition, the perspectives of private nursing home owners and HIQA representatives were also sought to inform this research.

These key recommendations will inform policy makers, educators and providers about the supports required to retain and attract DONs in the roles. It also highlights key recommendations for LTC workforce development strategies to strengthen the LTC workforce and develop gerontological nursing in LTC as a specialty.

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Leading Healthcare Providers (LHP) Skillnet

Leading Healthcare Providers (LHP) Skillnet commissioned the European Centre of Excellence (CoE) for Research in Continuing Professional Development (CPD) based in the Faculty of Nursing and Midwifery at the Royal College of Surgeons (RCSI) to conduct this study and provided the funding for the study.

LHP Skillnet was established in January 2008, it is a not-for-profit Business Network co-funded by Skillnet Ireland and network companies. Skillnet Ireland is funded from the National Training Fund through the Department of Further and Higher Education, Research, Innovation and Science. Of the 70 Skillnet Ireland Business Networks, LHP Skillnet are the only Network dedicated exclusively to supporting the private healthcare sector. They do this through the provision of high-quality, sector-led, subsidized training and education, research, and new programme development.

In order to formulate important recommendations for the private LTC sector, research evidence was required to ensure targeted teaching and learning, and effective leadership development strategies are in place to support DONs in the LTC sector. This report highlights the research findings based on evidence from the nursing home community, nursing home owners, and regulatory representatives to contribute to shaping the future of DON workforce and leadership development in the private LTC sector. This report identifies the key recommendations from the research to guide and improve the delivery and impact of education and training for DONs in this sector.

Executive Summary

Due to the global ageing of the population, the demand for residential Long-Term Care (LTC) will rapidly rise in the coming years (OECD, 2020). This will require an adequately trained and skilled LTC workforce. Key to this workforce is the Directors of Nursing (DONs) in LTC. The DON for the most part is the Person In Charge (PIC). Therefore, the abbreviation DON and PIC are used interchangeably and refer to the one role within this paper.

Studies have shown that nursing leaders' retaining their managerial position for a longer time (i.e. job tenure) are associated with better outcomes for patients (Wong 2015); (Krause 2012, Wong et al. 2013). However, DONs in LTC are ageing and often close to retirement (Scammell, 2018). In particular, in the Republic of Ireland, DONs of LTC settings are increasingly thinking of leaving their post (Phelan et al. 2022). Research has indicated that intention to leave mainly depends on poor work environments, limited resources, and lack of career progression (Fitzpatrick et al., 2023). However, knowledge about this phenomenon in the residential care setting in the Republic of Ireland is still scarce.

The purpose of this study was to highlight the barriers, identify the learning and development supports required for the DONs in their role, and provide key recommendations for the provision of education and training for DONs to enhance their ability to fulfil their role.

The primary aim was to develop a better understanding of the factors associated with intention to leave and the educational needs perceptions of work environment, level of burnout of DONs and ADONs in the LTC sector. A second aim was to gain the perspectives of LTC owners and Health Information Quality Authority (HIQA) representatives with regard to the role of the DON and their recommendations of supports required for their role.

Key recommendations from this study include:

- ▶ The development and delivery of specific education, training and Continuous Professional Development (CPD) programmes tailored to meet the needs of the PICs within the LTC sector.
- ▶ Peer mentoring and coaching is also recommended as a key support for PICs in their work environment.
- ▶ The need to facilitate a positive work-life balance through the provision of organisational structures within the team to enable effective delegation and shared workload will provide additional support to PICs.
- ▶ The introduction of standardised management structures specifically in the private sector to support PICs to effectively fulfil regulatory obligations.
- ▶ To strengthen the LTC workforce by elevating Gerontological Nursing as a speciality within the long-term sector and developing career progression pathways across the disciplines of Nurses, Health Care Assistants and Social Care Workers.

There is an urgent need to improve the retention of the LTC workforce in particular for DONs.

The results of this study highlights the importance of introducing appropriate supports in terms of education, human and financial resources, along with career advancement opportunities for the LTC workforce.

In order to ensure the retention especially of more experienced and skilled staff such as DONs, a positive learning environment, better work-life balance, and flexibility are critically needed. This objective would require congruent policies to support nursing homes, especially those smaller independent nursing homes who cannot provide management structures akin to larger or grouped organisations due to financial constraints. Furthermore, for the DON in LTC to function effectively in their role they need the support of senior management, and a competent and skilled LTC workforce. Therefore, strategies to make working in the LTC setting more attractive are essential given the projected demands for LTC going forward.





Background

Expert and qualified nursing leaders are needed to effectively manage and guide resident care in the residential LTC sector. It is widely understood that the professional and personal demands of DONs in the LTC sector have evolved, becoming highly complex (Scales, 2021). Although the recruitment, development, and retention of nursing leaders at all levels are believed to have implications for resident care and the stability of the nursing workforce, their effect has been studied only in part and not fully understood. Some studies have shown how leaders' competencies and retaining their managerial position for a longer time (i.e. job tenure) are associated with better outcomes for patients (Wong 2015); (Krause 2012, Wong et al. 2013), such as lower rates of restraint use, fewer complications due to immobility, higher quality of care and resident satisfaction (Krause 2012). The turnover and retention of nursing managers in their positions also affects the retention of nursing staff, which in turn affects the quality of care provided, patient outcomes, and even missed care (Aiken et al., 2002; Brunetto et al. 2013; Ma et al. 2015). An Irish report on *'Experiences of DON in Preparing for and Managing Covid-19 in Care Homes for Older People'*, found "that almost one fifth (19%) of DON's were actively seeking other work, while a further 28% admitted to thinking of leaving their post" (Phelan et al. 2022).

The COVID-19 pandemic has exposed the vulnerability of nursing homes around the globe, highlighting the long-standing lack of investment in nursing practice and adequate staffing that could have prevented many deaths, both among healthcare staff and residents (Bakerjian et al. 2021). Bakerjian et al. (2021) made recommendations for a meaningful nursing home policy reform: including increasing efforts to recruit and retain the NH workforce, particularly registered nurses (RN). However, there were no recommendations in relation to the person in charge (director of care/nursing). In a report from the Republic of Ireland *COVID-19 Nursing Homes Expert Panel: Final Report* (Department of Health 2021) also made several recommendations with regard to DON (referred to as the person in charge – PIC) in the LTC sector. This report recommended that there should be national criteria on roles and responsibilities

of the PIC and registered nursing staff in nursing homes, which should be incorporated into the regulatory framework. Secondly, they recommended that senior nursing staff undertake post-graduate gerontological training and show general evidence of training competency.

The literature until now has mainly focused on the retention and turnover intention in nursing staff directly involved in care. In the early 2000s, some studies identified the need to explore which catalysts (i.e., precipitating factors) contribute to generating intention to leave in nursing leaders or to reaching the decision to leave. Moreover, it is necessary to investigate which factors are involved in assessing personal self-efficacy and one's own performance in the workplace. Warden et al. found that job satisfaction had the strongest effect on intention to leave in nursing leaders, followed by professional vulnerability and a collaborative organizational culture. Leaders working in an effectively working organizational setting have been found to perceive less professional vulnerability (Warden et al., 2021).

Nursing leaders who are close to burnout have reported a greater intention to leave their position, especially those working in small hospitals (Takemura et al., 2020). The factors that may contribute to burnout need to be carefully evaluated to mitigate their direct or indirect effect on the turnover of nursing leaders. Through their meta-analysis, which includes some nursing studies, Aronsson et al., (2017) found that low job control, high job demands, low workplace support, low supervisor support, low co-worker support, low reward, and low organizational justice were related to emotional exhaustion and depersonalization (or cynicism). Similarly, correlations between the quality of the work environment and job satisfaction with burnout have been identified in various studies across different settings (McHugh et al., 2011; White et al., 2020 Riman et al., 2022).

There is an urgent need to understand which core competencies DONs in the LTC setting need to have to ensure they are well prepared to tackle the nursing home complexities and execute their roles and

responsibilities. In relation to this, Siegel & Young (2021) recommend advancing the capacity of DONs to improve the structures, processes, and outcomes associated with nursing home quality. There is a need to focus on managers' subjective experience regarding their role, which according to some recent studies are often not well prepared to tackle the increasing complexities of nursing homes and struggle to execute their roles and responsibilities, including making the business case for quality (Siegel & Young 2021). Therefore, it is urgent to enhance the skills and competences of DONs of nursing homes to improve their ability to address the increasingly complex issues and challenges associated with the management of nursing homes. Improving the work environment for DONs in the LTC sector may lead to lower levels of job dissatisfaction, intention to leave, and burnout. The focus on these outcomes can be used as a strategy to retain DONs in the LTC sector. Addressing the challenges of poor work environments requires coordinated action from policymakers and health managers.

Krause (2012) highlights how DONs need educational and occupational support especially during their transition into their new managerial role, in order to develop skills in coordinating and overseeing nursing care and ensuring compliance with the care and welfare regulations under the Health Act 2007. These skills also need to be maintained or updated over time through continuing professional development activities.

While studies exploring turnover in nursing leaders in the hospital setting are limited, knowledge about this phenomenon in the long-term care setting is practically non-existent. Therefore, studies exploring the main factors that may influence intention to leave in nursing leaders or lead to turnover in the long-term care setting could enable the identification of interventions to mitigate them. Strategic plans to support and incentivise nursing leaders could increase their retention in the long-term care setting.







Methods

The purpose of this study was to identify the barriers, identify the learning and development supports required for the DONs in their role, and compile key recommendations for the provision of education and training for DONs in terms of gaps in their knowledge, skills, and competencies. A second aim was to gain the perspectives of LTC owners and HIQA representatives with regard to the role of the DON and their recommendations to support DONs in their role. Also, this study proposes key recommendations for the benefit of CPD providers programme, workforce leaders and policymakers.

This study used an exploratory qualitative design and consisted of one-to-one interviews and an online survey which included four open ended questions.

Aim:

To develop a better understanding of the factors associated with intention to leave and the educational needs perceptions of work environment, level of burnout of DONs and ADONs in the LTC sector.

Objectives:

1. To identify the educational needs of DONs and ADONs in the LTC sector.
2. Examine factors associated with intention to leave of DONs and ADONs in the LTC sector.
3. Examine the relationship between work environment, intention to leave and burnout
4. To evaluate DON's experiences with the work environment
5. To identify other supports required by DONs and ADONs for their role in LTC sector

Part 1 - The online survey

Participants: DONs and ADONS in the LTC sector in the Republic of Ireland (ROI) were invited to complete an anonymous online questionnaire. They were recruited from private, HSE and voluntary/charitable LTC settings.

A questionnaire based on validated tools found in the literature was designed and adapted to the specific context through an Expert Consensus Meeting with a group of senior LTC Managers and experts in the field of LTC.

The study participants were asked to complete the anonymous online questionnaire which comprised of six sections (87 items) and one additional optional section with 4 items.

1. Demographic information (7 items)
2. Work Environment (4 items)
3. The Maslach Burnout Inventory (22 items)
4. Nurse Manager Work Environment Scale (44 items)
5. The Utrecht Work Engagement Scale (9 items)
6. Intention to leave (1 item)
7. Optional open-ended question: (4 items)

Part 2 – One-to-one interviews

A total of 16 one-to-one interviews were conducted: Four with DONs in the LTC private sector, three with DONs in the LTC public sector, four with HIQA representatives and four with Provider Nominees/ NH owners in the private LTC sector. All views and experiences of participants were recorded and analysed. The interviews centred on understanding the experience of DONs, LTC owners, and HIQA representative perspectives of the role of the DON, main challenges and supports required for DONs in the long-term care setting and their vision for the future of the LTC sector. The interviews were conducted online to minimise the inconvenience pertaining to travel as participants were from various locations across the ROI.

The intent of this qualitative research is to contribute to a better understanding of the collective views of DONs, NH Owners/ Provider Nominees and HIQA representatives on their unique experiences in the LTC sector and to identify key knowledge and skills competencies that can be supported through education and training.



Research Findings

Part 1: Findings from the anonymous online survey

There were 246 responses to the anonymous online survey of which 195 were complete responses and 54 incomplete responses.

Demographics (See Table 1)

The demographics indicated that the respondents in the main were DONs with a high level of education, of which over half (51.8%, N=101) had a postgraduate education in Gerontology. The respondents were predominantly working in the private sector in small to medium (<50-100 beds) size centres. Over 80% (81.0%, N=158) stated that English was their first language.

TABLE 1 ▶ Demographic Work Environment Characteristics (N=195)

Variable		N (%)
Job Title	Director of Nursing	142 (72.8)
	Assistant Director of Nursing	53 (27.2)
Highest educational achievement	Master's degree or higher	96 (49.2)
	Bachelor's degree	64 (32.8)
	Associate degree	6 (3.1)
	Diploma	22 (11.3)
	Certificate	7 (3.6)
Post-graduate education or training in gerontology	Yes	101 (51.8)
	No	94 (48.2)
Post-graduate education or training in Leadership and or Management	Yes	180 (92.3)
	No	15 (7.7)
First language	English	158 (81.0)
	Other	37 (19.0)
Work Group	Private	130 (66.7)
	HSE	51 (26.2)
	Voluntary	14 (7.2)
Size of LTC facility	<50 beds	83 (42.6)
	50-100 beds	88 (45.1)
	100 beds	24 (12.3)
Geographic location	Urban	61 (31.3)
	Suburban	50 (25.6)
	Rural	84 (43.1)
Age (Years)	Mean (SD)	48 (8.71)
Time in current position (Years)	Median	4 (IQR 6)
Years of experience (Long Term Care)	Median	15 (IQR 10)

Table 2 The Maslach Burnout Inventory

The Maslach Burnout Inventory (MBI) is considered the “gold standard” for measuring burnout, encompassing 3 scales: emotional exhaustion, depersonalization, and personal accomplishment. The following are some key findings from the MBI; almost half the respondents reported feeling emotionally drained from their work at least once a

week, (48.8%, n=95) and almost 70% felt they were working too hard on their job at least once a week (68.4%, n=132).

On a positive note, the majority participants reported that ‘I can easily create a relaxed atmosphere with my recipients’ (76.7%, n=148) and over 70% stated that ‘I have accomplished many worthwhile things in this job’ (72.7%, n=141) at least once a week.

TABLE 2 ▶ Maslach Burnout Inventory

	N (%) Never	N (%) A few times a year or less	N (%) Once a month or less	N (%) A few times a month	N (%) Once a week	N (%) A few times a week	N (%) Every day
I feel emotionally drained from my work.	3 (1.5)	30 (15.4)	26 (13.3)	41 (21.0)	22 (11.3)	51 (26.2)	22 (11.3)
I feel used up at the end of the workday.	8 (4.1)	24 (12.3)	16 (8.2)	38 (19.5)	23 (11.8)	54 (27.7)	32 (16.4)
I feel fatigued when I get up in the morning and have to face another day on the job*	20 (10.4)	26 (13.5)	25 (13.0)	32 (16.6)	17 (8.8)	46 (23.8)	27 (14.0)
I can easily understand how my recipients feel about things.	1 (0.5)	10 (5.2)	11 (5.8)	14 (7.3)	13 (6.8)	51 (26.7)	91 (47.6)
I feel I treat some recipients as if they were impersonal objects*	135 (70.3)	21 (10.9)	17 (8.9)	8 (4.2)	1 (0.5)	6 (3.1)	4 (2.1)
Working with people all day is really a strain for me*	75 (38.7)	48 (24.7)	18 (9.3)	19 (9.8)	11 (5.7)	18 (9.3)	5 (2.6)
I deal very effectively with the problems of my recipients.	10 (5.1)	5 (2.6)	2 (1.0)	14 (7.2)	13 (6.7)	59 (30.3)	92 (47.2)
I feel burned out from my work.	17 (8.7)	41 (21.0)	25 (12.8)	31 (15.9)	17 (8.7)	38 (19.5)	26 (13.3)
I feel I'm positively influencing other people's lives through my work*	7 (3.6)	8 (4.1)	13 (6.7)	22 (11.4)	14 (7.3)	56 (29.0)	73 (37.8)
I've become more callous toward people since I took this job*	90 (46.6)	34 (17.6)	17 (8.8)	17 (8.8)	10 (5.2)	15 (7.8)	10 (5.2)

TABLE 2 ▶ Maslach Burnout Inventory [CONTINUED]

	N (%) Never	N (%) A few times a year or less	N (%) Once a month or less	N (%) A few times a month	N (%) Once a week	N (%) A few times a week	N (%) Every day
I worry that this job is hardening me emotionally*	58 (29.9)	49 (25.3)	26 (13.4)	13 (6.7)	11 (5.7)	16 (8.2)	21 (10.8)
I feel very energetic	19 (9.7)	22 (11.3)	27 (13.8)	31 (15.9)	24 (12.3)	52 (26.7)	20 (10.3)
I feel frustrated by my job.	14 (7.2)	33 (16.9)	22 (11.3)	37 (19.0)	28 (14.4)	35 (17.9)	26 (13.3)
I feel I'm working too hard on my job*	7 (3.6)	15 (7.8)	11 (5.7)	28 (14.5)	22 (11.4)	54 (28.0)	56 (29.0)
I don't really care what happens to some recipients	173 (88.7)	11 (5.6)	2 (1.0)	5 (2.6)	2 (1.0)	1 (0.5)	1 (0.5)
Working with people directly puts too much stress on me*	62 (32.0)	50 (25.8)	28 (14.4)	18 (9.3)	12 (6.2)	19 (9.8)	5 (2.6)
I can easily create a relaxed atmosphere with my recipients*	2 (1.0)	11 (5.7)	21 (10.9)	11 (5.7)	17 (8.8)	58 (30.1)	73 (37.8)
I feel exhilarated after working closely with my recipients*	13 (6.7)	11 (5.7)	21 (10.8)	31 (16.0)	24 (12.4)	55 (28.4)	39 (20.1)
I have accomplished many worthwhile things in this job*	2 (1.0)	8 (4.1)	15 (7.7)	28 (14.4)	21 (10.8)	64 (33.0)	56 (28.9)
I feel like I'm at the end of my rope*	47 (24.5)	42 (21.9)	23 (12.0)	21 (10.9)	19 (9.9)	22 (11.5)	18 (9.4)
In my work, I deal with emotional problems very calmly.	0 (0.0)	6 (3.1)	13 (6.7)	24 (12.3)	12 (6.2)	46 (23.6)	94 (48.2)
I feel recipients blame me for some of their problems.	36 (18.5)	36 (18.5)	27 (13.8)	24 (12.3)	19 (9.7)	31 (15.9)	22 (11.3)

*Missing data

Nurse Manager Work Environment Scale

(See Appendix 1, Table 1.)

The Nurse Manager Work Environment Scale (NMWES) which was designed to describe and assess nurse managers' practice environments was adapted for the LTC sector for use in this study. It is divided into eight subsections. The following are some key findings from the NMWES:

Section 1: Empowering management team create a culture of patient safety (15 questions)

Over 35% stated that they strongly agree that they have a plan to further develop their skills and abilities as a leader and manager (35.4%, n=69).

Almost 30% stated that they strongly agree that they have flexibility in my work schedule (27.3%, n=53) and nearly half reported that maintaining a reputation for excellence is important to the management team (47.7%, n=93).

Section 2: Constructive Nurse Manager-director relationships (6 questions)

Just over 30% reported that they strongly agree that their registered provider/manager trusts their judgment when they make operational decisions (31.8%, n=62).

Section 3: Culture of generativity (6 questions)

Just 16% of respondents strongly agree that 'I have time to collaborate with frontline staff to develop solutions to the challenges we are experiencing' (16.0%, n=31), I have time to coach others (7.2%, n=14) and finally less than 5% strongly agree that 'I have time to reflect on my work performance (4.6%, n=9).

Section 4: Adequate budgeted resources (4 questions)

Less than 10% strongly agree that 'The budget allocations for my resident care area(s) are adequate' (9.2%, n=18).

Section 5: Culture of meaning (2 questions)

Just over 16% strongly agree that 'I am able to translate the organization's mission and goals to the frontline staff' (16.9%, n=33).

Section 6: Collegial relationships between DON/ADONs and General Practitioners (4 questions)

Over a quarter of respondents strongly agree that 'I feel supported by GPs associated with my facility' (25.1%, n=49).

Section 7: Effective Nurse Manager staff relationships (3 questions)

Almost 30% strongly agree that 'My staff works with me to resolve resident care issues' (29.4%, n=57).

Section 8: Fair and manageable workload (5 questions)

Only 5% strongly agree that 'My workload in relation to compliance with regulation is manageable (5.1%, n=10) and just over 6% strongly agree that 'my workload is equitable in comparison to my peers' (6.7%, n=13).



The Utrecht Work Engagement Scale

(See Appendix 1, Table 2.)

The Utrecht Work Engagement Scale (UWES-9) assesses levels of energy and mental resilience while working, along with sense of significance, inspiration, pride, challenge and concentration in work. These are aligned with three dimensions of work engagement: vigour, dedication and absorption. The following are some key findings from the UWES-9.

Almost half of the respondents stated that 'I am proud of the work that I do' always every day (48.2%, n=93). While only 20% of the respondents stated that 'My job inspires me' always every day (20.2%, n=39) and less than 5% of the respondents stated that 'At my work, I feel bursting with energy' always everyday (4.1%, n=8).



Intention to leave and Views and opinions about Care of the Older Person Nursing

(See Appendix 1, Tables 3 and 4)

We examined DON and ADON intention to leave their current role and views and opinions about Care of the Older Person Nursing. The majority stated that they have thought about leaving their current position in the past year, (85.5%, n=165).

Views and opinions about Care of the Older Person Nursing: Just 42% (n= 81) agreed or strongly agreed that Care of the Older Person Nursing is prestigious and valued, however 65.1% (n= 125) agreed or strongly agreed that they would encourage nursing students and nursing colleagues to work in the long-term care setting.

Responses to open-ended questions

Finally, participants were asked to respond to 4 open-ended questions, these were optional questions, but the majority of participants responded to these questions.

Q1. A total of N = 133 (68.2%) participants responded to the first open-ended question:

Are there any specific education or training needs that you feel you need to support you in your role as DON?

Of those that responded to this question, 20.3% (n=27) made general comments about training difficulties, funding, time etc. but did not make any specific requests for training. Another 18.0% (n=24) said that they were unsure about any specific training or did not want any specific training at this time. A total of 61.7% (n=82) participants made n=131 requests for specific training with some participants requesting more than one type of training. The most common reoccurring requests for education and training are outlined below in table 3:

TABLE 3 ▶ Response to open ended question 1: Requests for Training

Response to open ended question 1 Specific Requests for Training (n= 131 specific requests from n=82 participants)	N	%
Human Resource Management	21	25.6
Regulatory compliance and legislation	19	23.2
Management [Conflict Management n=6 (7.3%)]	18	22.0
Various Clinical Training [Palliative Care n=8 (9.8%)]	15	18.3
Resilience Training	13	15.9
Coaching and mentoring training	10	12.2
Finance and resource management	10	12.2
A support group or network	8	9.8
Other	7	8.5
Leadership training	6	7.3
Gerontology	4	4.9
Clinical Training Requests	N	%
Infection Prevention and Control	2	13.3
Dementia	1	6.7
Frailty	1	6.7
Nurse prescribing	1	6.7
Nutrition	1	6.7
Psychology	1	6.7
Palliative Care	8	53.3

Q2. A total of N = 152 (77.9%) participants responded to the second open-ended question:

Are there any additional supports you feel would enhance your work environment such as (pay, more flexible working hours, opportunity to work part-time, protected time off, more annual leave, support with HIQA compliance etc)?

The most common reoccurring requests for additional supports were as follows:

- ▶ Protected time off work
- ▶ A more flexible working schedule (e.g. option to work from home, part-time and job-sharing options)
- ▶ More support with HIQA compliance
- ▶ Better pay and conditions (e.g. pension, annual leave entitlements)

Q3. A total of N = 141 (72.3%) participants responded to the third open-ended question:

What is working well to support you in your role?

Supportive management structure.

- ▶ *'We have a good management structure giving support 7 days a week. Staff have their roles clearly defined but when the need arises, they are willing and able to step up. We work as a team and the needs of the residents are paramount'.*

'Good governance... Strong management team and support with decision making'.

- ▶ Autonomous working

'I have a lot of autonomy ... if something is needed for a resident – I can just get it'.

'Very supportive provider, who allows me to make autonomous decisions when it counts'.

- ▶ Flexible working schedule

'Flexible working hours.'

'I make time for self-care and I have flexibility in my hours (can do a 10-hour day on day to get a half day somewhere else). I feel supported to put my family first as well.'

- ▶ Supportive team (staff) and colleagues

'Support from my team. If you invest in your team, they will work with you in any difficult situation'.

'Staff in the home keep you motivated and going'.

'Staff are supportive and work well together'.

- ▶ Support from ADON

'Support below me (ADONs and CNMs) and other heads of department'.

'I have a great team, Administrator and ADON's and we all support each other in the role'.

Q4. A total of N = 138 (70.8%) participants responded to the fourth open-ended question:

What is not working well to support you in your role?

Respondents highlighted one or more of the following as areas that are not working well and where they require supports.

- ▶ staffing shortages, staff turnover and recruitment
- ▶ Scope of responsibility

Respondents highlighted the challenges associated with the onerous multifaceted aspect of the role which they feel is unmanageable such as being everything to everyone.

- ▶ General feeling of being unsupported

Respondents voiced inconsistent management structures which left them feeling unsupported by senior management.

- ▶ Lack of protected time off work such as being on call all of the time, attending meetings on days off and the inability to take full annual leave entitlements were some of the challenges highlighted.

Summary of Survey findings:

The majority of participants were DONs from the private LTC sector working in small (<50 beds) to medium sized (50-100 beds) LTC facilities. Many respondents feel that they are emotionally drained and working too hard in their job. However, the majority feel that they are accomplishing worthwhile things in their job.

Most participants have thought about leaving their current position in the past year, (85.5%, n=165), however 65.1% (n=125) agreed or strongly agreed that they would encourage others to work in the long-term care setting.

Over a quarter of those that responded would like more education and training in Human Resource Management (25.6%, n=21) and Regulatory Compliance and Legislation (23.2%, n=19).

Respondents reported that a supportive management structure, the ability to work autonomously in their role, have a flexible work schedule and a supportive LTC team were factors that were supporting DONs in their role.

Staffing shortages, high staff turnover, recruitment issues, excessive scope of responsibility and the lack of protected time off work were factors that were not supporting DONs in their role.

Part 2: Findings from the semi structured interviews

A total of 16 one-to-one semi-structured interviews were conducted; four with DONs from the private sector (DON Private), one with a DON from the Voluntary sector (DON Voluntary) three with DONs from the public sector (DON Public), four with nursing homeowners who were the provider nominees and four with HIQA regulator representatives (HIQA Rep).

The interviews were conducted using three main broad themed questions. The focus of these were 1. Challenges 2. Supports and 3. Vision. Each theme was underpinned by explanatory subthemes (Table 4).

THEME	SUBTHEMES
1. CHALLENGES	<ol style="list-style-type: none"> 1. Staff Recruitment, retention and turnover 2. Limited resources 3. Regulatory Environment 4. Working Team 5. Expectations
2.SUPPORTS	<ol style="list-style-type: none"> 1. Education and training for DONs 2. Appropriate senior and corporate support 3. Peer support and mentoring 4. Regulation and compliance
3. VISION	<ol style="list-style-type: none"> 1. Staff retention 2. Scarcity of funding 3. Increased dependency of the ageing population and quality of life 4. Vision for gerontological nursing 5. Enhancing the role of the HCA and restructuring of management 6. Continious Professional Development 7. Unknown future for residential care of older people

Theme 1. Challenges

This theme was underpinned by five explanatory sub-themes.

1. Staff recruitment, retention and turnover

The long-term care sector is experiencing a significant shortage of skilled workers which makes it difficult to recruit staff with the right skill set to meet the complex care needs of residents. That coupled with the difficulty of retaining skilled and qualified staff, who are choosing to move to the public sector instead of staying within the private long term care setting. This exacerbates the limited pool of staff resources, with pay being a primary factor adding to the challenges. This can result in affecting the quality of care provided to residents and increased recruitment costs. It was also recognized that promoting a good culture within the organisation is an important factor in retaining staff.

“So, you would find a lot of overseas nurses coming over spending the minimum amount of time working in the nursing home that has paid to recruit, induct and onboard them and as soon as they can, they’re out the door into a public job in the statutory facility... So that’s soul destroying for a person (in) charge who has to induct and probate new staff, continuously bringing in new people all the time... there’s huge responsibility aligned to the role of the person in charge.”

HIQA Representative 3

"...human resources recruitment and retention here isn't so bad... for some reason people are here for years and that isn't my biggest challenge."

DON Public 2

"...But it's not always about money, if you've got a good culture in the organization and that helps to retain people as well...So money will keep people satisfied to a certain degree. They will be dissatisfied if they're not getting the industry average, but it's equally important to have them trained and to have a good working atmosphere in the nursing home as well, because when families come in to I suppose view the nursing home with the view to putting their loved one into it... they will get the vibes around in (the) nursing home... and when HIQA walk in (un)expectedly, as they do, at least once a year, then they know as well. And so, the gut feel, the antenna on the head of the Inspector will pick all this stuff up very quickly."

Provider Nominee 4

2. Limited resources

Financial constraints and limited funding were reported as significantly limiting long-term care facilities ability to invest in infrastructure and staffing. This may make it difficult to provide the resources or allocate the required resources to ensure adequate resident care particularly in the private sector. Participants voiced the disparity between publicly funded and private long-term care facilities had a direct impact on resident care. A HIQA representative also highlighted that PICs high accountability but low autonomy, in certain cases, into how resources are allocated. This necessitates the PIC to advocate for resourcing requirements and allocations. This was identified as a skill that is required, particularly in newer PICs those with more experience in the role tended to be stronger in this area.

3. Regulatory environment

To ensure the quality and safety of care of residents' long-term care facilities must follow regulations set by Health Information Quality Authority (HIQA). Meeting these standards as reported by participants necessitates ongoing efforts, resources and staff training which can be challenging for some facilities. HIQA also conduct regular inspections to assess compliance and standards, preparation for which is time consuming and intensive on the DON with the addition of the pressures of inspector's subjectivity and inspection from other agencies. There is however consensus among HIQA and Nursing Home Owners of the pressures on the DONs/ PICs in keeping up with meeting regulatory standards. This includes inspections by other bodies such as the Health and Safety Authority, the Environmental Health Office and the Fire Authority which also increases workload and resourcing requirements. Nursing Home Owners and DONs reported that the high level of accountability and responsibilities of the role led to a fearfulness of increased risk of professional liability. This impacted DONs in various ways such as poor work life balance and not taking full annual leave entitlements due to heavy workloads and the pressures of being responsible for such a large part of the service all the time. It was also reported to be a factor in recruiting new DONs.

4. Working team

Participants highlighted that having a strong team was important and without it they were hugely challenged, not being able to delegate to competent team members can have a significant impact on their ability to do their job. It may also lead to a strained work environment, low morale, and increased turnover rates. Participants also highlighted the role of the Healthcare Assistant (HCA) and how valuable this role was to the team and the organisation

"I know the place is in safe hands...there's the two girls working with me...I know I couldn't do the job at all, it would be too difficult...we're a group...with the one quality manager. So, it's great because at least I know when I'm off I'm off...to be honest, some of the HCAs I have are better than my nurses...I rely on them more...without good HCAs, I do worry about the home as well."

DON Private 1

5. Expectations

Many families provide intensive round the clock care to their loved one, however, participants expressed that sometimes the unrealistic expectations about the level of care to their loved one when they are admitted into long-term care, needs to be managed while ensuring transparency about the limitations and challenges faced in delivering care.

"I'm only in the role 18 months as a PIC so... I found dealing with complaints and some families expectations of us...difficult "

DON Private 1



Theme 2. Supports

This theme was underpinned by four explanatory sub-themes.

1. Education and training for the PIC

Supports for DONs in the long-term care sector encompass various aspects to safeguard effective leadership, regulatory compliance, continuous professional development and to maintain safe and effective care of residents. Training, education and being adequately prepared for the role of DON, was at the forefront of discussion for participants. Education in leadership, human resource management, legislation and standards were considered lacking (in terms of content contextualisation) for the private sector. Specific training programs focused on understanding and complying with HIQA regulations and standards are crucial to the role. The importance of which was expressed by the participants, and in particular by the HIQA representatives.

*"I do think that would be something **extremely useful for new directors of nursing in particular, you know, an education program on...their role, the expectations, the functions, the standards, the Health Act to kind of pull it all into one into one place. And I'm not saying...we need a course to teach you how to be a director of nursing, but it's just to consolidate all the bits of the jigsaw to put them all together...**"*

DON Private 3

*"...because **I think it's very important ongoing training and development and especially now with this new assistant decision making act, the Health Act has been changed. We need...to have ongoing development to keep up with the times.**"*

DON Private 5



"...we have very good education here... For myself, I have done my leadership and what I'm doing in the process, at the minute is making sure, all the nursing admin and the CNM2 have all done leadership courses, the prescribed ones and maybe something further, because for me as a director of nursing to have empowered leaders, that makes the governance a lot easier. And it was education for me that changed my whole approach to leadership and management. So that's something that's key to improving your leaders...I can't do it my own. I need people that are empowered and educated to lead as well, and that will make my job easier."

DON Public 1

"We're on record as saying we think that the requirements for a person in charge need to be strengthened. We would see management competence as being fundamental because the good PICs are the ones who have got that management competence, who can navigate the challenges they might be dealing with ...if somebody sends me in a three-day Level 6 qualification that is a qualification and they have met the regulatory requirements, but that doesn't give them the competence they require to navigate this service. I think it should be measured and I think it should be aligned to the size and model of the nursing home.... It's about critically evaluating the training you're providing against the service you're providing..."

HIQA Representative 4

2. Appropriate senior and corporate support

Participants experience is that supports are not always standardised for DONs. In relation to Human Resource (HR) management some reported having robust management structures in place, whilst others spoke of the challenges experienced as a direct result of not having structured HR supports in place. It is important to note that in the private sector, senior and corporate supports for DONs were sporadic and inconsistent across Nursing Homes. HIQA representatives highlighted having a supportive leadership team is critical to enabling clear lines of communications and collaboration. This will facilitate shared decision-making and resource allocation, thereby allowing DONs meet the demands of the role of Person In Charge which is vital to successful long-term care management.

*"...I know in my own research, the big thing was **that where people were supported better they find their job easier... the ideal world you would have admin dedicated to you as a director of nursing, a fully dedicated admin that works with you every day helps you manage your emails, your diary, support you in your role... So a full time admin and a HR person, a lot of HR training...But from an organization point of view, if you have a manager who will answer the phone when you're in trouble and more HR support and admin support. Those things make a massive difference.**"*

DON Public 1

*"...I think the support will need to be both above the level of the person in charge and below the level of the person in charge. So what I mean by saying that would be above the level of PIC would... **that there is a direct reporting line of an open and transparent reporting line with the registered provider or any other people participating in the senior management... the decision makers as such, so that the best interest of the residents remain at the fore of decision making** as opposed to... financial reasons...a lot of the private would be for-profits... maintaining that integrity of the decision making that it's fundamentally about the resident and about the care being provided... **but also supports underneath the level of the person in charge. So one person cannot be it all, It's not a one man show, cannot be the end of everything... having an assistant director of Nursing or a clinical nurse managers team below her to delegate and also to oversee the service... having the right support structures is fundamental...** It also depends on the size of the service I mean, if it's a small nursing home that it's of 20 beds, it's in effect 1 unit. So obviously would be a smaller team. However, we find that small nursing home are the most homely and well run, in most of occasions, because it's less layers."*

HIQA Rep 3

"If you're part of a group and you have access to HR advice, financial, finance Department, a facilities department in some ways your job is easier, even though you might have 180 odd beds, your job is easier than the person who is stand alone in a rural community with maybe 30 beds with none of those resources...We have also advocated for things like deputising arrangements to be in place... the regulations are quite restrictive at the moment in that space and I think it is down to the registered provider taking a look at their designated centre, their model of care and saying OK, this is what we need to support the person in charge."

HIQA Rep 4

3. Peer support and mentoring

Peer support can provide insights, encouragement and a sense of community. This was evident in the responses from both the private and public sector DON participants. Establishing networks or forums where DONs and PICs can share experiences, challenges and solutions with their peers is beneficial. Mentorship has the potential to provide a platform to accelerate professional development of those new to the role of PIC. However, governance concerns regarding informal peer and mentorship groups need to be considered. There was evidence to suggest that the public sector have a structured peer and mentoring support system, via coaching and monthly meetings with peers unlike the private sector which had more ad hoc arrangements.

"...the support that I get in my role comes from...the NHI, being able to contact them and say...do you know of any way that can do a course on this or provide me with some information... I'd actually love to see kind of an association if you want to call it that for directors of nursing in the private sector, there is one for the public sector... it should be a great way of keeping everybody connected and not on a competitive basis, obviously, but certainly from the point of view of... being able to pull resources and share ideas and talk about things that matter to us on a day to day basis, you know the way we've handled things, challenges with regulation, different bits and pieces like that, we all need that support... I suppose anybody coming in to a director of nursing role from, say an A/DON role or a CNM role, I would 100% say absolutely... they need a period of mentorship to learn the ropes because it is different once you take the keys in, you're the person that's responsible."

DON Private 3

"...you have a responsibility yourself as a leader to look for your own supports from your peers...I have a mentor and I'm in the process of getting a coach and that's up to you as well because I know the HSE do supply and they will give you 6 sessions of coaching, but I think if you're serious about a role and you want to be supported, you have to look for support yourself."

DON Public 1

"I don't envy any person in charge in Ireland at the moment. I think it is a really, really difficult and challenging job I think you're trying to please so many groups of people, and at least of all the or the most of all, the providers who are trying to make money and trying to deliver a high-quality service in that environment with the staffing problems and everything that they have at the moment is extremely challenging. So, I think if they were armed and equipped with that kind of knowledge, mentor support. I'm not sure how that would be structured, but I'm for sure a lot of them would ask our inspectors for advice on how to do get things right and we're as the regulator, we are not in a position to give advice or recommendation, we just have an expectation that they'll fall within the requirements of the regulation... it is very hard when you see them flailing not to give them a little steer in the right direction."

HIQA REP 2

"... I think what would help in terms of training is more peer support... if you accept that the model of training is a basic requirement for getting the job, then your ongoing support is what becomes important, your peer support and you know we say this when we meet with the smaller professional groupings... They have an inbuilt opportunity to develop peer support networks across their groups... The vast majority of persons in charge are providing a good service, so that's a unique opportunity to share good practice, not just to identify poor practice, but to share the benefit of good practice across the sector."

HIQA Rep 4

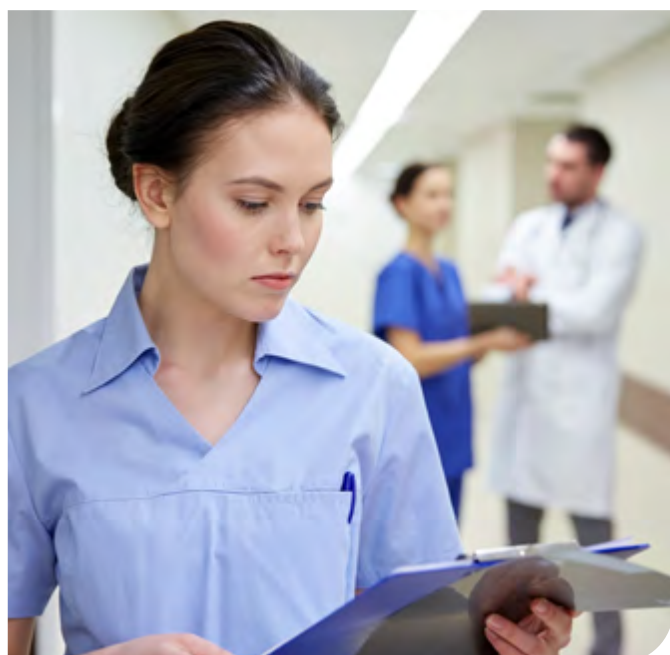
4. Regulation and compliance

DONs identified that dedicated support in interpreting and implementing the regulations would be a considerable benefit to them. Accessing or attending training will help PICs to stay abreast of compliance requirements. Participants also acknowledged the challenging roles of the PIC and the HIQA inspectors, there was recognition that each have a 'job to do'.

Identified supports and those required collectively contribute to the professional growth, regulatory compliance, and indeed the well-being of the PIC in the long-term care setting. It is essential for providers to prioritise these to ensure effective leadership and quality care provision to residents.

"I do think it would be really helpful if there was something to help directors of nursing where you could go and there was an interpretation of the changes to the legislation or an updates in the legislation or the standards where you could go and attend a workshop and it would be explained to you and talk through and you could learn by experience of talking to other people."

DON Private 3



Theme 3. Vision

This theme was underpinned by seven explanatory sub-themes.

By embracing concerns and having a vision, a development plan can be constructed towards creating a sustainable, high quality residential care environment for older people, ensuring more flexible working conditions, a better work-life balance, and better pay for the more skilled PICs, and preparing for the evolving needs of the ageing population in the future.

1. Staff retention

Investing in staff and prioritising their well-being with initiatives around work-life balance, mental health supports and recognition of terms and conditions of pay by closing the private public pay gap may improve job satisfaction and ultimately retention of staff and reduction of turnover rates among nursing and care staff. There was also a focus on providing flexibility and support and creating a good culture to promote staff retention. Addressing challenges around the level of accountability and workload faced by DONs and how to support this will be key to retaining experienced DONs going forward.

*"...we need to create flexible workplaces to attract these people. Sometimes we can be too rigid... when I came here...it has been very inflexible and they're coming to me looking for more flexibility and it's what all the research says. **Staff want flexibility and support...**so I would like to see that we would be able to create very flexible workplaces and give them parental leave. Give them, you know, off duty within reason you have to run a service. But to listen to the need, **if you listen to the needs of staff, if you create a good culture, my vision is that you would have... a Community nursing unit that people will want to come to because the culture is good... probably we will have to go abroad again to recruit is what I think at the minute.**"*

DON Public 1

"...there is such a high turnover in the role of in the PICs, in the persons in charge in the centre and we've seen that, I don't have the statistics. But I think last year alone we've registered about 300 moves by the persons in charge... now they didn't all leave the profession, but they would have gone across it, to other centres or other roles... I would have spoken with many persons in charge who said they have decided that it's not worth it, that the responsibility is too great. Some have left the profession. There are many burnt out... I think it's challenging times ahead."

HIQA Rep 3

2. Scarcity of funding

Adequate government funding was paramount across the participant groups, with emphasis on the role these facilities provide to Ireland's growing ageing population, despite Nursing Home closures (ESRI Report, Walsh & Connolly, 2024). Financial limitations significantly hamper the capacity of LTC facilities to invest in both infrastructure and staffing. This shortfall may pose challenges in delivering the necessary resources for person centred resident care, particularly within the private sector. Participants highlighted the marked contrast between public and private funded sectors, with underfunding in the private sector directly impacting resident care. The lack of resources manifests in various ways, such as restricted access to essential services to residents, including physiotherapy and specialised equipment. Additionally, participants highlighted other areas of unmet needs such as assistive technology. The fixed fee structure was described as exacerbating this financial strain with some private NH operating at a loss. Participants further highlighted the immense responsibility they encounter with limited resources and limited authority over budget allocation. This imbalance can result in high accountability with minimal autonomy in resource management, placing strain on those overseeing the clinical and operational aspects of LTC.

3. Increased dependency of the ageing population and quality of care

Tailoring services to meet the needs and preferences of residents to provide them with quality nursing care, along with person centred approaches to their social, emotional and recreational needs will enable Nursing Homes to address the complex needs of ageing residents where demand for long-term care is ever increasing. The potential mismatch between policy and what is happening in practical terms was highlighted.

"...It's obviously a sector that's going to have to employ an awful lot more people in the medium to long-term based on the demographics that are there... there's a lot more residents presenting to nursing homes with higher dependencies... people are presenting to nursing homes older and sicker, with more complex needs...on the basis of the demographic shift... that we're on, it's going to continue. There are going to be older, sicker people that are there that are going to need, appropriate care and facilities that provide that care..."

Provider Nominee 1

"we talk about the de-congregation of disability centres...while we have a national plan to close all the large disability centres, our nursing homes are getting bigger by the day...by the time we've all those disability centres de-congregated the residents will be going back into the 180-bedded nursing homes... there's an incongruence between our policies that needs to be reconciled..."

HIQA Rep 4

4. Vision for gerontological nursing

Investment in a vision for gerontological nursing as a speciality was deemed necessary to encourage the workforce to specialise in long term care as a specialist area and career pathway. Understanding the complex and unique health challenges associated with ageing and the skill set that already exists within the current workforce is there to be exploited for all to benefit.

*"...in terms of our workforce... I think that **one of the things that we need to try and promote is... the benefits of working in the service, the benefits of actually...working...with the adults that we support and that the need for a skill mix that... can actually develop positive services as well within Ireland.**"*

DON Public 3

*"...I think... **from when nurses are trained, it should be divided into long-term care and acute.** And then the long-term care could...looking at quality of life and looking at living with and about disability or living with chronic condition... So **make it a specialty and itself long-term care nursing, but then you could also develop social care workers.**"*

HIQA rep 2

5. Enhancing the role of the HCA and restructuring of management.

Investing in the development and enhancement of the HCA and recognising the pivotal role they play in daily care has the potential to spread the management responsibility thereby decreasing the burden on the DON. Providing career advancement opportunities and acknowledging the contribution of the HCA can adopt a sense of professional pride. In turn a mutual, respectful and harmonious collaboration may contribute to a more efficient care environment. Consideration of restructuring the role of DON was suggested, to include non-nursing healthcare

professionals such as social care professionals with the appropriate level of education and experience to broaden the pool of potential applicants to the role.

*"...I would say **the healthcare assistants, we've extremely fabulous senior strong carers and like there's a couple of them after doing the apprenticeship... And they're)...doing more nursing tasks like they can do blood pressures, uranalysis, wound dressings...under the supervision of a nurse.**"*

DON Voluntary 2

*"...What we need to see is a **much broader management role within designated centres and management teams** so that you've...got senior people who might not have come up through the clinical nursing and pathway, have come up **through the care assistant pathway. They have so much to offer in the way of leadership and support for care staff working and they are the key people. They're the people who see their residents, all of the time.** So I think **the whole structure and that the career pathway for designated centres needs to be looked at not just in the focus of the persons in charge, but nursing generally and certainly healthcare assistants and management that's non-nursing...You have a role there for senior care assistants who take on more of the social aspect of people's life and take responsibility of that... But...at the moment, there's a lot of focus on nursing and the person in charge, and we're overlooking the role of the healthcare assistant in designated centres.**"*

HIQA Rep 1

6. Continuing Professional Development (CPD)

Providing staff with CPD has the potential for staff retention and can ensure that the workforce is equipped with evidenced based knowledge and skills which are relevant to the evolving landscape of care of older people. The DONs, Provider Nominees and HIQA representatives all identified CPD as being valuable for all staff in the Long-Term Care sector.

“...there's a lot of training there for staff at the moment, but I don't know whether staff actually just do it for the sake of doing it and not actually, develop that... put it into place maybe in the workplace, that they're just doing it because they have to. So, I think maybe that there needs to be development within that area for all grades of staff, not just for managers, for nurses, it needs to be for everybody...”

DON Public 3

“...providing education, offering postgraduate education to your nurses and directors and nursing offering the ability to fund QQI in care skills for your care staff. And even what we've had in the past is care staff that are with us years and years...we actually fund their nursing degrees. So, you lose them for four years, but you know they pay it back to you by coming back and working for you as a registered nurse.”

Provider Nominee 2

“...we see a lot of nurses that are coming from different backgrounds, different cultural backgrounds and that's reflective of the workforce and is relevant to the nursing population. But with that, that's where the question of assertiveness of knowing the values, the culture and upholding those would be fundamental and maybe training for that would be also relevant.”

HIQA Representative 3

7. Unknown future for residential care of older people

Strategic planning involving all stakeholders actively participating to develop long-term plans that anticipate and address future challenges in long-term care in Ireland has the potential to allay the fears of the providers, workforce and the regulators particularly in terms of turnover and may help in building resilience in the face of uncertainties. Participants stated their frustration that the private sector continues to compete with the public sector to retain nursing staff they recruit; they also highlighted their fears with the current and future challenges for the LTC sector where demands for nursing home beds are increasing while nursing homes are closing.

“We have so many inquiries for our beds and long waiting lists and it's so upsetting that we can't accommodate people that are looking for beds... especially for small nursing homes, so many small rural nursing homes have closed and I think the financial challenges is the biggest one, really for nursing homes at the moment to keep going. And it's terrible not be able to accommodate people in your local area...and I think in the future, it's going to be even more so, and it's going to be definitely a huge challenge to keep staff, or pay staff...I think the financial side of it is going to be the harder side of it.”

DON Private 5



Recommendations

This report offers a series of key recommendations for program developers, registered providers, workforce leaders, and policy makers. Based on the findings of the

present study, the key recommendations for action can be seen in Table 5.

TABLE 5 ▶ Key Recommendations for Action

01	KEY RECOMMENDATION: Specific Education, Training and CPD Programmes for PICs
	<ul style="list-style-type: none"> ▶ Human Resource management training ▶ Regulatory compliance and legislation training ▶ Finance and resource management training ▶ Resilience training ▶ Leadership training specific to the LTC sector ▶ Specific management training for the LTC sector.
02	KEY RECOMMENDATION: Peer Mentoring, Coaching and Support
	<ul style="list-style-type: none"> ▶ Set up an online Community of Inquiry to facilitate collaborative learning and obtain expert advice ▶ Repository for NH Sector National Standards, Policies, Procedures, Guidelines ▶ A support group or network - more networking opportunities
03	KEY RECOMMENDATION: Work-life balance
	<ul style="list-style-type: none"> ▶ Implement flexible working schedule, protected time off ▶ Job sharing options ▶ Work conditions (e.g. ensuring annual leave is taken, a pension scheme) ▶ Protected time to develop skills required for their role
04	KEY RECOMMENDATION: Development of Career Pathways for all staff
	<ul style="list-style-type: none"> ▶ Adequate career pathways are necessary to improve the retention of more skilled and experienced staff. ▶ Career progression should be linked to relevant CPD activities (e.g. gerontological nursing, caring for residents with dementia, palliative care, etc.) ▶ Promote HCA and Social Care Worker development to effectively care for resident with complex health conditions and social care needs, to reduce complaints and increase satisfaction of family members, which heavily impact on the workload burden of DONs.
05	KEY RECOMMENDATION: Introduce standardized structures to support DONs to effectively fulfill regulatory obligations
	<ul style="list-style-type: none"> ▶ Deputizing to alleviate the excessive scope of responsibility. ▶ Deputy-Directors of Nursing/PICs as a standardized support (not just in the absence of DON/PIC) ▶ Senior and corporate support – supportive leadership team to include Quality Manager, HR Manager, Finance Manager, dedicated Administrative support. ▶ Spread responsibilities across professionals who support DONs
06	KEY RECOMMENDATION: Strengthen the LTC workforce and vision for gerontological nursing science
	<ul style="list-style-type: none"> ▶ Investment in gerontological nursing as a specialty was identified to promote career pathways to strengthen the future workforce in the LTC setting. ▶ Strategies to make working in the LTC setting more attractive. ▶ Setting up a national task force to enhance the LTC workforce

Practical Steps for Action for LHP Skillnet -

- ▶ To collaborate with both sectoral and academic expertise to ensure that management programmes are designed, developed, and delivered specific to the knowledge and skills required for the role of the DON.
- ▶ Develop coaching and mentoring programmes to support DONs to create a positive collaborative work environment.
- ▶ To promote and make available specialist gerontology training and education within the long-term care sector.
- ▶ Support and fund research projects to identify factors associated with the LTC workforce recruitment, retention and progressing career pathways.







Conclusions



Due to the ageing of the population, the demand for residential long-term care (LTC) is rising significantly (OECD, 2020). On the other hand, the turnover rates of nursing managers are increasing, also because they are often close to retirement (Scammell, 2018). In fact, the results of a recent Irish report entitled: 'Experiences of DON in Preparing for and Managing Covid-19 in Care Homes for Older People' found "that almost one fifth (19%) of DON's were actively seeking other jobs, while a further 28% admitted to thinking of leaving their post" (Phelan et al. 2022). The findings from this study revealed that 85.5% of DON's have considered leaving their role in the last year.

In the present study we looked at the challenges, supports and vision of the Directors of Nursing (DONs) in relation to their role in the LTC setting and identify key recommendations for the provision of education and training for DONs to enhance their ability to fulfil their role. We also investigated the perspectives of LTC owners and Health Information Quality Authority (HIQA) representatives for the LTC sector with regard to the role of the DON and their recommendations to support DONs, whose role is pivotal in ensuring safe and high-quality care.

The first important conclusion is that in general all the participants interviewed as part of this study (nurses, regulators and owners) were in agreement about the challenges currently facing DONs and the supports required to address the challenges identified.

With regard to the Challenges, we substantially found that DONs were beset by high employee turnover and competition between the public and private sectors. Notably, there were discernible disparities between DONs in the private and public LTC sectors. In the private sector, primary concerns centred around staff retention, high turnover rates, and resource limitations, while in the public sector, challenges primarily revolved around managing conflicts, insufficient flexibility, and inadequate administrative support. Investments in nursing homes, staffing and infrastructure were identified as being hampered by budgetary constraints with a direct impact on resident care. A recent report from the ESRI found that there was a significant disparity in funding between public and private care homes, and across various geographical locations (Walsh & Connolly, 2024). HIQA regulations ensure quality and safety in long-term care facilities and are welcome by both DON's and providers. However, they require ongoing efforts, resources, and staff training. The regularity of inspection to assess compliance was described as both time-consuming and resource-intensive and the need for supports to assist the DON with this aspect of their role was evident.

In addition, the participants in this study recognised the value of a cohesive team in achieving work objectives, underscoring the requirement of effective delegation to support the DON in their role.

Finally, DONs were challenged with the expectations of families with regard to providing round-the-clock care. Managing these expectations required transparency regarding the limitations and challenges faced in providing care to residents.

Regarding the Supports, this study revealed the importance of structured supports for DONs including training, education, appropriate senior and corporate supports, peer support and mentoring, and regulation and compliance. There was emphasis on the need for bespoke training programmes aimed specifically at DONs in the LTC sector to understand the care and welfare regulations and HIQA standards, enabling them to meet compliance within their designated centres. In general, Continued Professional Development (CPD) was considered vital to boost staff retention equipping them with evidence-based knowledge and skills relevant to the evolving landscape of care of older people.

The senior and corporate supports were identified for DONs in the LTC sector as inconsistent and sporadic, particularly in the private sector which in turn may hinder their capacity to effectively manage their workload, this was directly related to the supports in their leadership team which is crucial for clear communication, collaboration and resource allocation.

While peer support and mentorship were recommended as a potential support structure for DONs, caution was advised regarding the informal arrangement of such groups. The study found that DONs are seeking dedicated support in understanding, interpreting and implementing the regulations and standards. Prioritisation of such supports has the potential to ease the burden DONs face and indeed of the HIQA inspectors when assessing LTC settings for compliance.

Finally, in terms of Vision, participants highlighted fears for the future of the LTC sector, including staff retention, funding, increased dependency of the ageing population and the unknown future scenario of residential care. On the other hand, they expressed a vision for gerontological nursing, enhancing the role of HCAs and social care workers, and CPD.

However, a development plan can create a sustainable, high-quality residential care environment for older people by addressing current challenges and preparing for future needs. This could include investing in staff well-being to encourage staff retention through work-life balance, mental health support, and pay recognition to enhance job satisfaction.

This study underscored the crucial role of funding, particularly given the current global trajectory of the ageing population. This was identified in the study by the presentation of an increased ageing population seeking LTC care presenting with increased and more complex dependency needs. Additionally, there was a significant staff turnover from the private sector to the public sector, which correlated directly with better pay and working conditions.

Investment in gerontological nursing as a specialty was identified as a means to promote career pathways to strengthen the future workforce in the LTC setting. This strengthens the strategic vision for gerontological nursing in ROI which was previously led the the National Programme for Older People (Coffey, et al. 2016) and was overtaken by the Expert Report on Nursing Homes, recommendation 9.3 (Department of Health, 2021) and 10.4; “Staff training and career development programme with a requirement that senior nursing staff will have undertaken postgraduate gerontological training and show general evidence of training competency. A phased pathway toward achieving this should be in place with clear targets set, and regulatory oversight provide to ensure that targets are met” (Department of Health, 2021, p.60).

Additionally, the study revealed the desire for all participant groups to enhance the role of the HCA, offering career advancement opportunities to develop and recognition of the important role they play in care of the older person. The study also articulates how a restructuring of the role of the Person in Charge (PIC) to include other healthcare professionals, such as social care workers with degree qualifications, could potentially support the DON with shared responsibilities.

The vision for the future of LTC would mean including all stakeholders in the strategic planning of the LTC sector to address and alleviate the concerns among, providers, DONs and the regulators, with the potential to foster resilience in the face of future uncertainties.





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Appendix 1 – Quantitative results

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 1. NURSE MANAGER WORK ENVIRONMENT SCALE: Empowering management team create a culture of patient safety.

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
The actions of management team are consistent with the stated mission, vision, and values	7 (3.6)	12 (6.2)	16 (8.2)	52 (26.7)	55 (28.2)	53 (27.2)
My management team encourage creativity and innovative solutions to problems	11 (5.6)	12 (6.2)	19 (9.7)	54 (27.7)	44 (22.6)	55 (28.2)
My ideas are valued by the management team	11 (5.6)	10 (5.1)	20 (10.3)	43 (22.1)	59 (30.3)	52 (26.7)
Leaders in this organization make decisions in consultation with the DON that reflect the mission, vision, and values	13 (6.7)	15 (7.7)	27 (13.8)	47 (24.1)	35 (17.9)	57 (29.2)
I am empowered to do my job	11 (5.6)	13 (6.7)	25 (12.8)	54 (27.7)	45 (23.1)	47 (24.1)
The management team keep me informed of important information	8 (4.1)	12 (6.2)	20 (10.3)	40 (20.5)	51 (26.2)	64 (32.8)
I am a valued member of the team	13 (6.7)	9 (4.6)	14 (7.2)	43 (22.1)	47 (24.1)	68 (34.9)
The organizations management team put patient safety first	5 (2.6)	14 (7.2)	14 (7.2)	26 (13.3)	54 (27.7)	82 (42.1)
Maintaining a reputation for excellence is important to the management team	7 (3.6)	5 (2.6)	10 (5.1)	23 (11.8)	57 (29.2)	93 (47.7)
When adverse patient events occur, the management team works with me to find solutions to problems rather than assign blame	11 (5.6)	6 (3.1)	14 (7.2)	36 (18.5)	60 (30.8)	68 (34.9)
I can try new processes in my patient care area(s) without fear of negative repercussions	5 (2.6)	10 (5.1)	19 (9.7)	41 (21.0)	58 (29.7)	62 (31.8)
Educational opportunities are accessible to help me develop as a leader and manager	8 (4.1)	15 (7.7)	13 (6.7)	42 (21.5)	48 (24.6)	69 (35.4)
I have flexibility in my work schedule	21 (10.8)	14 (7.2)	22 (11.3)	39 (20.1)	45 (23.2)	53 (27.3)
The management team respect the work of nurses	11 (5.6)	11 (5.6)	21 (10.8)	40 (20.5)	47 (24.1)	65 (33.3)
I have a plan to further develop my skills and abilities as a leader and manager	11 (5.6)	18 (9.2)	11 (5.6)	36 (18.5)	50 (26.6)	69 (35.4)

TABLE 1 ► NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 2. NURSE MANAGER WORK ENVIRONMENT SCALE: Constructive Nurse Manager-director relationships.

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
I receive feedback from my registered provider/manager that helps me develop my leadership skills	12 (6.2)	17 (8.7)	17 (8.7)	55 (28.2)	50 (25.6)	44 (22.6)
My registered provider/manager offers constructive feedback on my performance	12 (6.2)	21 (10.8)	18 (9.3)	51 (26.3)	50 (25.8)	42 (21.6)
My registered provider/manager clearly communicates his/her expectations	10 (5.1)	18 (9.2)	27 (13.8)	34 (17.4)	59 (30.3)	47 (24.1)
My registered provider/manager partners with me to improve patient processes and outcomes	12 (6.2)	14 (7.2)	24 (12.3)	45 (23.1)	45 (23.1)	55 (28.2)
My registered provider/manager trusts my judgment when I make operational decisions	7 (3.6)	13 (6.7)	13 (6.7)	40 (20.5)	60 (30.8)	62 (31.8)
I have a mentor who is accessible and trustworthy	36 (18.5)	27 (13.8)	19 (9.7)	29 (14.9)	40 (20.5)	44 (22.6)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 3 NURSE MANAGER WORK ENVIRONMENT SCALE: Culture of generativity						
	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
I have time to collaborate with frontline staff to develop solutions to the challenges we are experiencing	5 (2.6)	16 (8.2)	20 (10.3)	62 (32.0)	60 (30.9)	31 (16.0)
I have time to coach others	13 (6.7)	30 (15.4)	38 (19.5)	64 (32.8)	36 (18.5)	14 (7.2)
I have time to advise my staff about their professional development	7 (3.6)	23 (11.9)	37 (19.1)	64 (33.0)	45 (23.2)	18 (9.3)
I am able to coach my frontline staff	12 (6.2)	29 (14.9)	24 (12.3)	63 (32.3)	48 (24.6)	19 (9.7)
I have time to reflect on my work performance	11 (5.6)	33 (16.9)	39 (20.0)	55 (28.2)	48 (24.6)	9 (4.6)
Staff are developed to assume higher levels of professional responsibility	8 (4.1)	20 (10.3)	26 (13.3)	61 (31.3)	56 (28.7)	24 (12.3)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 4 NURSE MANAGER WORK ENVIRONMENT SCALE: Adequate budgeted resources						
	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
The budget allocations for my resident care area(s) are adequate	23 (11.8)	31 (15.9)	34 (17.4)	45 (23.1)	44 (22.6)	18 (9.2)
I have enough budgeted staff to meet operational demands	22 (11.3)	25 (12.8)	41 (21.0)	43 (22.1)	41 (21.0)	23 (11.8)
The process to obtain additional resources for residents is effective	30 (15.4)	28 (14.4)	29 (14.9)	46 (23.6)	38 (19.5)	24 (12.3)
Financial resources are available for professional development	14 (7.2)	19 (9.7)	25 (12.8)	56 (28.7)	53 (27.2)	28 (14.4)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 5 NURSE MANAGER WORK ENVIRONMENT SCALE: Culture of meaning

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
I am able to translate the organization's mission and goals to the frontline staff	7 (3.6)	7 (3.6)	20 (10.3)	55 (28.2)	73 (37.4)	33 (16.9)
I routinely assess the quality of nursing care provided in my patient care area(s)	3 (1.5)	4 (2.1)	10 (5.1)	28 (14.4)	81 (41.5)	69 (35.4)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 6 NURSE MANAGER WORK ENVIRONMENT SCALE: Collegial relationships between DON/ADONs and General Practitioners

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
General Practitioners (GP) understand my role as DON/ADON	7 (3.6)	13 (6.7)	12 (6.2)	43 (22.1)	72 (36.9)	48 (24.6)
GPs value my input to resolve patient care issues	4 (2.1)	9 (4.6)	14 (7.2)	43 (22.1)	80 (41.0)	45 (23.1)
I have a GP partner who works with me to improve patient outcomes	8 (4.1)	18 (9.2)	18 (9.2)	44 (22.6)	58 (29.7)	49 (25.1)
I feel supported by GPs associated with my facility?	9 (4.6)	15 (7.7)	10 (5.1)	47 (24.1)	65 (33.3)	49 (25.1)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 7 NURSE MANAGER WORK ENVIRONMENT SCALE: Effective Nurse Manager staff relationships

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
The frontline staff in my facility partners with me to improve resident outcomes	1 (0.5)	2 (1.0)	9 (4.6)	51 (26.3)	82 (42.3)	49 (25.3)
My staff works with me to resolve resident care issues	1 (0.5)	1 (0.5)	7 (3.6)	47 (24.2)	81 (41.8)	57 (29.4)
The staff nurses in my facility keep me informed of important issues	1 (0.5)	0 (0.0)	11 (5.6)	42 (21.5)	79 (40.5)	62 (31.8)

TABLE 1 ▶ NURSE MANAGER WORK ENVIRONMENT SCALE (adapted)

SECTION 8 NURSE MANAGER WORK ENVIRONMENT SCALE: Fair and manageable workload

	N (%) Strongly disagree	N (%) Disagree	N (%) Somewhat disagree	N (%) Somewhat agree	N (%) Agree	N (%) Strongly agree
The number of people who report to me is manageable	7 (3.6)	10 (5.1)	22 (11.3)	48 (24.6)	83 (42.6)	25 (12.8)
The number of patient care areas that I am responsible for is manageable	8 (4.1)	9 (4.6)	18 (9.3)	48 (24.7)	82 (42.3)	29 (14.9)
My workload is equitable in comparison to my peers	17 (8.7)	32 (16.4)	38 (19.5)	51 (26.2)	44 (22.6)	13 (6.7)
My workload has increased and has become less manageable.	5 (2.6)	15 (7.7)	13 (6.7)	63 (32.3)	59 (30.3)	40 (20.5)
My workload in relation to compliance with regulation is manageable	25 (12.8)	32 (16.4)	39 (20.0)	53 (27.2)	36 (18.5)	10 (5.1)

TABLE 2 ▶ The Utrecht Work Engagement Scale-9 (N=193)

	N (%) Never	N (%) Almost never - a few times a year or less	N (%) Rarely Once a month or less	N (%) Sometimes A few times a month	N (%) Often Once a week	N (%) Very often - A few times a week	N (%) Always - Everyday
At my work, I feel bursting with energy	15 (7.8)	11 (5.7)	27 (14.0)	49 (25.4)	37 (19.2)	46 (23.8)	8 (4.1)
At my job, I feel strong and vigorous	6 (3.1)	9 (4.7)	26 (13.5)	50 (25.9)	41 (21.2)	46 (23.8)	15 (7.8)
I am enthusiastic about my job*	1 (0.5)	5 (2.6)	10 (5.2)	42 (21.9)	35 (18.2)	50 (26.0)	49 (25.5)
My job inspires me	4 (2.1)	11 (5.7)	22 (11.4)	44 (22.8)	31 (16.1)	42 (21.8)	39 (20.2)
When I get up in the morning, I feel like going to work	8 (4.1)	12 (6.2)	18 (9.3)	43 (22.3)	29 (15.0)	48 (24.9)	35 (18.1)
I feel happy when I am working intensely*	3 (1.6)	8 (4.2)	17 (8.9)	45 (23.4)	30 (15.6)	49 (25.5)	40 (20.8)
I am proud of the work that I do	1 (0.5)	2 (1.0)	6 (3.1)	21 (10.9)	19 (9.8)	51 (26.4)	93 (48.2)
I am immersed in my work*	3 (1.6)	2 (1.0)	8 (4.2)	16 (8.3)	36 (18.8)	48 (25.0)	79 (41.1)
I get carried away when I'm working	3 (1.6)	7 (3.6)	14 (7.3)	35 (18.1)	35 (18.1)	57 (29.5)	42 (21.8)

*N=192

TABLE 3 ▶ Intention to leave current job (N =191)

	n	%
Never	28	14.5
Sometimes a year	58	30.1
Sometimes a month	49	25.4
Sometimes a week	28	14.5
Almost every day	30	15.5

TABLE 4 ▶ Views and opinions about Care of the Older Person Nursing N= 191)

	Strongly disagree n (%)	Disagree n (%)	Neither agree nor disagree n (%)	Agree n (%)	Strongly agree n (%)
Care of the Older Person Nursing is prestigious and valued	30 (15.5)	64 (33.2)	18 (9.3)	42 (21.8)	39 (20.2)
I would encourage nursing students and nursing colleagues to work in the long-term care setting	14 (7.3)	22 (11.5)	31 (16.1)	75 (39.1)	50 (26.0)
I like the term person in charge (PIC)	35 (18.1)	46 (23.8)	53 (27.5)	35 (18.1)	24 (12.4)

Appendix 2 - Authors

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Dr Catherine Fitzgerald is a research fellow with the Faculty of Nursing and Midwifery at RCSI, her current role is to implement and roll out the European Centre of Excellence for Research in Continuing Professional Development (UPGRADE). Catherine works with a team of researchers on a variety of research projects related to CPD. She collaborates with European colleagues on European grant applications. Previously, Catherine has worked as a nurse, midwife and specialist community public health nurse; she has a variety of clinical experience working in Ireland, the UK, Australia, USA and India. She graduated with a Master's in Public Health (MPH), from the University of Alabama at Birmingham USA, and a PhD in Public Health from University College Dublin. During her PhD, she conducted a longitudinal cohort study examining the clinical outcomes of children diagnosed with cystic fibrosis (CF) both clinically and those detected through the newborn bloodspot (NBS) programme. She has presented at numerous national and international conferences and has published in peer reviewed journals. Her current research interests include health professions education, inter-professional team working LTC research and evaluation of CPD activities.

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Dr Nicola Pagnucci, RCSI

Dr. Nicola Pagnucci is currently a researcher assistant at the Faculty of Nursing and Midwifery in RCSI. His main role is to support the research activities at the European Centre of Excellence for Research Continuing Professional Development (UPGRADE). Before that, he worked as a nurse in critical care for 20 years and for the past 10 years, he worked as a CPD officer with expertise in learning processes in adults. He holds a BSc in Nursing, a Master's Degree in Sciences of Nursing and a PhD in Nursing Research. In addition to his current role, Nicola also works as a senior researcher in nursing with the University of Pisa in Italy.

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Niamh Walsh currently works as a researcher with the Faculty of Nursing and Midwifery at RCSI. Her current role is to support the work and research activities at the European Centre of Excellence for Research Continuing Professional Development (UPGRADE). Niamh has worked as a nurse and clinical nurse manager in intellectual disability services in Ireland with more than 25 years' experience across the health sector. Niamh has a BSc in Nursing, PgDip in Gerontological Nursing and a Masters Degree in Health Sciences Specialist Nursing by research and is currently completing a PhD.

Professor Thomas Kearns, RCSI

Professor Thomas Kearns is Consultant and Co-Director Candidate WHO Collaborating Centre at the Faculty of Nursing and Midwifery. His career in nursing started in 1980 and he has worked in a variety of clinical scopes across general and psychiatric nursing. Over the last 20 years, Thomas has worked in Professional Regulation, Nursing Policy and Higher Education. Professor Kearns was selected for induction into the 2021 class of Fellows of the American Academy of Nursing. In 2017 Thomas took a sabbatical for 12 months where he worked as interim chief executive officer (CEO) of the International Council of Nurses (ICN) based in Geneva. He was involved in the global launch of the Nursing Now campaign in collaboration with the WHO and initiated the launch of the RCSI Hospital Nursing Now Campaign Group. Thomas is a non-executive director of Axia Digital Ireland, a company that develops software to support learning and development. He is also a part of the Governance of the Dublin Simon Community. He is a member of the Rotunda Hospital Audit committee and is delighted to attend the RCSI hospital Group Directors executive meetings. He has led on scoping the development of a Centre for Nursing and Midwifery Advancement across the RCSI Hospital Group. Thomas' doctorate is in the area of CPD and the maintenance professional competence. He has scoped and developed the European Centre of Excellence for Research in Continuing Professional Development (UPGRADE) in partnership with colleagues from over 20 European Countries and a number of pan national organisational members.



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