

BMJ Open

Protocol: Improving skills and care standards in the support workforce for older people -a realist review

Journal:	<i>BMJ Open</i>
Manuscript ID:	bmjopen-2014-005356
Article Type:	Protocol
Date Submitted by the Author:	28-Mar-2014
Complete List of Authors:	Rycroft-Malone, Jo; Bangor University, School of Healthcare Sciences; Burton, Christopher; Bangor University, School of Healthcare Sciences Hall, Beth; Bangor University, College of Physical and Applied Sciences McCormack, Brendan; Queen Margaret University, Nursing Nutley, Sandra; University of St Andrews, School of Management Seddon, Diane; Bangor University, School of Social Sciences Williams, Lynne; Bangor University, School of Healthcare Sciences
Primary Subject Heading:	Health services research
Secondary Subject Heading:	Evidence based practice, Health services research, Health policy, Qualitative research, Research methods
Keywords:	EDUCATION & TRAINING (see Medical Education & Training), QUALITATIVE RESEARCH, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts

Only

1
2
3
4
5 **Protocol: improving skills and care standards in the support workforce for**
6 **older people: a realist review**
7
8
9

10 Corresponding author: Professor Jo Rycroft-Malone, School of Healthcare Sciences, Fron Heulog,
11 Ffriddoedd Rd, Bangor, LL57 2EF.

12 Email: j.rycroft-malone@bangor.ac.uk

13 Tel: 01248 383119

14 Fax: 01248 383114
15
16
17
18
19

20 Co-authors:

21 Dr Christopher Burton, School of Healthcare Sciences, Bangor University, Bangor, UK.

22 Dr Beth Hall, College of Physical and Applied Sciences, Bangor University, Bangor, UK.

23 Professor Brendan McCormack, Nursing Faculty, Queen Margaret University, Edinburgh, UK.

24 Professor Sandra Nutley, School of Management, University of St Andrews, St Andrews, UK.

25 Dr Diane Seddon, School of Social Sciences, Bangor University, Bangor, UK.

26 Dr Lynne Williams, School of Healthcare Sciences, Bangor University, UK.
27
28
29
30
31
32

33 Keywords: education and training: quality in healthcare: qualitative research: workforce
34 development: older people
35
36
37

38 Word count: 3720
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Abstract**Introduction:**

In the context of a population that is growing older, and a number of high profile scandals about care standards in hospital and community settings, having a skilled and knowledgeable workforce caring for older people is an ethical and policy imperative. Support workers make up the majority of the workforce in health and social care services for older people, yet little is known about the best way to facilitate their development. This review will draw on evidence to address the question: how can workforce development interventions improve the skills and the care standards of support workers within older people's health and social care services?

Methods and analysis:

As we are interested in how and why workforce development interventions might work, in what circumstances, and with whom, we will conduct a realist review. This will enable us to elicit how different mechanisms underlying workforce development interventions and programmes operate in particular conditions, which link to specific outcomes. The review will be conducted over eighteen months to; (1) construct a theoretical framework, i.e. the review's programme theories, (2) retrieve, review and synthesise evidence relating to interventions designed to develop the support workforce guided by the programme theories, (3) 'test out' our synthesis findings and refine the programme theories, and establish their practical relevance/and potential for implementation, and (4) formulate recommendations about improvements to current workforce development interventions that can contribute to the improvement of care standards and are potentially transferrable to other services.

Ethics and dissemination:

Ethical approval is not required to undertake this review. Knowledge exchange activities through stakeholder engagement and on-line postings are embedded throughout the life time of the project. The main output from this review will be a new theory driven framework for skills development for the support workforce in health and social care for older people.

Introduction

The UK population is getting older – by 2031 it is estimated that one in five people will be over 65 years old.¹ Older people are the main recipients of care in the NHS, and older people's care costs the United Kingdom NHS relatively more than those of working age.² Research suggests that older people require care which encompasses both health and social care functions.³ Multiple, long term conditions experienced by older people may be associated with a complex mix of interventions and approaches, including specific needs around communication and cognition, which will shape the design of both hospital and community based care interventions. The rapid increase in the older person population is driving the current pressures to develop new service models, processes, roles and expertise for delivering effective and efficient care for this group, where people have distinctive, often individualised care needs. As part of this, greater use and development of the support workforce in health and social care is likely to remain a long term priority for NHS managers and other sector organisations.

High quality care provision for older people is a strategic priority, and points to the need for appropriate workforce development interventions to nurture and support the development of person-centred care across health and social care settings. A recent series of investigations and high profile cases have questioned current practices in services provided to older people. These include a Care Quality Commission report,⁴ which identified concerns over the skills, training and availability of the care workforce within hospital settings to deliver dignified and appropriate care. This followed on from several other critical reports of the standards of care offered to older patients within the NHS, including a particularly shocking investigation by the Parliamentary and Health Service Ombudsman,⁵ which has called for standards of NHS care for older people to be improved, and others which have accused the NHS of 'ageist' practices and attitudes.⁶ Likewise, the preferences and experiences of older people may not always be reflected in care policies, structures and practices.^{8,9}

The health and social care support workforce is defined as providers of "face to face care or support of a personal or confidential nature to service users in a clinical or therapeutic settings, community facilities or domiciliary settings, but who do not hold qualifications accredited by a professional association and is not formally regulated by a statutory body."¹⁰ The support workforce delivers care alongside the regulated, professional workforce in their day to day duties. However, their use and role development has been somewhat ad hoc¹¹ and largely dependent on the various activities they perform.¹² In parallel, support workers have also become an undervalued resource.¹³ Additionally there is a lack of clarity about the role of support workers, with their roles developing organically

1
2
3 rather than systematically and consequently their preparation and continuing development tend to be
4 haphazard.¹⁴
5
6
7

8
9 There is not a unified body of evidence to indicate how to enhance workforce development
10 interventions for improving the skills and care standards in the support workforce. Workforce
11 development in this context includes the support required to equip those providing care to older
12 people with the right skills, knowledge and behaviours to deliver safe and high quality services.¹⁵
13 Evidence about interventions to develop the health and social care support workforce for older people
14 is limited, and further research is urgently needed to inform service about how to improve standards
15 for the future.¹⁴ In part, this reflects the lack of a common definition of the support worker role,
16 largely due to the variety of duties that they perform,¹² and the different approaches to workforce
17 design and development models that NHS Trusts and other services have adopted.¹¹ This diversity and
18 lack of clarity means that often support workers are ‘figuring it out in the moment,’ delivering care
19 that may not be appropriate or evidence informed.¹⁶
20
21
22
23
24
25
26
27

28 This review will address a gap in the evidence base by identifying interventions at individual, team
29 and organisational levels that have the potential to enhance the skills and care standards in the support
30 workforce for older people. We are specifically interested in uncovering how and why workforce
31 development interventions may impact, and on whom, to guide future workforce development policy
32 and practice.
33
34
35
36
37

38 **Background**

39
40
41
42

43 Within health and social care, the support workforce is large, an estimated 1.3 million working on the
44 frontline of care¹⁷ and can be categorised under the different types of role they perform, including
45 direct care, indirect care, administration and facilitation.^{18 19} While growth in the support workforce
46 has sometimes been driven by initiatives to reduce costs, which has involved role substitution for
47 regulated staff, there is evidence to show that support workers can act as an additional resource to
48 enhance older people’s experiences by improving the contact with care practitioners.^{20 21} The findings
49 from a number of studies point to the need to improve the skills and training approaches currently
50 used to develop support workers.^{4 15} There is evidence to suggest that support workers are not used as
51 effectively as possible and are often undervalued.^{18 13} Recommendations from the Commission for
52 Dignity in Care⁷ include the need to shift to more work-based approaches to learning and
53 development for all staff, including the support workforce. Research concerning the support
54
55
56
57
58
59
60

workforce has generally focused on their role and contribution in the acute care sector,⁶ patients' care needs in particular situations such as dementia services²² or the relationships between support workers and different professional groups.^{18 13 11} Only one study has specifically examined support workers in older people's services.²¹

Previous work on the development of professionals has focused on advancing workers from novices to experts.²³ However, such models of education have focused on individuals who are already highly educated and with additional years of experience to build on, which is often not the case for the support workforce. Additionally, much of this work focuses on how professionals learn, including the different processes for adopting new practices, rather than on considering contextual and structural barriers such as the role of organisational strategy and professional regulation. The degree of synergy between workforce development strategies and opportunities for job and role development is also uncertain. The general lack of clarity and diversity in models, roles, and care settings have resulted in a gap in knowledge about what makes for effective interventions for the development of the support workforce. This review will fill this gap by providing actionable and transferable findings from a realist review of evidence relating to the development of the support workforce in different settings (health, social care, policing, and education) in order to uncover what workforce development interventions are effective in improving the care received by older people. The review will be of direct benefit to health and social care through providing a resource to inform the development of support workers, and helping to address some of the failures in the quality of services provided to older people identified by previous investigations.^{4 6 7}

Review question & aims

Research question: How can workforce development interventions improve skills and care standards of support workers within older people's health and social care services?

The main aims are to:

1. Identify support worker development interventions from different public services and to synthesise evidence of impact.
2. Identify the mechanisms through which these interventions deliver support workforce and organisational improvements that are likely to benefit the care of older people.
3. Investigate the contextual characteristics that will mediate the potential impact of these mechanisms on clinical care standards for older people.

1
2
3 4. Develop an explanatory framework that synthesises review findings of relevance to services
4 delivering care to older people.

5
6 5. Recommend improvements for the design and implementation of workforce development
7 interventions for support workers.
8

9
10 Workforce development interventions are characteristic of complex social programmes with inter-
11 related components, the impacts of which are likely to be contingent on multiple personal, work-
12 related and organisational factors. Synthesising evidence of ‘what works’ in this situation requires an
13 approach that can accommodate both this complexity and contingency. A realist review adopts a
14 theory-driven approach to evidence synthesis, underpinned by a realist philosophy of science and
15 causality.²⁴ Causal explanations are expressed as contingent relationships between mechanisms
16 (changes in participants’ reasoning or resources), context (contingencies), and outcomes; often
17 abbreviated to CMO to show how particular contexts or conditions trigger or fire mechanisms to
18 generate an observed outcome.
19
20
21
22
23

24
25
26 The CMO framework can be used in abstract ways to explain broad processes, or in more specific
27 ways to examine how programmes work.²⁵ Realist reviews explore complex social programmes and
28 seek out mid-range theories that explain observable patterns of outcomes (demi-regularities),
29 including why interventions are successful in some settings but not in others.^{26,27} Strong stakeholder
30 engagement strategies are used to ensure interpretive depth and the policy relevance of synthesis
31 findings, and require the consideration of a much broader and heterogeneous evidence base than
32 traditional Cochrane reviews of effectiveness.^{28,29} Realist review methods have been developing,³⁰
33 including through the work of members of this project team,^{29,31} and are becoming increasingly used in
34 generating explanatory evidence about the workings of complex, contextually contingent programmes
35 and interventions.
36
37
38
39
40
41
42
43

44 **Theoretical territory**

45
46
47 The review will establish a mid-range programme theory or theories which will provide an evidence-
48 based account of how workforce development programmes work. The programme theories will be
49 developed in the first phase of the review, but our initial work indicates the relevance of a number of
50 relevant, interlinked theoretical disciplines for the development of the programme theories, each with
51 their own literature, approaches and concerns. These include:
52
53

- 54 • theories of professional learning and role progression, including the development of expertise^{23,32}
 - 55 • theories of adult and transformational learning^{33,34}
- 56
57
58
59
60

- workforce development implementation, including connections between different development interventions and workforce functions
- theories of behaviour change,^{35 36} practice development³⁷, and knowledge utilisation^{38 39}
- the role of organisational and other contextual influences, such as structural factors which affect the implementation of learning and practices^{40 41 42}

Additionally, we are interested in identifying the different impacts that workforce interventions could potentially have, including to knowledge, attitudes, skills and behaviour. However we recognise that, for example, an increase of knowledge about an issue may not result in a change of behaviour (i.e. better standards of care) but may be a pre-cursor to behaviour change. Therefore, in this review we will conceptualise impact as a continuum ranging from conceptual to instrumental or direct impacts: i.e. from awareness, knowledge and understanding, attitudes and perceptions, to practice change.³⁹

Methods

Reflecting emerging frameworks for reporting realist reviews²⁴ this review will be conducted in 4 inter-linked phases over 18 months:

1. Programme theory development.
2. Evidence retrieval, data extraction and synthesis.
3. Programme theory testing and refinement through evidence synthesis.
4. Development of actionable recommendations.

Stakeholder engagement is embedded throughout each phase. We will form an advisory group of representatives from organisations associated with the design, commissioning, delivery, and experience of workforce development programmes for the support workforce for older people. This group will be complemented by representatives from advocacy organisations representing the health and social care interests of older people. The group will be responsible for advising on the relevance of review questions, interpretation of findings, and the dissemination of synthesis findings. We will ensure that mobilisation of the knowledge generated around both the focus of the evidence synthesis and the realist review processes adopted, is mobilised across the lifetime of the project through the use of social media; formal dissemination activities; policy, practice, and workforce engagement events.

Phase 1: Programme theory development

An initial programme theory will be developed through stakeholder engagement, and an overview of relevant extant theory. We will hold a theory building workshop with stakeholders including

1
2
3 educators, practitioners, managers and service user representatives to identify and prioritise the theory
4 to be evaluated in the review.
5
6

7 Phase 2: Evidence retrieval, data extraction and evidence synthesis 8

9
10 Our review process will involve searching for evidence relevant to ‘testing’ and refining the initial
11 programme theory, and extracting data from the sources of evidence identified. Older people access a
12 wide range of generalist and specialist services to address their health and social care needs. Our
13 approach will be to target services specific to older people in the first instance across hospital,
14 community and third sector care providers. In the first instance we will target evidence relevant to the
15 health and social care support workforce including advocacy organisations (e.g. Age UK, The
16 Alzheimer’s Society).
17
18
19
20

21
22 We will focus on interventions that address the knowledge and skills required by this workforce to
23 contribute to health and social care for older people in both generalist and specialist settings. The
24 realist review provides an ideal approach for testing the robustness of emerging findings from one
25 body of literature to another, and in providing the opportunity to see if other literatures offer different
26 learning and mechanisms, which are transferable to the health and social assistant care workforce. Our
27 initial sweep of the literature will be complemented by searches for support worker development
28 interventions in the wider public service fields of policing and education.
29
30
31
32

33 34 *Search strategy* 35

36
37 One strength of the realist review approach is that the evidence base to be reviewed and synthesised
38 can be broad and eclectic.²⁸ In fact, a diversity of evidence provides an opportunity for richer mining
39 and greater explanation. To maximise relevance, our search will be limited to material from 1986 to
40 2013, which includes the last two major workforce development shifts within the United Kingdom
41 health and social care workforce. We intend to include material indexed in the major health, social
42 and welfare databases using keywords identified in previous systematic reviews and database specific
43 ‘keywords’ adapted for each information source.
44
45
46
47
48

49 50 *Inclusion and exclusion criteria* 51

52
53 We will include reports of workforce, practice and/or organisational development programmes and
54 interventions (and also in combinations). In contrast to other approaches, in a realist review, evidence
55 is not excluded (unless it does not relate to the programme theory or theories). However, in this
56 review we will not search for or include evidence that may have limited transferability to the NHS
57
58
59
60

1
2
3 such as health systems within low income countries. The test for inclusion will be: is the evidence
4 provided 'good and relevant enough' to be included,²⁸ considering issues of sample size, data
5 collection, data analysis, and claims made. Discrepancies in opinions about the relevance of articles
6 will be resolved through discussion amongst the project team.
7
8

9
10
11 The search for references will be augmented by searches for support worker role evaluations or
12 intervention research which makes specific reference to embedded implementation. We will also
13 conduct; internet-based searches for grey literature, such as workforce development project reports;
14 national inspection and regulation quality reports; evaluative information about these initiatives. We
15 will also use snowballing techniques and draw on the expertise of the project advisory group, other
16 key researchers and educators, and organisations to ensure we have not missed evidence that might
17 not be visible through traditional and hand searching methods.
18
19
20

21 22 23 *Data extraction*

24
25
26 The programme theories being 'tested' through the review are made visible through the data
27 extraction forms²⁹. A bespoke set of data extraction forms will be developed based on the content of
28 the programme theory, which thereby provides a template to interrogate the theories. If the evidence
29 meets the test of relevance, data will be extracted using the bespoke proforma and then checked by a
30 second member of the team.
31
32
33

34 35 36 *Synthesis*

37
38 The analytical task involves synthesising, across the extracted information the relationships between
39 emerging mechanisms, contexts and outcomes. Through our previous experience of realist review,²⁹
40 ³¹and building on the suggestions of Pawson²⁸ and principles of realist enquiry, we have developed an
41 approach to synthesis that includes:
42
43

- 44 • Organisation of extracted information into evidence tables representing the different bodies of
45 literature (e.g. health, teaching, social care, policing)
- 46 • Theming across the evidence tables in relation to emerging demi-regularities (patterns) amongst
47 CMO configurations seeking confirming and disconfirming evidence
- 48 • Linking these demi-regularities to develop hypotheses.
49
50
51

52 The resultant hypotheses act as synthesised statements of findings around which a mid-range
53 theoretical, contingent narrative can be developed summarising the characteristics of the evidence
54 underpinning workforce development programmes. Outputs from this phase will be both a
55 comprehensive evidence base related to workforce development for the support workforce, which we
56
57
58
59
60

1
2
3 will make publicly available, and a set of mid-range hypotheses supported by relevant evidence which
4 will be further refined in Phase 3.
5
6

7 Phase 3: Testing and refining programme theories 8

9
10 To enhance the trustworthiness of the resultant hypotheses and to facilitate the development of a final
11 review narrative we will conduct up to 10 semi-structured audio-recorded telephone interviews with
12 stakeholders. These participants will be purposively sampled to obtain different perspectives relevant
13 to the review question. Interviewees will include service delivery managers, policy makers, education
14 providers, commissioners, and support workers. An interview schedule will be developed based on
15 the findings that have emerged from the synthesis process and will aim to elicit stakeholders' views
16 on their resonance.
17
18
19

20 Phase 4: Actionable recommendations 21

22
23 We will work with the Project Advisory Group including patient and public participants to develop a
24 set of actionable recommendations and the development of an evidence informed framework of what
25 works for whom and in what context in relation to workforce development interventions for the
26 clinical support workforce for older people. This will be achieved through one face-to-face meeting,
27 and virtual meetings via teleconference. We will also hold a knowledge mobilisation event with a
28 group of stakeholders (for example; older people and their care partners, service providers and
29 commissioners, education providers, professional bodies and advocacy organisations), to ensure the
30 recommendations we develop are both relevant and actionable.
31
32
33
34
35
36
37

38 **Ethical issues** 39

40
41 Ethical approval will not be required to undertake this review. The interviews to be conducted as part
42 of Phase 3 will be undertaken with service staff, and therefore will require ethical approval by the
43 study's sponsor (Bangor University).
44
45

46 **Project outputs** 47

48
49 A number of products will be produced and processes engaged in as part of end of grant dissemination
50 activity, including the following:
51
52

- 53
54 • a final and full research report, illustrated with vignettes of different practical examples
55 and/or case studies to make findings relevant to NHS managers, and a new framework for
56 skills development for the support workforce for older people
57
58
59
60

- 1
- 2
- 3 • an executive summary of the final report, suitable for use as a separate report for briefing
- 4 NHS managers
- 5
- 6 • a lay summary of the final report, suitable for use as a separate report for briefing the public
- 7
- 8 • benchmarking or quality assurance framework for interventions
- 9
- 10 • two open access publications; 1) a review protocol, and 2) a findings paper that sets out an
- 11 implementation plan of workforce development interventions training for the support
- 12 workforce.
- 13

14 The project website will provide a real time report of progress <http://opswise.bangor.ac.uk/>

15

16

17 Specifically, the study's outputs will provide:

18

19

20 1) A clear description of the interventions that have been used and evaluated for improving the skills

21 and care standards in the support workforce. This will include how they work in practice and their

22 intended and unintended outcomes to enable NHS decision makers and policy makers to have an

23 understanding of the range of strategies available, and the core assumptions about how they are

24 supposed to work.

25

26

27

28

29 2) An explanation of the contextual influences underlying the challenges of designing and

30 implementing support care workforce development interventions. Understanding context is not a

31 central feature of traditional reviews in contrast, but for realist inquiry it is central. The impact of

32 programmes and interventions are contingent upon the conditions in which they are implemented,

33 therefore a detailed explanation of this will provide service managers and policy makers with the

34 information they need to address these issues locally.

35

36

37

38

39 3) An evidence informed framework of what works for whom and in what context in relation to

40 interventions for improving skills and care standards in the assistant care workforce for older people.

41 This could be used by managers and organisations to reform and enhance the support worker function

42 by helping identify appropriate development interventions for different roles and to implement and

43 evaluate new models of learning and development. For example, findings about effective

44 interventions could be used to develop clear career development paths, and for improving the

45 supervision and / or support offered to the workforce. This framework will be linked to personal

46 development and career development frameworks, including the NHS Knowledge and Skills

47 Framework, in order to promote implementation and maximise utility. In particular, we will suggest

48 tailored mechanisms and interventions suitable for developing support workers, which can be used to

49 strengthen these frameworks, and which may be of relevance across public services.

50

51

52

53

54

55

56

57

58

59

60

Discussion

Syntheses of evidence about the effectiveness of workforce development interventions to enhance the knowledge and skills of the health and social care support workforce are urgently needed to meet the high profile challenges to care standards for older people. Therefore this review is timely and should provide important evidence of what works for support worker development interventions and programmes, to enhance understanding and provide clarity for older people's services.

The review findings have the potential to impact on policy and strategy and should provide guidance on how a workforce could be prepared for delivering care that is both consistent and person-centred¹⁷. Our findings have the potential to improve care provision for older people by theorising and synthesising evidence about the development of the support workforce which recognises the variety of ways and circumstances in which the holistic health and social care needs of older people are met. However, we are also cognisant that the review may uncover findings which affirm a growing concern that the boundaries between registered and support staff are becoming increasingly blurred.¹⁷ It is crucial that the evidence generated by the review connects, and provides clarity across health and social care services, so that appropriate interventions of relevance to older people (and where appropriate their families/carers) can be implemented and sustained through education and development. Specifically, we will provide information about what workforce development programmes and interventions may work better in particular contexts and why. This can be expected to include the development, education and support offered to both support workers and their supervisors⁴³ and should also reflect the physical and emotional demands of providing care for people with complex and debilitating conditions.¹³

The transferability of research outputs will be enhanced through developing theoretically informed statements about 'what works' in workforce development, which are grounded in the reality of service delivery. Therefore, the findings from this review will relate to workforce interventions for support workers across different service settings, and therefore will likely be of interest beyond health and social care services.

Authors' contributions: Funding for this review was secured by JRM and CB as joint chief investigators. All authors contributed to protocol development and drafting of the manuscript. All authors have read and approved the final manuscript.

1
2
3 **Registration details:** The study has been registered with Prospero. Registration no:
4 CRD42013006283
5
6
7
8

9 **Funding statement:** This work is supported by the NIHR Grant no. 12/129/32. This project is
10 commissioned by the NIHR Health Services and Delivery Research Programme. The views and
11 opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR
12 HS & DR programme.
13
14

15
16
17
18 **Acknowledgments:** Roger Williams, Stephen Edwards and Denise Fisher for their input into the
19 development of the programme theory, and Mark Smith for support with drafting the funded protocol.
20
21
22
23

24 **Competing interests:** We are not aware of any other conflicts, or potential conflicts of interest.
25
26
27

28 **References:**

- 29
30
31
32 1. Wise, J. (2010). Number of 'oldest old' has doubled in the past 25 years *British Medical*
33 *Journal*. 340 (c3057),1266
34 2. Institute of Fiscal Studies (2012). *NHS and Social Care Funding: the outlook to 2021/22*.
35 Retrieved from: www.nuffieldtrust.org.uk
36 3. Shield, F., Enderby, P. & Nancarrow, S. (2006). Stakeholder views of the training needs of an
37 interprofessional practitioner who works with older people *Nurse Education Today* 26 (5),
38 367–376
39 4. Care Quality Commission (2011). *Dignity and Nutrition Inspection Programme: National*
40 *Overview*. Retrieved from: www.cqc.org.uk
41 5. Parliamentary & Health Service Ombudsman, (2011). *Care and compassion? Report of the*
42 *Health Service Ombudsman on ten investigations into NHS care of older people*. London: The
43 Stationary Office. Retrieved from:
44 <http://www.ombudsman.org.uk/care-and-compassion/home>
45 6. Tadd, W., Hillman, A., Calnan, S., Calnan, M., Bayer, A. & Read, S. (2011). *Dignity in*
46 *Practice: An exploration of the care of older adults in acute NHS Trusts*. NIHR Service
47 Delivery and Organisation Programme
48 7. Commission for Dignity in Care. (2012). *Delivering Dignity: Securing dignity in care for*
49 *older people in hospitals and care homes*. Joint Report from Independent Commission on
50 Dignity. Retrieved from:
51 <http://www.nhsconfed.org/Publications/reports/Pages/Delivering-Dignity.aspx>
52 8. Rudd, A.G., Hoffman, A., Down, C., Pearson, M. & Lowe, D. (2007). Access to stroke care
53 in England, Wales and Northern Ireland: the effect of age, gender and weekend admission.
54 *Age and Aging*, 36 (3), 247-255
55 9. Gott, M., Small, N., Barnes, S., Payne, S. & Seamark, D. (2008). Older people's views of a
56 good death in heart failure: Implications for palliative care provision. *Social Science &*
57 *Medicine*. 67 (7), 1113–1121
58
59
60

10. Saks, M., Allsop, J., Chevannes, M., Clark, M., Fagan, R., Genders, N., Johnson, M., Kent, J., Payne, C., Price, D., Szczepura, A. and Unell, J. (2000). *Review of Health Support Workers, Report to the UK Departments of Health*. Leicester: Faculty of Health and Community Studies, De Montfort University
11. Spilsbury, K., Adamson, J., Atkin, K., Bartlett, C., Bloor, K., Borglin, G., Carr-Hill, R., McCaughan, D., McKenna, H., Stuttard, L. & Wakefield, A. (2010). *Evaluation of The Development and Impact of Assistant Practitioners Supporting the Work of Ward-Based Registered Nurses in Acute NHS (Hospital) Trusts in England*. Final report. NIHR Service Delivery and Organisation programme
12. Nancarrow, S.A., Shuttleworth, P., Tongue, A. & Brown, L. (2005). Support workers in intermediate care. *Health and Social Care in the Community*. 13 (4), 338–344
13. Schneider, J., Scales, K., Bailey, S. & Lloyd, J. (2010). *Challenging care: the role and experience of Health Care Assistants in dementia wards*. Final report. NIHR Service Delivery and Organisation programme
14. NHS Education for Scotland (2010). *Healthcare Support Workers. The Development of the clinical support worker role: a review of the evidence*. NHS Education for Scotland.
15. Skills for Care (2011) *Capable, Competent, Skilled. A Workforce Development Strategy*. Leeds: Skills for Care.
16. Janes, N., Sidani, S., Cott, C. & Rappolt, S. (2008). Figuring it Out in the Moment: A Theory of Unregulated Care Providers' Knowledge Utilization in Dementia Care Settings. *Worldviews on Evidence-Based Nursing* 5(1), 13-24
17. Cavendish, C. (2013). *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Retrieved from: <https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care>
18. Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D. & Janet Askham, J. (2010). *The Nature and Consequences of Support Workers in a Hospital Setting*. Final report, NIHR Service Delivery and Organisation programme
19. Moran, A., Enderby, P. & Nancarrow, S. (2010). Defining and identifying common elements of and contextual influences on the roles of support workers in health and social care: a thematic analysis of the literature. *Journal of Evaluation in Clinical Practice*. 17 (6), 1191–1199
20. Wakefield, A., Spilsbury, K., Atkin, K., McKenna, H., Borglin, G. & Stuttard, L. (2009). Assistant or substitute: Exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions. *Health Policy*. 90 (2-3), 286–295
21. Nancarrow, S.A., Enderby, P., Moran, A.M., Dixon, S., Parker, S., Bradburn, M., Mitchell, C., John, A. & McClimens, A. (2010). *The relationship between workforce flexibility and the costs and outcomes of older peoples' services*. Final report. NIHR Service Delivery and Organisation programme
22. Bond, J., Bamford, C., Arksey, H., Poole, M., Kirkley, C., Hughes, J. & Corner, L. (2009). *Person- and carer-centred respite care for people with dementia: developing methods of evaluating the effectiveness of different models*. Final Report. NIHR Service Delivery and Organisation programme
23. Dreyfus S.E. & Dreyfus, H.L. (1980). *A five stage model of the mental activities involved in directed skill acquisition*. Unpublished Report supported by the Air Force Office of Scientific Research. Berkley: University of California
24. Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J. & Pawson, R. (2013). RAMESES publication standards: realist synthesis. *BMC Medicine* 11:21. Retrieved from: <http://www.biomedcentral.com/content/pdf/1741-7015-11-21.pdf>
25. Wand, T., White, K. & Patching, J. (2010). Applying a realist(ic) framework to the evaluation of a new model of emergency department based mental health nursing practice. *Nursing Inquiry* 17(1), 231-239
26. Hewitt, G., Sims, S. & Harris, R. (2012). The realist approach to evaluation research: an introduction *International Journal of Therapy and Rehabilitation*. 19(5), 250 – 259

27. Gough, D. (2013). Meta-narrative and realist reviews: guidance, rules, publication standards and quality appraisal *BMC Medicine* 11(22). Retrieved from: <http://www.biomedcentral.com/1741-7015/11/22>
28. Pawson, R. (2006). *Evidence-based Policy: a Realist Perspective* London: Sage Publications
29. Rycroft-Malone, J., McCormack, B., Hutchinson, A., DeCorby, K., Bucknall, T., Kent, B., Schults, A., Snelgrove-Clarke, E., Stetler, C., Titler, M., Wallin, L. & Wilson, V. (2012). Realist synthesis: illustrating the method for implementation research *Implementation Science* 7(33)
30. Greenhalgh, T., Wong, G., Westhorp, G. & Pawson, R. (2011). Protocol- realist and meta-narrative evidence synthesis: Evolving Standards (RAMESES). *BMC Medical Research Methodology* 11:115
31. McCormack, B., Rycroft-Malone, J., DeCorby, K., Hutchinson, A., Bucknall, T., Kent, B., Schultz, A., Snelgrove-Clarke, E., Stetler, C., Titler, M., Wallin, L. & Wilson, V. (2013). A realist review of interventions and strategies to promote evidence-informed healthcare: a focus on change agency *Implementation Science* 8(107). Retrieved from: <http://www.implementationscience.com/content/8/1/107>
32. Dreyfus, H. & Dreyfus, S. (1985). *Mind over machine: The power of human intuition and expertise in the era of the computer*. New York: Free Press
33. Bloom, B. (1956). *The taxonomy of educational objectives: The classification of educational goals*. Handbook I, Cognitive Domain. London: Longman
34. Kolb, D.A. (1984). *Experiential learning. Experience as the source of learning and development*. Englewood Cliffs: Prentice Hall
35. Michie, S., Fixsen, D., Grimshaw, J.M. & Eccles, M.P. (2009). Specifying and reporting complex behaviour change interventions: the need for a scientific method. *Implementation Science*. 4:40
36. Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy: towards a more integrative model of change. *Psychotherapy: theory, research and practice*. 19 (3), 276-288
37. McCormack, B., Wright, J., Dewar, B., Harvey, G. & Ballantine, K. (2007). A realist synthesis of evidence relating to practice development: Findings from the literature review. *Practice Development in Health Care*. 6(1), 25-55
38. Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A. & Estabrooks, C. (2002). Ingredients for change: Revisiting a conceptual framework. *Quality and Safety in Health Care*. 11(1), 174 – 180
39. Nutley, S., Walters, I, & Davies, H.T.O. (2007) *Using Evidence. How Research Can Inform Public Services*. Policy Press: Bristol
40. Easterby-Smith, M. (1997). Disciplines of Organizational Learning: Contributions and Critiques. *Human Relations*. 50(9), 1085-1113
41. Raelin, J.A. (1997). Work-based learning in practice. *Journal of Workplace Learning*. 10 (6/7), 280-283
42. Dewing, J. (2008). Chapter 15. Becoming and Being Active Learners and Creating Active Learning Workplaces: The Value of Active Learning in International Practice Development in *Nursing and Healthcare* pp 273-294. B, McCormack, K, Manley and V. Wilson (eds) Oxford: Blackwells
43. Keeney, S., Hasson, F. & McKenna, H. (2005). Health care assistants: the views of managers of health care agencies on training and employment. *Journal of Nursing Management*. 13 (1), 83–92

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

BMJ Open

Protocol: Improving skills and care standards in the support workforce for older people: a realist review

Journal:	<i>BMJ Open</i>
Manuscript ID:	bmjopen-2014-005356.R1
Article Type:	Protocol
Date Submitted by the Author:	08-May-2014
Complete List of Authors:	Rycroft-Malone, Jo; Bangor University, School of Healthcare Sciences; Burton, Christopher; Bangor University, School of Healthcare Sciences Hall, Beth; Bangor University, College of Physical and Applied Sciences McCormack, Brendan; Queen Margaret University, School of Health Sciences Nutley, Sandra; University of St Andrews, School of Management Seddon, Diane; Bangor University, School of Social Sciences Williams, Lynne; Bangor University, School of Healthcare Sciences
Primary Subject Heading:	Health services research
Secondary Subject Heading:	Evidence based practice, Health services research, Health policy, Qualitative research, Research methods
Keywords:	EDUCATION & TRAINING (see Medical Education & Training), QUALITATIVE RESEARCH, Quality in health care < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts

Only

1
2
3
4
5 **Protocol: improving skills and care standards in the support workforce for**
6 **older people: a realist review**
7
8

9
10 Corresponding author: Professor Jo Rycroft-Malone, School of Healthcare Sciences, Fron Heulog,
11 Ffriddoedd Rd, Bangor, LL57 2EF.

12
13 Email: j.rycroft-malone@bangor.ac.uk

14
15 Tel: 01248 383119

16
17 Fax: 01248 383114
18
19

20 Co-authors:

21 Dr Christopher Burton, School of Healthcare Sciences, Bangor University, Bangor, UK.

22 Dr Beth Hall, College of Physical and Applied Sciences, Bangor University, Bangor, UK.

23 Professor Brendan McCormack, School of Health Sciences, Queen Margaret University, Edinburgh,
24 UK.

25 Professor Sandra Nutley, School of Management, University of St Andrews, St Andrews, UK.

26 Dr Diane Seddon, School of Social Sciences, Bangor University, Bangor, UK.

27 Dr Lynne Williams, School of Healthcare Sciences, Bangor University, UK.
28
29

30
31
32
33
34
35 Keywords: education and training: quality in healthcare: qualitative research: workforce
36 development: older people
37
38

39 Word count: 3948
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Introduction:

In the context of a population that is growing older, and a number of high profile scandals about care standards in hospital and community settings, having a skilled and knowledgeable workforce caring for older people is an ethical and policy imperative. Support workers make up the majority of the workforce in health and social care services for older people (aged 65 years and over), and yet little is known about the best way to facilitate their development. Given this gap, this review will draw on evidence to address the question: how can workforce development interventions improve the skills and the care standards of support workers within older people's health and social care services?

Methods and analysis:

As we are interested in how and why workforce development interventions might work, in what circumstances, and with whom, we will conduct a realist review, sourcing evidence from health, social care, policing, and education. The review will be conducted in four steps over eighteen months to; (1) construct a theoretical framework, i.e. the review's programme theories, (2) retrieve, review and synthesise evidence relating to interventions designed to develop the support workforce guided by the programme theories, (3) 'test out' our synthesis findings and refine the programme theories, establish their practical relevance/potential for implementation, and (4) formulate recommendations about improvements to current workforce development interventions to contribute to the improvement of care standards in older people's health and social care services, potentially transferrable to other services.

Ethics and dissemination:

Ethical approval is not required to undertake this review. Knowledge exchange activities through stakeholder engagement and on-line postings are embedded throughout the life time of the project. The main output from this review will be a new theory driven framework for skills development for the support workforce in health and social care for older people.

Strengths and limitations

- Realist review that will inform a broad range of stakeholders including health and social care policy makers, managers, and the public, about how the skills and knowledge of the support workforce can be enhanced to improve the quality of older people's services.
- Argues for the appropriateness and fit of the realist review approach to evaluate complex interventions in the development of the health and social care support workforce.

Key messages

- Older people's services are highly dependent on unregulated, support workforce roles in health and social care
- There is a pressing need for research that identifies interventions that can improve the skills and knowledge of the support workforce in order to promote safe, effective and responsive person-centred care to older people

Introduction

The UK population is getting older – by 2031 it is estimated that one in five people will be over 65 years old.¹ Older people are the main recipients of care in the NHS, and older people's care costs the United Kingdom NHS relatively more than those of working age.² Research suggests that older people require care which encompasses both health and social care functions.³ Multiple, long term conditions experienced by older people may be associated with a complex mix of interventions and approaches, including specific needs around communication and cognition, which will shape the design of both hospital and community based care interventions. The rapid increase in the older person population is driving the current pressures to develop new service models, processes, roles and expertise for delivering effective and efficient care for this group, where people have distinctive, often individualised care needs. As part of this, greater use and development of the support workforce in health and social care is likely to remain a long term priority for NHS managers and other sector organisations.

1
2
3 High quality care provision for older people is a strategic priority, and points to the need for
4 appropriate workforce development interventions to nurture and support the development of person-
5 centred care across health and social care settings. A recent series of investigations and high profile
6 cases have questioned current practices in services provided to older people. These include a Care
7 Quality Commission report,⁴ which identified concerns over the skills, training and availability of the
8 care workforce within hospital settings to deliver dignified and appropriate care. This followed on
9 from several other critical reports of the standards of care offered to older patients within the NHS,
10 including a particularly shocking investigation by the Parliamentary and Health Service Ombudsman,⁵
11 which has called for standards of NHS care for older people to be improved, and others which have
12 accused the NHS of 'ageist' practices and attitudes.^{6,7} Likewise, the preferences and experiences of
13 older people may not always be reflected in care policies, structures and practices.^{8,9}
14
15
16
17
18
19
20
21
22

23 The health and social care support workforce is defined as providers of "face to face care or support
24 of a personal or confidential nature to service users in a clinical or therapeutic settings, community
25 facilities or domiciliary settings, but who do not hold qualifications accredited by a professional
26 association and is not formally regulated by a statutory body."¹⁰ The support workforce delivers care
27 alongside the regulated, professional workforce in their day to day duties. However, their use and role
28 development has been somewhat ad hoc¹¹ and largely dependent on the various activities they
29 perform.¹² In parallel, support workers have also become an undervalued resource.¹³ Additionally
30 there is a lack of clarity about the role of support workers, with their roles developing organically
31 rather than systematically and consequently their preparation and continuing development tend to be
32 haphazard.¹⁴
33
34
35
36
37
38
39
40

41 There is not a unified body of evidence to indicate how to enhance workforce development
42 interventions for improving the skills and care standards in the support workforce. Workforce
43 development in this context includes the support required to equip those providing care to older
44 people with the right skills, knowledge and behaviours to deliver safe and high quality services.¹⁵
45 Evidence about interventions to develop the health and social care support workforce for older people
46 is limited, and further research is urgently needed to inform service about how to improve standards
47 for the future.¹⁴ In part, this reflects the lack of a common definition of the support worker role,
48 largely due to the variety of duties that they perform,¹² and the different approaches to workforce
49 design and development models that NHS Trusts and other services have adopted.¹¹ This diversity and
50 lack of clarity means that often support workers are 'figuring it out in the moment,' delivering care
51 that may not be appropriate or evidence informed.¹⁶
52
53
54
55
56
57
58
59
60

1
2
3 This review will address a gap in the evidence base by identifying interventions at individual, team
4 and organisational levels that have the potential to enhance the skills and care standards in the support
5 workforce for older people. Whilst a small number of scoping reviews in health and social care have
6 focused on aspects of, for example, support workers' roles, tasks and regulation,^{44,45} we are not aware
7 of systematic reviews of the effectiveness of support workforce development interventions. For this
8 review, adopting a realist approach to the systematic reviewing of evidence will uncover how and
9 why workforce development interventions may impact, and on whom; to guide future workforce
10 development policy and practice.
11
12
13
14
15

16 17 **Background** 18

19
20
21
22 Within health and social care, the support workforce is large, an estimated 1.3 million working on the
23 frontline of care¹⁷ and can be categorised under the different types of role they perform, including
24 direct care, indirect care, administration and facilitation.^{18 19} While growth in the support workforce
25 has sometimes been driven by initiatives to reduce costs, which has involved role substitution for
26 regulated staff, there is evidence to show that support workers can act as an additional resource to
27 enhance older people's experiences by improving the contact with care practitioners.^{20 21} The findings
28 from a number of studies point to the need to improve the skills and training approaches currently
29 used to develop support workers.^{4 15} There is evidence to suggest that support workers are not used as
30 effectively as possible and are often undervalued.^{18 13} Recommendations from the Commission for
31 Dignity in Care⁷ include the need to shift to more work-based approaches to learning and
32 development for all staff, including the support workforce. Research concerning the support
33 workforce has generally focused on their role and contribution in the acute care sector,⁶ patients' care
34 needs in particular situations such as dementia services²² or the relationships between support workers
35 and different professional groups.^{18 13 11} Only one study has specifically examined support workers in
36 older people's services.²¹
37
38
39
40
41
42
43
44
45
46
47

48 Previous work on the development of professionals has focused on advancing workers from novices
49 to experts.²³ However, such models of education have focused on individuals who are already highly
50 educated and with additional years of experience to build on, which is often not the case for the
51 support workforce. Additionally, much of this work focuses on how professionals learn, including the
52 different processes for adopting new practices, rather than on considering contextual constraints, such
53 as the role of organisational strategy and professional regulation. The degree of synergy between
54 workforce development strategies and opportunities for job and role development is also uncertain.
55
56
57
58
59
60

1
2
3 The general lack of clarity and diversity in models, roles, and care settings have resulted in a gap in
4 knowledge about what makes for effective interventions for the development of the support
5 workforce. This review will fill this gap by providing actionable and transferable findings from a
6 realist review of evidence relating to the development of the support workforce in different settings
7 (health, social care, policing, and education) in order to uncover what workforce development
8 interventions are effective in improving the care received by older people. The review will be of direct
9 benefit to health and social care through providing a resource to inform the development of support
10 workers, and helping to address some of the failures in the quality of services provided to older people
11 identified by previous investigations.^{4 6 7}

12 13 14 15 16 17 18 **Review question & aims**

19
20
21 Research question: How can workforce development interventions improve skills and care standards
22 of support workers within older people's health and social care services?

23
24
25 The main aims are to:

- 26
27
28 1. Identify support worker development interventions from different public services and to synthesise
29 evidence of impact.
- 30
31 2. Identify the mechanisms through which these interventions deliver support workforce and
32 organisational improvements that are likely to benefit the care of older people.
- 33
34 3. Investigate the contextual characteristics that will mediate the potential impact of these mechanisms
35 on clinical care standards for older people.
- 36
37 4. Develop an explanatory framework that synthesises review findings of relevance to services
38 delivering care to older people.
- 39
40 5. Recommend improvements for the design and implementation of workforce development
41 interventions for support workers.
- 42
43
44

45
46 Workforce development interventions are characteristic of complex social programmes with inter-
47 related components, the impacts of which are likely to be contingent on multiple personal, work-
48 related and organisational factors. Synthesising evidence of 'what works' in this situation requires an
49 approach that can accommodate both this complexity and contingency. A realist review adopts a
50 theory-driven approach to evidence synthesis, underpinned by a realist philosophy of science and
51 causality.²⁴ Causal explanations are expressed as contingent relationships between mechanisms
52 (changes in participants' reasoning or resources), context (contingencies), and outcomes; often
53 abbreviated to CMO to show how particular contexts or conditions trigger or fire mechanisms to
54 generate an observed outcome.

1
2
3
4 The CMO framework can be used in abstract ways to explain broad processes, or in more specific
5 ways to examine how programmes work.²⁵ Realist reviews explore complex social programmes and
6 seek out mid-range theories that explain observable patterns of outcomes (demi-regularities),
7 including why interventions are successful in some settings but not in others.^{26 27} Strong stakeholder
8 engagement strategies are used to ensure interpretive depth and the policy relevance of synthesis
9 findings, and require the consideration of a much broader and heterogeneous evidence base than
10 traditional Cochrane reviews of effectiveness.^{28 29} Realist review methods have been developing,³⁰
11 including through the work of members of this project team,^{29 31} and are becoming increasingly used in
12 generating explanatory evidence about the workings of complex, contextually contingent programmes
13 and interventions.
14
15
16
17
18
19
20
21
22

23 **Theoretical territory**

24
25
26 The review will establish a mid-range programme theory or theories which will provide an evidence-
27 based account of how workforce development programmes work. The initial programme theories will
28 be developed in the first phase of the review, informed by the commissioning brief, extant literature,
29 and theory building work with stakeholders including the support workforce. The review will employ
30 a blended approach to theory construction, so that the development of the programme theory is
31 informed by stakeholders' perspectives in addition to established theories, which will orient
32 explanation building. Our initial work indicates the relevance of a number of relevant, interlinked
33 theoretical disciplines for the development of the programme theories, each with their own literature,
34 approaches and concerns. These include:
35
36
37
38

- 39 • theories of professional learning and role progression, including the development of expertise^{23 32}
- 40 • theories of adult and transformational learning^{33 34}
- 41 • workforce development implementation, including connections between different development
42 interventions and workforce functions
- 43 • theories of behaviour change,^{35 36} practice development³⁷, and knowledge utilisation^{38 39}
- 44 • the role of organisational and other contextual influences, such as structural factors which affect
45 the implementation of learning and practices^{40 41 42}

46
47
48 Additionally, we are interested in identifying the different impacts that workforce interventions could
49 potentially have, including to knowledge, attitudes, skills and behaviour. However we recognise that,
50 for example, an increase of knowledge about an issue may not result in a change of behaviour (i.e.
51 better standards of care) but may be a pre-cursor to behaviour change. Therefore, in this review we
52
53
54
55
56
57
58
59
60

1
2
3 will conceptualise impact as a continuum ranging from conceptual to instrumental or direct impacts:
4 i.e. from awareness, knowledge and understanding, attitudes and perceptions, to practice change.³⁹
5
6
7

8 9 **Methods**

10
11 Reflecting emerging frameworks for reporting realist reviews²⁴ this review will be conducted in 4
12 inter-linked phases over 18 months:
13

- 14 1. Programme theory development.
 - 15 2. Evidence retrieval, data extraction and synthesis.
 - 16 3. Programme theory testing and refinement through evidence synthesis.
 - 17 4. Development of actionable recommendations.
- 18
19
20
21
22

23 Stakeholder engagement is embedded throughout each phase. We will form an advisory group of
24 representatives from organisations associated with the design, commissioning, delivery, and
25 experience of workforce development programmes for the support workforce for older people. This
26 group will be complemented by representatives from advocacy organisations representing the health
27 and social care interests of older people. The group will be responsible for advising on the relevance
28 of review questions, interpretation of findings, and the dissemination of synthesis findings. We will
29 ensure that mobilisation of the knowledge generated around both the focus of the evidence synthesis
30 and the realist review processes adopted, is mobilised across the lifetime of the project through the use
31 of social media; formal dissemination activities; policy, practice, and workforce engagement events.
32
33
34
35
36

37 Phase 1: Programme theory development

38
39 An initial programme theory will be developed through stakeholder engagement, and an overview of
40 relevant extant theory. We will hold a theory building workshop with stakeholders including
41 educators, practitioners, managers and service user representatives to identify and prioritise the theory
42 to be evaluated in the review.
43
44
45
46

47 Phase 2: Evidence retrieval, data extraction and evidence synthesis

48
49 Our review process will involve searching for evidence relevant to ‘testing’ and refining the initial
50 programme theory, and extracting data from the sources of evidence identified. Older people access a
51 wide range of generalist and specialist services to address their health and social care needs. Our
52 approach will be to target services specific to older people in the first instance across hospital,
53 community and third sector care providers. In the first instance we will target evidence relevant to the
54
55
56
57
58
59
60

health and social care support workforce including advocacy organisations (e.g. Age UK, The Alzheimer's Society).

We will focus on interventions that address the knowledge and skills required by this workforce to contribute to health and social care for older people in both generalist and specialist settings. The realist review provides an ideal approach for testing the robustness of emerging findings from one body of literature to another, and in providing the opportunity to see if other literatures offer different learning and mechanisms, which are transferable to the health and social assistant care workforce. Our initial search of the literature in health and social care will be complemented by more purposeful searches for support worker development interventions in the wider public service fields of policing and education. Searches in these other literatures will be targeted to enable us to refine the emerging findings from the health and social care literature.

Search strategy

One strength of the realist review approach is that the evidence base to be reviewed and synthesised can be broad and eclectic.²⁸ In fact, a diversity of evidence provides an opportunity for richer mining and greater explanation. To maximise relevance, our search will be limited to material from 1986 to 2013, which includes the last two major workforce development shifts within the United Kingdom health and social care workforce. We intend to include material indexed in the major health, social and welfare databases using keywords identified in previous systematic reviews and database specific 'keywords' adapted for each information source. The range of databases, including grey literature databases are specified in Table 1:

Table of search databases
<ul style="list-style-type: none"> • Medline • Web of Science • Zetoc • CINAHL • AMED • HMIC • NHS Evidence • Cochrane • DARE • HTA • NEED • Social Care Online • PsycInfo • ASSIA • Social Services Abstracts • Sociological Abstracts • Google Scholar • OpenGrey

1
2
3 Table 1: Review range of databases
4
5

6 Insert Table 1 here
7
8

9 *Inclusion and exclusion criteria*

10
11 We will include reports of workforce, practice and/or organisational development programmes and
12 interventions (and also in combinations). In contrast to other approaches, in a realist review, evidence
13 is not excluded (unless it does not relate to the programme theory or theories). However, in this
14 review we will not search for or include evidence that may have limited transferability to the NHS
15 such as health systems within low income countries. The test for inclusion will be the realist one: is
16 the evidence provided ‘good and relevant enough’ to be included,²⁸ to inform the development of
17 context-mechanism-outcome configurations (CMOs). Discrepancies in opinions about the relevance
18 of articles will be resolved through discussion amongst the project team.
19
20
21
22
23
24

25
26 The search for references will be augmented by searches for support worker role evaluations or
27 intervention research which makes specific reference to how workforce interventions are embedded.
28 We will also conduct; internet-based searches for grey literature, such as workforce development
29 project reports; national inspection and regulation quality reports; evaluative information about these
30 initiatives. We will also use snowballing techniques and draw on the expertise of the project advisory
31 group, other key researchers and educators, and organisations to ensure we have not missed evidence
32 that might not be visible through traditional methods.
33
34
35
36
37

38 *Data extraction*

39
40
41 The programme theories being ‘tested’ through the review are made visible through the data
42 extraction forms²⁹. A bespoke set of data extraction forms will be developed based on the content of
43 the programme theories, which thereby provides a template to interrogate the programme theories.
44 The data extraction form will also include details about the study – such as approach to data collection
45 and analysis and information about the sample(s). If the evidence meets the test of relevance, data will
46 be extracted using the bespoke proforma and then checked by a second member of the team.
47
48
49
50

51 *Synthesis*

52
53
54
55 The analytical task involves synthesising, across the extracted information the relationships between
56 emerging mechanisms, contexts and outcomes. Through our previous experience of realist review,²⁹
57
58
59
60

1
2
3³¹and building on the suggestions of Pawson²⁸ and principles of realist enquiry, we have developed an
4 approach to synthesis that includes:

- 5 • Organisation of extracted information into evidence tables representing the different bodies of
- 6 literature (e.g. health, teaching, social care, policing)
- 7
- 8 • Theming across the evidence tables in relation to emerging demi-regularities (patterns) amongst
- 9 CMO configurations seeking confirming and disconfirming evidence
- 10
- 11 • Linking these demi-regularities to develop hypotheses.
- 12

13
14 The resultant hypotheses act as synthesised statements of findings around which a mid-range
15 theoretical, contingent narrative can be developed summarising the characteristics of the evidence
16 underpinning workforce development programmes. Outputs from this phase will be both a
17 comprehensive evidence base related to workforce development for the support workforce, which we
18 will make publicly available, and a set of mid-range hypotheses supported by relevant evidence which
19 will be further refined in Phase 3.
20
21
22
23

24 Phase 3: Testing and refining programme theories

25
26
27 To enhance the trustworthiness of the resultant programme theories from the evidence review, as well
28 as facilitate the development of a final review narrative, we will conduct up to 10 semi-structured
29 audio-recorded telephone interviews with stakeholders, including members of the support workforce.
30 These participants will be purposively sampled to obtain different perspectives relevant to the review
31 question. Interviewees will include service delivery managers, policy makers, education providers,
32 commissioners, and support workers. An interview schedule will be developed based on the findings
33 that have emerged from the synthesis process and will aim to elicit stakeholders' views on their
34 resonance.
35
36
37
38
39

40 Phase 4: Actionable recommendations

41
42 We will work with the Project Advisory Group including representation of the support workforce and
43 patient and public participants to develop a set of actionable recommendations and the development
44 of an evidence informed framework of what works for whom and in what context in relation to
45 workforce development interventions for the clinical support workforce for older people. This will be
46 achieved through one face-to-face meeting, and virtual meetings via teleconference. We will also hold
47 a knowledge mobilisation event with a group of stakeholders (for example; older people and their care
48 partners, service providers and commissioners, education providers, professional bodies and advocacy
49 organisations), to ensure the recommendations we develop are both relevant and actionable.
50
51
52
53
54
55
56
57
58
59
60

Ethical issues

Ethical approval will not be required to undertake this review. The interviews to be conducted as part of Phase 3 will be undertaken with service staff, and therefore will require ethical approval by the study's sponsor (Bangor University).

Project outputs

A number of products will be produced and processes engaged in as part of end of grant dissemination activity, including the following:

- a final and full research report, illustrated with vignettes of different practical examples and/or case studies to make findings relevant to the support workforce, NHS and social care managers, and a new framework for skills development for the support workforce for older people
- an executive summary of the final report, suitable for use as a separate report for briefing NHS managers
- a lay summary of the final report, suitable for use as a separate report for briefing the public
- benchmarking or quality assurance framework for interventions
- two open access publications; 1) a review protocol, and 2) a findings paper that sets out an implementation plan of workforce development interventions training for the support workforce.

The project website will provide a real time report of progress <http://opswise.bangor.ac.uk/>

Specifically, the study's outputs will provide:

1) A clear description of the interventions that have been used and evaluated for improving the skills and care standards in the support workforce. This will include how they work in practice and their intended and unintended outcomes to enable NHS decision makers and policy makers to have an understanding of the range of strategies available, and the core assumptions about how they are supposed to work.

2) An explanation of the contextual influences underlying the challenges of designing and implementing support care workforce development interventions. Understanding context is not a central feature of traditional reviews, but for realist inquiry it is central. The impact of programmes

1
2
3 and interventions are contingent upon the conditions in which they are implemented, therefore a
4 detailed explanation of this will provide service managers and policy makers with the information
5 they need to address these issues locally.
6
7

8
9 3) An evidence informed framework of what works for whom and in what context in relation to
10 interventions for improving skills and care standards in the assistant care workforce for older people.
11 This could be used by managers and organisations to reform and enhance the support worker function
12 by helping identify appropriate development interventions for different roles and to implement and
13 evaluate new models of learning and development. For example, findings about effective
14 interventions could be used to develop clear career development paths, and for improving the
15 supervision and / or support offered to the workforce. This framework will be linked to personal
16 development and career development frameworks, including the NHS Knowledge and Skills
17 Framework, in order to promote implementation and maximise utility. In particular, we will suggest
18 tailored mechanisms and interventions suitable for developing support workers, which can be used to
19 strengthen these frameworks, and which may be of relevance across public services.
20
21
22
23
24
25

26 27 **Discussion**

28
29
30 Syntheses of evidence about the effectiveness of workforce development interventions to enhance the
31 knowledge and skills of the health and social care support workforce are urgently needed to meet the
32 high profile challenges to care standards for older people. Therefore this review is timely and should
33 provide important evidence of what works for support worker development interventions and
34 programmes, to enhance understanding and provide clarity for older people's services.
35
36
37

38
39 The review findings have the potential to impact on policy and strategy and should provide guidance
40 on how a workforce could be prepared for delivering care that is both consistent and person-centred¹⁷.
41 Our findings have the potential to improve care provision for older people by theorising and
42 synthesising evidence about the development of the support workforce which recognises the variety of
43 ways and circumstances in which the holistic health and social care needs of older people are met.
44 However, we are also cognisant that the review may uncover findings which affirm a growing
45 concern that the boundaries between registered and support staff are becoming increasingly blurred.¹⁷
46 It is crucial that the evidence generated by the review connects, and provides clarity across health and
47 social care services, so that appropriate interventions of relevance to older people (and where
48 appropriate their families/carers) can be implemented and sustained through education and
49 development. Specifically, we will provide information about what workforce development
50 programmes and interventions may work better in particular contexts and why. This can be expected
51 to include the development, education and support offered to both support workers and their
52
53
54
55
56
57
58
59
60

1
2
3 supervisors⁴³ and should also reflect the physical and emotional demands of providing care for people
4 with complex and debilitating conditions.¹³
5
6

7
8 The transferability of research outputs will be enhanced through developing theoretically informed
9 statements about ‘what works’ in workforce development, which are grounded in the reality of service
10 delivery. Therefore, the findings from this review will relate to workforce interventions for support
11 workers across different service settings, and therefore will likely be of interest beyond health and
12 social care services.
13
14

15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5 **Authors' contributions:** Funding for this review was secured by JRM and CB as joint chief
6 investigators. All authors provided substantial contributions to protocol conception and design,
7 drafting the article and revising it critically for intellectual content, and final approval of the version to
8 be published.
9
10

11
12
13
14 **Registration details:** The study has been registered with Prospero. Registration no:
15 CRD42013006283
16
17

18
19
20 **Funding statement:** This work is supported by the NIHR Grant no. 12/129/32. This project is
21 commissioned by the NIHR Health Services and Delivery Research Programme. The views and
22 opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR
23 HS & DR programme.
24
25
26

27
28
29 **Acknowledgments:** Roger Williams, Stephen Edwards and Denise Fisher for their input into the
30 development of the programme theory, and Dr Mark Smith for support with drafting the funded
31 protocol.
32
33
34

35
36
37 **Competing interests:** We are not aware of any other conflicts, or potential conflicts of interest.
38
39

40
41
42 **Data sharing:** There are no additional unpublished data from the review
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

References:

1. Wise, J. (2010). Number of 'oldest old' has doubled in the past 25 years *British Medical Journal*. 340 (c3057),1266
2. Institute of Fiscal Studies (2012). *NHS and Social Care Funding: the outlook to 2021/22*. Retrieved from: www.nuffieldtrust.org.uk
3. Shield, F., Enderby, P. & Nancarrow, S. (2006). Stakeholder views of the training needs of an interprofessional practitioner who works with older people *Nurse Education Today* 26 (5), 367–376
4. Care Quality Commission (2011). *Dignity and Nutrition Inspection Programme: National Overview*. Retrieved from: www.cqc.org.uk
5. Parliamentary & Health Service Ombudsman, (2011). *Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*. London: The Stationary Office. Retrieved from: <http://www.ombudsman.org.uk/care-and-compassion/home>
6. Tadd, W., Hillman, A., Calnan, S., et al. (2011). *Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts*. NIHR Service Delivery and Organisation Programme
7. Commission for Dignity in Care. (2012). *Delivering Dignity: Securing dignity in care for older people in hospitals and care homes*. Joint Report from Independent Commission on Dignity. Retrieved from: <http://www.nhsconfed.org/Publications/reports/Pages/Delivering-Dignity.aspx>
8. Rudd, A.G., Hoffman, A., Down, C et al. (2007). Access to stroke care in England, Wales and Northern Ireland: the effect of age, gender and weekend admission. *Age and Aging*, 36 (3), 247-255
9. Gott, M., Small, N., Barnes, S., et al. (2008). Older people's views of a good death in heart failure: Implications for palliative care provision. *Social Science & Medicine*. 67 (7), 1113–1121
10. Saks, M., Allsop, J., Chevannes, M., et al. (2000). *Review of Health Support Workers, Report to the UK Departments of Health*. Leicester: Faculty of Health and Community Studies, De Montfort University
11. Spilsbury, K., Adamson, J., Atkin, K., et al. (2010). *Evaluation of The Development and Impact of Assistant Practitioners Supporting the Work of Ward-Based Registered Nurses in Acute NHS (Hospital) Trusts in England*. Final report. NIHR Service Delivery and Organisation programme
12. Nancarrow, S.A., Shuttleworth, P., Tongue, A. et al. (2005). Support workers in intermediate care. *Health and Social Care in the Community*. 13 (4), 338–344
13. Schneider, J., Scales, K., Bailey, S. et al. (2010). *Challenging care: the role and experience of Health Care Assistants in dementia wards*. Final report. NIHR Service Delivery and Organisation programme
14. NHS Education for Scotland (2010). *Healthcare Support Workers. The Development of the clinical support worker role: a review of the evidence*. NHS Education for Scotland.
15. Skills for Care (2011) *Capable, Competent, Skilled. A Workforce Development Strategy*. Leeds: Skills for Care.
16. Janes, N., Sidani, S., Cott, C. et al. (2008). Figuring it Out in the Moment: A Theory of Unregulated Care Providers' Knowledge Utilization in Dementia Care Settings. *Worldviews on Evidence-Based Nursing* 5(1), 13-24
17. Cavendish, C. (2013). *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Retrieved from: <https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care>

18. Kessler, I., Heron, P., Dopson, S., et al. (2010). *The Nature and Consequences of Support Workers in a Hospital Setting*. Final report, NIHR Service Delivery and Organisation programme
19. Moran, A., Enderby, P. & Nancarrow, S. (2010). Defining and identifying common elements of and contextual influences on the roles of support workers in health and social care: a thematic analysis of the literature. *Journal of Evaluation in Clinical Practice*. 17 (6), 1191–1199
20. Wakefield, A., Spilsbury, K., Atkin, K., et al. (2009). Assistant or substitute: Exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions. *Health Policy*. 90 (2-3), 286–295
21. Nancarrow, S.A., Enderby, P., Moran, A.M., et al. (2010). *The relationship between workforce flexibility and the costs and outcomes of older peoples' services*. Final report. NIHR Service Delivery and Organisation programme
22. Bond, J., Bamford, C., Arksey, H., et al. (2009). *Person- and carer-centred respite care for people with dementia: developing methods of evaluating the effectiveness of different models*. Final Report. NIHR Service Delivery and Organisation programme
23. Dreyfus S.E. & Dreyfus, H.L. (1980). *A five stage model of the mental activities involved in directed skill acquisition*. Unpublished Report supported by the Air Force Office of Scientific Research. Berkley: University of California
24. Wong, G., Greenhalgh, T., Westhorp, G., et al. (2013). RAMESES publication standards: realist synthesis. *BMC Medicine* 11:21. Retrieved from: <http://www.biomedcentral.com/content/pdf/1741-7015-11-21.pdf>
25. Wand, T., White, K. & Patching, J. (2010). Applying a realist(ic) framework to the evaluation of a new model of emergency department based mental health nursing practice. *Nursing Inquiry* 17(1), 231-239
26. Hewitt, G., Sims, S. & Harris, R. (2012). The realist approach to evaluation research: an introduction *International Journal of Therapy and Rehabilitation*. 19(5), 250 – 259
27. Gough, D. (2013). Meta-narrative and realist reviews: guidance, rules, publication standards and quality appraisal *BMC Medicine* 11(22). Retrieved from: <http://www.biomedcentral.com/1741-7015/11/22>
28. Pawson, R. (2006). *Evidence-based Policy: a Realist Perspective* London: Sage Publications
29. Rycroft-Malone, J., McCormack, B., Hutchinson, A., et al. (2012). Realist synthesis: illustrating the method for implementation research *Implementation Science* 7(33)
30. Greenhalgh, T., Wong, G., Westhorp, G. et al. (2011). Protocol- realist and meta-narrative evidence synthesis: Evolving Standards (RAMESES). *BMC Medical Research Methodology* 11:115
31. McCormack, B., Rycroft-Malone, J., DeCorby, K., et al. (2013). A realist review of interventions and strategies to promote evidence-informed healthcare: a focus on change agency *Implementation Science* 8(107). Retrieved from: <http://www.implementationscience.com/content/8/1/107>
32. Dreyfus, H. & Dreyfus, S. (1985). *Mind over machine: The power of human intuition and expertise in the era of the computer*. New York: Free Press
33. Bloom, B. (1956). *The taxonomy of educational objectives: The classification of educational goals*. Handbook I, Cognitive Domain. London: Longman
34. Kolb, D.A. (1984). *Experiential learning. Experience as the source of learning and development*. Englewood Cliffs:Prentice Hall
35. Michie, S., Fixsen, D., Grimshaw, J.M. et al. (2009). Specifying and reporting complex behaviour change interventions: the need for a scientific method. *Implementation Science*. 4:40
36. Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy: towards a more integrative model of change. *Psychotherapy: theory, research and practice*. 19 (3), 276-288
37. McCormack, B., Wright, J., Dewar, B., et al. (2007). A realist synthesis of evidence relating to practice development: Findings from the literature review. *Practice Development in Health Care*. 6(1), 25-55

- 1
- 2
- 3 38. Rycroft-Malone, J., Kitson, A., Harvey, G., et al. (2002). Ingredients for change: Revisiting a
- 4 conceptual framework. *Quality and Safety in Health Care*. 11(1), 174 – 180
- 5 39. Nutley, S., Walters, I, & Davies, H.T.O. (2007) *Using Evidence. How Research Can Inform*
- 6 *Public Services*. Policy Press: Bristol
- 7 40. Easterby-Smith, M. (1997). Disciplines of Organizational Learning: Contributions and
- 8 Critiques. *Human Relations*. 50(9), 1085-1113
- 9 41. Raelin, J.A. (1997). Work-based learning in practice. *Journal of Workplace Learning*. 10
- 10 (6/7), 280-283
- 11 42. Dewing, J. (2008). Chapter 15. Becoming and Being Active Learners and Creating Active
- 12 Learning Workplaces: The Value of Active Learning in International Practice Development in
- 13 *Nursing and Healthcare* pp 273-294. B, McCormack, K, Manley and V. Wilson (eds) Oxford:
- 14 Blackwells
- 15 43. Keeney, S., Hasson, F. & McKenna, H. (2005). Health care assistants: the views of managers
- 16 of health care agencies on training and employment. *Journal of Nursing Management*. 13 (1),
- 17 83–92
- 18 44. Manthorpe, J., Martineau, S., Moriarty, J. et al. (2010). Support workers in social care in
- 19 England: a scoping study. *Health and Social Care in the Community* 18(3), 316-324
- 20 45. Griffiths, P. & Robinson, S. (2010). *Moving forward with healthcare support workforce*
- 21 *regulation*. National Nursing Research Unit, London, Kings College.
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5 **Protocol: improving skills and care standards in the support workforce for**
6 **older people: a realist review**
7
8
9

10 Corresponding author: Professor Jo Rycroft-Malone, School of Healthcare Sciences, Fron Heulog,
11 Ffriddoedd Rd, Bangor, LL57 2EF.

12 Email: j.rycroft-malone@bangor.ac.uk

13 Tel: 01248 383119

14 Fax: 01248 383114
15
16
17
18
19

20 Co-authors:

21 Dr Christopher Burton, School of Healthcare Sciences, Bangor University, Bangor, UK.

22 Dr Beth Hall, College of Physical and Applied Sciences, Bangor University, Bangor, UK.

23 Professor Brendan McCormack, School of Health Sciences, Queen Margaret University, Edinburgh,
24 UK.

25 Professor Sandra Nutley, School of Management, University of St Andrews, St Andrews, UK.

26 Dr Diane Seddon, School of Social Sciences, Bangor University, Bangor, UK.

27 Dr Lynne Williams, School of Healthcare Sciences, Bangor University, UK.
28
29
30
31
32
33
34

35 Keywords: education and training: quality in healthcare: qualitative research: workforce
36 development: older people
37
38
39

40 Word count: 3948
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Strengths and limitations

- Realist review that will inform a broad range of stakeholders including health and social care policy makers, managers, and the public, about how the skills and knowledge of the support workforce can be enhanced to improve the quality of older people's services.
- Argues for the appropriateness and fit of the realist review approach to evaluate complex interventions in the development of the health and social care support workforce.

Key messages

- Older people's services are highly dependent on unregulated, support workforce roles in health and social care
- There is a pressing need for research that identifies interventions that can improve the skills and knowledge of the support workforce in order to promote safe, effective and responsive person-centred care to older people

Introduction

The UK population is getting older – by 2031 it is estimated that one in five people will be over 65 years old.¹ Older people are the main recipients of care in the NHS, and older people's care costs the United Kingdom NHS relatively more than those of working age.² Research suggests that older people require care which encompasses both health and social care functions.³ Multiple, long term conditions experienced by older people may be associated with a complex mix of interventions and approaches, including specific needs around communication and cognition, which will shape the design of both hospital and community based care interventions. The rapid increase in the older person population is driving the current pressures to develop new service models, processes, roles and expertise for delivering effective and efficient care for this group, where people have distinctive, often

1
2
3 individualised care needs. As part of this, greater use and development of the support workforce in
4 health and social care is likely to remain a long term priority for NHS managers and other sector
5 organisations.
6
7
8
9

10 High quality care provision for older people is a strategic priority, and points to the need for
11 appropriate workforce development interventions to nurture and support the development of person-
12 centred care across health and social care settings. A recent series of investigations and high profile
13 cases have questioned current practices in services provided to older people. These include a Care
14 Quality Commission report,⁴ which identified concerns over the skills, training and availability of the
15 care workforce within hospital settings to deliver dignified and appropriate care. This followed on
16 from several other critical reports of the standards of care offered to older patients within the NHS,
17 including a particularly shocking investigation by the Parliamentary and Health Service Ombudsman,⁵
18 which has called for standards of NHS care for older people to be improved, and others which have
19 accused the NHS of 'ageist' practices and attitudes.^{6,7} Likewise, the preferences and experiences of
20 older people may not always be reflected in care policies, structures and practices.^{8,9}
21
22
23
24
25
26
27
28
29

30 The health and social care support workforce is defined as providers of "face to face care or support
31 of a personal or confidential nature to service users in a clinical or therapeutic settings, community
32 facilities or domiciliary settings, but who do not hold qualifications accredited by a professional
33 association and is not formally regulated by a statutory body."¹⁰ The support workforce delivers care
34 alongside the regulated, professional workforce in their day to day duties. However, their use and role
35 development has been somewhat ad hoc¹¹ and largely dependent on the various activities they
36 perform.¹² In parallel, support workers have also become an undervalued resource.¹³ Additionally
37 there is a lack of clarity about the role of support workers, with their roles developing organically
38 rather than systematically and consequently their preparation and continuing development tend to be
39 haphazard.¹⁴
40
41
42
43
44
45
46
47
48

49 There is not a unified body of evidence to indicate how to enhance workforce development
50 interventions for improving the skills and care standards in the support workforce. Workforce
51 development in this context includes the support required to equip those providing care to older
52 people with the right skills, knowledge and behaviours to deliver safe and high quality services.¹⁵
53 Evidence about interventions to develop the health and social care support workforce for older people
54 is limited, and further research is urgently needed to inform service about how to improve standards
55 for the future.¹⁴ In part, this reflects the lack of a common definition of the support worker role,
56
57
58
59
60

1
2
3 largely due to the variety of duties that they perform,¹² and the different approaches to workforce
4 design and development models that NHS Trusts and other services have adopted.¹¹ This diversity and
5 lack of clarity means that often support workers are ‘figuring it out in the moment,’ delivering care
6 that may not be appropriate or evidence informed.¹⁶
7
8
9

10
11 This review will address a gap in the evidence base by identifying interventions at individual, team
12 and organisational levels that have the potential to enhance the skills and care standards in the support
13 workforce for older people. **Whilst a small number of scoping reviews in health and social care have**
14 **focused on aspects of, for example, support workers’ roles, tasks and regulation,**^{44,45} **we are not aware**
15 **of systematic reviews of the effectiveness of support workforce development interventions. For this**
16 **review, adopting a realist approach to the systematic reviewing of evidence will uncover** how and
17 why workforce development interventions may impact, and on whom; to guide future workforce
18 development policy and practice.
19
20
21
22
23
24
25

26 **Background**

27
28
29

30 Within health and social care, the support workforce is large, an estimated 1.3 million working on the
31 frontline of care¹⁷ and can be categorised under the different types of role they perform, including
32 direct care, indirect care, administration and facilitation.^{18 19} While growth in the support workforce
33 has sometimes been driven by initiatives to reduce costs, which has involved role substitution for
34 regulated staff, there is evidence to show that support workers can act as an additional resource to
35 enhance older people’s experiences by improving the contact with care practitioners.^{20 21} The findings
36 from a number of studies point to the need to improve the skills and training approaches currently
37 used to develop support workers.^{4 15} There is evidence to suggest that support workers are not used as
38 effectively as possible and are often undervalued.^{18 13} Recommendations from the Commission for
39 Dignity in Care⁷ include the need to shift to more work-based approaches to learning and
40 development for all staff, including the support workforce. Research concerning the support
41 workforce has generally focused on their role and contribution in the acute care sector,⁶ patients’ care
42 needs in particular situations such as dementia services²² or the relationships between support workers
43 and different professional groups.^{18 13 11} Only one study has specifically examined support workers in
44 older people’s services.²¹
45
46
47
48
49
50
51
52
53
54
55

56 Previous work on the development of professionals has focused on advancing workers from novices
57 to experts.²³ However, such models of education have focused on individuals who are already highly
58
59
60

1
2
3 educated and with additional years of experience to build on, which is often not the case for the
4 support workforce. Additionally, much of this work focuses on how professionals learn, including the
5 different processes for adopting new practices, rather than on considering **contextual constraints**, such
6 as the role of organisational strategy and professional regulation. The degree of synergy between
7 workforce development strategies and opportunities for job and role development is also uncertain.
8
9 The general lack of clarity and diversity in models, roles, and care settings have resulted in a gap in
10 knowledge about what makes for effective interventions for the development of the support
11 workforce. This review will fill this gap by providing actionable and transferable findings from a
12 realist review of evidence relating to the development of the support workforce in different settings
13 (health, social care, policing, and education) in order to uncover what workforce development
14 interventions are effective in improving the care received by older people. The review will be of direct
15 benefit to health and social care through providing a resource to inform the development of support
16 workers, and helping to address some of the failures in the quality of services provided to older people
17 identified by previous investigations.^{4 6 7}

25 26 **Review question & aims**

27
28
29 Research question: How can workforce development interventions improve skills and care standards
30 of support workers within older people's health and social care services?
31

32
33 The main aims are to:

- 34
35
36 1. Identify support worker development interventions from different public services and to synthesise
37 evidence of impact.
- 38
39 2. Identify the mechanisms through which these interventions deliver support workforce and
40 organisational improvements that are likely to benefit the care of older people.
- 41
42 3. Investigate the contextual characteristics that will mediate the potential impact of these mechanisms
43 on clinical care standards for older people.
- 44
45 4. Develop an explanatory framework that synthesises review findings of relevance to services
46 delivering care to older people.
- 47
48 5. Recommend improvements for the design and implementation of workforce development
49 interventions for support workers.
50
51

52
53 Workforce development interventions are characteristic of complex social programmes with inter-
54 related components, the impacts of which are likely to be contingent on multiple personal, work-
55 related and organisational factors. Synthesising evidence of 'what works' in this situation requires an
56 approach that can accommodate both this complexity and contingency. A realist review adopts a
57
58
59
60

1
2
3 theory-driven approach to evidence synthesis, underpinned by a realist philosophy of science and
4 causality.²⁴ Causal explanations are expressed as contingent relationships between mechanisms
5 (changes in participants' reasoning or resources), context (contingencies), and outcomes; often
6 abbreviated to CMO to show how particular contexts or conditions trigger or fire mechanisms to
7 generate an observed outcome.
8
9

10
11
12 The CMO framework can be used in abstract ways to explain broad processes, or in more specific
13 ways to examine how programmes work.²⁵ Realist reviews explore complex social programmes and
14 seek out mid-range theories that explain observable patterns of outcomes (demi-regularities),
15 including why interventions are successful in some settings but not in others.^{26 27} Strong stakeholder
16 engagement strategies are used to ensure interpretive depth and the policy relevance of synthesis
17 findings, and require the consideration of a much broader and heterogeneous evidence base than
18 traditional Cochrane reviews of effectiveness.^{28 29} Realist review methods have been developing,³⁰
19 including through the work of members of this project team,^{29 31} and are becoming increasingly used in
20 generating explanatory evidence about the workings of complex, contextually contingent programmes
21 and interventions.
22
23
24
25
26
27
28
29

30 **Theoretical territory**

31
32
33 The review will establish a mid-range programme theory or theories which will provide an evidence-
34 based account of how workforce development programmes work. The **initial** programme theories will
35 be developed in the first phase of the review, **informed by the commissioning brief, extant literature,**
36 **and theory building work with stakeholders including the support workforce. The review will employ**
37 **a blended approach to theory construction, so that the development of the programme theory is**
38 **informed by stakeholders' perspectives in addition to established theories, which will orient**
39 **explanation building.** Our initial work indicates the relevance of a number of relevant, interlinked
40 theoretical disciplines for the development of the programme theories, each with their own literature,
41 approaches and concerns. These include:
42
43
44
45
46

- 47 • theories of professional learning and role progression, including the development of expertise^{23 32}
- 48 • theories of adult and transformational learning^{33 34}
- 49 • workforce development implementation, including connections between different development
50 interventions and workforce functions
- 51 • theories of behaviour change,^{35 36} practice development³⁷, and knowledge utilisation^{38 39}
- 52 • the role of organisational and other contextual influences, such as structural factors which affect
53 the implementation of learning and practices^{40 41 42}
- 54
55
56
57
58
59
60

1
2
3
4 Additionally, we are interested in identifying the different impacts that workforce interventions could
5 potentially have, including to knowledge, attitudes, skills and behaviour. However we recognise that,
6 for example, an increase of knowledge about an issue may not result in a change of behaviour (i.e.
7 better standards of care) but may be a pre-cursor to behaviour change. Therefore, in this review we
8 will conceptualise impact as a continuum ranging from conceptual to instrumental or direct impacts:
9 i.e. from awareness, knowledge and understanding, attitudes and perceptions, to practice change.³⁹
10
11
12
13
14
15

16 17 **Methods**

18
19 Reflecting emerging frameworks for reporting realist reviews²⁴ this review will be conducted in 4
20 inter-linked phases over 18 months:
21

- 22 1. Programme theory development.
 - 23 2. Evidence retrieval, data extraction and synthesis.
 - 24 3. Programme theory testing and refinement through evidence synthesis.
 - 25 4. Development of actionable recommendations.
- 26
27
28
29

30 Stakeholder engagement is embedded throughout each phase. We will form an advisory group of
31 representatives from organisations associated with the design, commissioning, delivery, and
32 experience of workforce development programmes for the support workforce for older people. This
33 group will be complemented by representatives from advocacy organisations representing the health
34 and social care interests of older people. The group will be responsible for advising on the relevance
35 of review questions, interpretation of findings, and the dissemination of synthesis findings. We will
36 ensure that mobilisation of the knowledge generated around both the focus of the evidence synthesis
37 and the realist review processes adopted, is mobilised across the lifetime of the project through the use
38 of social media; formal dissemination activities; policy, practice, and workforce engagement events.
39
40
41
42
43
44

45 **Phase 1: Programme theory development**

46
47 An initial programme theory will be developed through stakeholder engagement, and an overview of
48 relevant extant theory. We will hold a theory building workshop with stakeholders including
49 educators, practitioners, managers and service user representatives to identify and prioritise the theory
50 to be evaluated in the review.
51
52
53
54

55 **Phase 2: Evidence retrieval, data extraction and evidence synthesis**

Our review process will involve searching for evidence relevant to ‘testing’ and refining the initial programme theory, and extracting data from the sources of evidence identified. Older people access a wide range of generalist and specialist services to address their health and social care needs. Our approach will be to target services specific to older people in the first instance across hospital, community and third sector care providers. In the first instance we will target evidence relevant to the health and social care support workforce including advocacy organisations (e.g. Age UK, The Alzheimer’s Society).

We will focus on interventions that address the knowledge and skills required by this workforce to contribute to health and social care for older people in both generalist and specialist settings. The realist review provides an ideal approach for testing the robustness of emerging findings from one body of literature to another, and in providing the opportunity to see if other literatures offer different learning and mechanisms, which are transferable to the health and social assistant care workforce. Our initial search of the literature in health and social care will be complemented by more purposeful searches for support worker development interventions in the wider public service fields of policing and education. Searches in these other literatures will be targeted to enable us to refine the emerging findings from the health and social care literature.

Search strategy

One strength of the realist review approach is that the evidence base to be reviewed and synthesised can be broad and eclectic.²⁸ In fact, a diversity of evidence provides an opportunity for richer mining and greater explanation. To maximise relevance, our search will be limited to material from 1986 to 2013, which includes the last two major workforce development shifts within the United Kingdom health and social care workforce. We intend to include material indexed in the major health, social and welfare databases using keywords identified in previous systematic reviews and database specific ‘keywords’ adapted for each information source. The range of databases, including grey literature databases are specified in Table 1:

Table of search databases
<ul style="list-style-type: none"> • Medline • Web of Science • Zetoc • CINAHL • AMED • HMIC • NHS Evidence • Cochrane • DARE • HTA • NEED • Social Care Online

- PsycInfo
- ASSIA
- Social Services Abstracts
- Sociological Abstracts
- Google Scholar
- OpenGrey

Table 1: Review range of databases

Insert Table 1 here

Inclusion and exclusion criteria

We will include reports of workforce, practice and/or organisational development programmes and interventions (and also in combinations). In contrast to other approaches, in a realist review, evidence is not excluded (unless it does not relate to the programme theory or theories). However, in this review we will not search for or include evidence that may have limited transferability to the NHS such as health systems within low income countries. The test for inclusion **will be the realist one**: is the evidence provided ‘good and relevant enough’ to be included,²⁸ **to inform the development of context-mechanism-outcome configurations (CMOs)**. Discrepancies in opinions about the relevance of articles will be resolved through discussion amongst the project team.

The search for references will be augmented by searches for support worker role evaluations or intervention research which makes specific reference to **how workforce interventions are embedded**. We will also conduct; internet-based searches for grey literature, such as workforce development project reports; national inspection and regulation quality reports; evaluative information about these initiatives. We will also use snowballing techniques and draw on the expertise of the project advisory group, other key researchers and educators, and organisations to ensure we have not missed evidence that might not be visible through traditional methods.

Data extraction

The programme theories being ‘tested’ through the review are made visible through the data extraction forms²⁹. A bespoke set of data extraction forms will be developed based on the content of the programme **theories, which thereby provides a template to interrogate the programme theories**. **The data extraction form will also include details about the study – such as approach to data collection and analysis and information about the sample(s)**. If the evidence meets the test of relevance, data will be extracted using the bespoke proforma and then checked by a second member of the team.

Synthesis

The analytical task involves synthesising, across the extracted information the relationships between emerging mechanisms, contexts and outcomes. Through our previous experience of realist review,²⁹³¹ and building on the suggestions of Pawson²⁸ and principles of realist enquiry, we have developed an approach to synthesis that includes:

- Organisation of extracted information into evidence tables representing the different bodies of literature (e.g. health, teaching, social care, policing)
- Theming across the evidence tables in relation to emerging demi-regularities (patterns) amongst CMO configurations seeking confirming and disconfirming evidence
- Linking these demi-regularities to develop hypotheses.

The resultant hypotheses act as synthesised statements of findings around which a mid-range theoretical, contingent narrative can be developed summarising the characteristics of the evidence underpinning workforce development programmes. Outputs from this phase will be both a comprehensive evidence base related to workforce development for the support workforce, which we will make publicly available, and a set of mid-range hypotheses supported by relevant evidence which will be further refined in Phase 3.

Phase 3: Testing and refining programme theories

To enhance the trustworthiness of the resultant **programme theories from the evidence review, as well as** facilitate the development of a final review narrative, we will conduct up to 10 semi-structured audio-recorded telephone interviews with stakeholders, **including members of the support workforce.** These participants will be purposively sampled to obtain different perspectives relevant to the review question. Interviewees will include service delivery managers, policy makers, education providers, commissioners, and support workers. An interview schedule will be developed based on the findings that have emerged from the synthesis process and will aim to elicit stakeholders' views on their resonance.

Phase 4: Actionable recommendations

We will work with the Project Advisory Group **including representation of the support workforce and** patient and public participants to develop a set of actionable recommendations and the development of an evidence informed framework of what works for whom and in what context in relation to workforce development interventions for the clinical support workforce for older people. This will be achieved through one face-to-face meeting, and virtual meetings via teleconference. We will also hold a knowledge mobilisation event with a group of stakeholders (for example; older people and their care

1
2
3 partners, service providers and commissioners, education providers, professional bodies and advocacy
4 organisations), to ensure the recommendations we develop are both relevant and actionable.
5
6
7
8
9

10 11 12 **Ethical issues**

13
14
15 Ethical approval will not be required to undertake this review. The interviews to be conducted as part
16 of Phase 3 will be undertaken with service staff, and therefore will require ethical approval by the
17 study's sponsor (Bangor University).
18
19

20 21 **Project outputs**

22
23
24 A number of products will be produced and processes engaged in as part of end of grant dissemination
25 activity, including the following:
26
27

- 28 • a final and full research report, illustrated with vignettes of different practical examples
29 and/or case studies to make findings relevant to the **support workforce, NHS and social care**
30 managers, and a new framework for skills development for the support workforce for older
31 people
32
- 33 • an executive summary of the final report, suitable for use as a separate report for briefing
34 NHS managers
35
- 36 • a lay summary of the final report, suitable for use as a separate report for briefing the public
37
- 38 • benchmarking or quality assurance framework for interventions
39
- 40 • two open access publications; 1) a review protocol, and 2) a findings paper that sets out an
41 implementation plan of workforce development interventions training for the support
42 workforce.
43
44
45

46 The project website will provide a real time report of progress <http://opswise.bangor.ac.uk/>
47
48

49 Specifically, the study's outputs will provide:
50
51

52 1) A clear description of the interventions that have been used and evaluated for improving the skills
53 and care standards in the support workforce. This will include how they work in practice and their
54 intended and unintended outcomes to enable NHS decision makers and policy makers to have an
55
56
57
58
59
60

1
2
3 understanding of the range of strategies available, and the core assumptions about how they are
4 supposed to work.
5
6

7
8 2) An explanation of the contextual influences underlying the challenges of designing and
9 implementing support care workforce development interventions. Understanding context is not a
10 central feature of traditional reviews, but for realist inquiry it is central. The impact of programmes
11 and interventions are contingent upon the conditions in which they are implemented, therefore a
12 detailed explanation of this will provide service managers and policy makers with the information
13 they need to address these issues locally.
14
15
16

17
18 3) An evidence informed framework of what works for whom and in what context in relation to
19 interventions for improving skills and care standards in the assistant care workforce for older people.
20 This could be used by managers and organisations to reform and enhance the support worker function
21 by helping identify appropriate development interventions for different roles and to implement and
22 evaluate new models of learning and development. For example, findings about effective
23 interventions could be used to develop clear career development paths, and for improving the
24 supervision and / or support offered to the workforce. This framework will be linked to personal
25 development and career development frameworks, including the NHS Knowledge and Skills
26 Framework, in order to promote implementation and maximise utility. In particular, we will suggest
27 tailored mechanisms and interventions suitable for developing support workers, which can be used to
28 strengthen these frameworks, and which may be of relevance across public services.
29
30
31
32
33
34
35

36 **Discussion**

37
38
39 Syntheses of evidence about the effectiveness of workforce development interventions to enhance the
40 knowledge and skills of the health and social care support workforce are urgently needed to meet the
41 high profile challenges to care standards for older people. Therefore this review is timely and should
42 provide important evidence of what works for support worker development interventions and
43 programmes, to enhance understanding and provide clarity for older people's services.
44
45
46
47

48
49 The review findings have the potential to impact on policy and strategy and should provide guidance
50 on how a workforce could be prepared for delivering care that is both consistent and person-centred¹⁷.
51 Our findings have the potential to improve care provision for older people by theorising and
52 synthesising evidence about the development of the support workforce which recognises the variety of
53 ways and circumstances in which the holistic health and social care needs of older people are met.
54 However, we are also cognisant that the review may uncover findings which affirm a growing
55 concern that the boundaries between registered and support staff are becoming increasingly blurred.¹⁷
56
57
58
59
60

1
2
3 It is crucial that the evidence generated by the review connects, and provides clarity across health and
4 social care services, so that appropriate interventions of relevance to older people (and where
5 appropriate their families/carers) can be implemented and sustained through education and
6 development. Specifically, we will provide information about what workforce development
7 programmes and interventions may work better in particular contexts and why. This can be expected
8 to include the development, education and support offered to both support workers and their
9 supervisors⁴³ and should also reflect the physical and emotional demands of providing care for people
10 with complex and debilitating conditions.¹³
11
12
13
14
15

16
17 The transferability of research outputs will be enhanced through developing theoretically informed
18 statements about 'what works' in workforce development, which are grounded in the reality of service
19 delivery. Therefore, the findings from this review will relate to workforce interventions for support
20 workers across different service settings, and therefore will likely be of interest beyond health and
21 social care services.
22
23
24
25
26
27

28 **Authors' contributions:** Funding for this review was secured by JRM and CB as joint chief
29 investigators. All authors provided substantial contributions to protocol conception and design,
30 drafting the article and revising it critically for intellectual content, and final approval of the version to
31 be published.
32
33
34
35
36

37 **Registration details:** The study has been registered with Prospero. Registration no:
38 CRD42013006283
39
40
41
42

43 **Funding statement:** This work is supported by the NIHR Grant no. 12/129/32. This project is
44 commissioned by the NIHR Health Services and Delivery Research Programme. The views and
45 opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR
46 HS & DR programme.
47
48
49
50
51

52 **Acknowledgments:** Roger Williams, Stephen Edwards and Denise Fisher for their input into the
53 development of the programme theory, and Dr Mark Smith for support with drafting the funded
54 protocol.
55
56
57
58
59
60

Competing interests: We are not aware of any other conflicts, or potential conflicts of interest.

References:

1. Wise, J. (2010). Number of 'oldest old' has doubled in the past 25 years *British Medical Journal*. 340 (c3057),1266
2. Institute of Fiscal Studies (2012). *NHS and Social Care Funding: the outlook to 2021/22*. Retrieved from: www.nuffieldtrust.org.uk
3. Shield, F., Enderby, P. & Nancarrow, S. (2006). Stakeholder views of the training needs of an interprofessional practitioner who works with older people *Nurse Education Today* 26 (5), 367–376
4. Care Quality Commission (2011). *Dignity and Nutrition Inspection Programme: National Overview*. Retrieved from: www.cqc.org.uk
5. Parliamentary & Health Service Ombudsman, (2011). *Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*. London: The Stationary Office. Retrieved from: <http://www.ombudsman.org.uk/care-and-compassion/home>
6. Tadd, W., Hillman, A., Calnan, S., Calnan, M., Bayer, A. & Read, S. (2011). *Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts*. NIHR Service Delivery and Organisation Programme
7. Commission for Dignity in Care. (2012). *Delivering Dignity: Securing dignity in care for older people in hospitals and care homes*. Joint Report from Independent Commission on Dignity. Retrieved from: <http://www.nhsconfed.org/Publications/reports/Pages/Delivering-Dignity.aspx>
8. Rudd, A.G., Hoffman, A., Down, C., Pearson, M. & Lowe, D. (2007). Access to stroke care in England, Wales and Northern Ireland: the effect of age, gender and weekend admission. *Age and Aging*, 36 (3), 247-255
9. Gott, M., Small, N., Barnes, S., Payne, S. & Seamark, D. (2008). Older people's views of a good death in heart failure: Implications for palliative care provision. *Social Science & Medicine*. 67 (7), 1113–1121
10. Saks, M., Allsop, J., Chevannes, M., Clark, M., Fagan, R., Genders, N., Johnson, M., Kent, J., Payne, C., Price, D., Szczepura, A. and Unell, J. (2000). *Review of Health Support Workers, Report to the UK Departments of Health*. Leicester: Faculty of Health and Community Studies, De Montfort University
11. Spilsbury, K., Adamson, J., Atkin, K., Bartlett, C., Bloor, K., Borglin, G., Carr-Hill, R., McCaughan, D., McKenna, H., Stuttard, L. & Wakefield, A. (2010). *Evaluation of The Development and Impact of Assistant Practitioners Supporting the Work of Ward-Based Registered Nurses in Acute NHS (Hospital) Trusts in England*. Final report. NIHR Service Delivery and Organisation programme
12. Nancarrow, S.A., Shuttleworth, P., Tongue, A. & Brown, L. (2005). Support workers in intermediate care. *Health and Social Care in the Community*. 13 (4), 338–344
13. Schneider, J., Scales, K., Bailey, S. & Lloyd, J. (2010). *Challenging care: the role and experience of Health Care Assistants in dementia wards*. Final report. NIHR Service Delivery and Organisation programme
14. NHS Education for Scotland (2010). *Healthcare Support Workers. The Development of the clinical support worker role: a review of the evidence*. NHS Education for Scotland.
15. Skills for Care (2011) *Capable, Competent, Skilled. A Workforce Development Strategy*. Leeds: Skills for Care.

16. Janes, N., Sidani, S., Cott, C. & Rappolt, S. (2008). Figuring it Out in the Moment: A Theory of Unregulated Care Providers' Knowledge Utilization in Dementia Care Settings. *Worldviews on Evidence-Based Nursing* 5(1), 13-24
17. Cavendish, C. (2013). *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Retrieved from: <https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care>
18. Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D. & Janet Askham, J. (2010). *The Nature and Consequences of Support Workers in a Hospital Setting*. Final report, NIHR Service Delivery and Organisation programme
19. Moran, A., Enderby, P. & Nancarrow, S. (2010). Defining and identifying common elements of and contextual influences on the roles of support workers in health and social care: a thematic analysis of the literature. *Journal of Evaluation in Clinical Practice*. 17 (6), 1191–1199
20. Wakefield, A., Spilsbury, K., Atkin, K., McKenna, H., Borglin, G. & Stuttard, L. (2009). Assistant or substitute: Exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions. *Health Policy*. 90 (2-3), 286–295
21. Nancarrow, S.A., Enderby, P., Moran, A.M., Dixon, S., Parker, S., Bradburn, M., Mitchell, C., John, A. & McClimens, A. (2010). *The relationship between workforce flexibility and the costs and outcomes of older peoples' services*. Final report. NIHR Service Delivery and Organisation programme
22. Bond, J., Bamford, C., Arksey, H., Poole, M., Kirkley, C., Hughes, J. & Corner, L. (2009). *Person- and carer-centred respite care for people with dementia: developing methods of evaluating the effectiveness of different models*. Final Report. NIHR Service Delivery and Organisation programme
23. Dreyfus S.E. & Dreyfus, H.L. (1980). *A five stage model of the mental activities involved in directed skill acquisition*. Unpublished Report supported by the Air Force Office of Scientific Research. Berkley: University of California
24. Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J. & Pawson, R. (2013). RAMESES publication standards: realist synthesis. *BMC Medicine* 11:21. Retrieved from: <http://www.biomedcentral.com/content/pdf/1741-7015-11-21.pdf>
25. Wand, T., White, K. & Patching, J. (2010). Applying a realist(ic) framework to the evaluation of a new model of emergency department based mental health nursing practice. *Nursing Inquiry* 17(1), 231-239
26. Hewitt, G., Sims, S. & Harris, R. (2012). The realist approach to evaluation research: an introduction *International Journal of Therapy and Rehabilitation*. 19(5), 250 – 259
27. Gough, D. (2013). Meta-narrative and realist reviews: guidance, rules, publication standards and quality appraisal *BMC Medicine* 11(22). Retrieved from: <http://www.biomedcentral.com/1741-7015/11/22>
28. Pawson, R. (2006). *Evidence-based Policy: a Realist Perspective* London: Sage Publications
29. Rycroft-Malone, J., McCormack, B., Hutchinson, A., DeCorby, K., Bucknall, T., Kent, B., Schultz, A., Snelgrove-Clarke, E., Stetler, C., Titler, M., Wallin, L. & Wilson, V. (2012). Realist synthesis: illustrating the method for implementation research *Implementation Science* 7(33)
30. Greenhalgh, T., Wong, G., Westhorp, G. & Pawson, R. (2011). Protocol- realist and meta-narrative evidence synthesis: Evolving Standards (RAMESES). *BMC Medical Research Methodology* 11:115
31. McCormack, B., Rycroft-Malone, J., DeCorby, K., Hutchinson, A., Bucknall, T., Kent, B., Schultz, A., Snelgrove-Clarke, E., Stetler, C., Titler, M., Wallin, L. & Wilson, V. (2013). A realist review of interventions and strategies to promote evidence-informed healthcare: a focus on change agency *Implementation Science* 8(107). Retrieved from: <http://www.implementationscience.com/content/8/1/107>
32. Dreyfus, H. & Dreyfus, S. (1985). *Mind over machine: The power of human intuition and expertise in the era of the computer*. New York: Free Press

- 1
- 2
- 3 33. Bloom, B. (1956). *The taxonomy of educational objectives: The classification of educational*
- 4 *goals*. Handbook I, Cognitive Domain. London: Longman
- 5 34. Kolb, D.A. (1984). *Experiential learning. Experience as the source of learning and*
- 6 *development*. Englewood Cliffs:Prentice Hall
- 7 35. Michie, S., Fixsen, D., Grimshaw, J.M. & Eccles, M.P. (2009). Specifying and reporting
- 8 complex behaviour change interventions: the need for a scientific method. *Implementation*
- 9 *Science*. 4:40
- 10 36. Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy: towards a more
- 11 integrative model of change. *Psychotherapy: theory, research and practice*. 19 (3), 276-288
- 12 37. McCormack, B., Wright, J., Dewer, B., Harvey, G. & Ballantine, K. (2007). A realist
- 13 synthesis of evidence relating to practice development: Findings from the literature review.
- 14 *Practice Development in Health Care*. 6(1), 25-55
- 15 38. Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A. &
- 16 Estabrooks, C. (2002). Ingredients for change: Revisiting a conceptual framework. *Quality*
- 17 *and Safety in Health Care*. 11(1), 174 – 180
- 18 39. Nutley, S., Walters, I, & Davies, H.T.O. (2007) *Using Evidence. How Research Can Inform*
- 19 *Public Services*. Policy Press: Bristol
- 20 40. Easterby-Smith, M.(1997). Disciplines of Organizational Learning: Contributions and
- 21 Critiques. *Human Relations*. 50(9), 1085-1113
- 22 41. Raelin, J.A. (1997). Work-based learning in practice. *Journal of Workplace Learning*. 10
- 23 (6/7), 280-283
- 24 42. Dewing, J. (2008). Chapter 15. Becoming and Being Active Learners and Creating Active
- 25 Learning Workplaces: The Value of Active Learning in International Practice Development *in*
- 26 *Nursing and Healthcare* pp 273-294. B, McCormack, K, Manley and V. Wilson (eds) Oxford:
- 27 Blackwells
- 28 43. Keeney, S., Hasson, F. & McKenna, H. (2005). Health care assistants: the views of managers
- 29 of health care agencies on training and employment. *Journal of Nursing Management*. 13 (1),
- 30 83–92
- 31 44. Manthorpe, J., Martineau, S., Moriarty, J. & Hussein, S. (2010). Support workers in social
- 32 care in England: a scoping study. *Health and Social Care in the Community* 18(3), 316-324
- 33 45. Griffiths, P. & Robinson, S. (2010). *Moving forward with healthcare support workforce*
- 34 *regulation*. National Nursing Research Unit, London, Kings College.
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only