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Understanding and measuring the work-related quality of life (WRQoL) among those working in adult social care: A scoping review

**Dr Barbora Šilarová (she/her)¹
Nadia Brookes², Sinead Palmer¹,
Ann-Marie Towers², Shereen Hussein³**

¹Personal Social Services Research Unit (PSSRU), University of Kent

²Centre for Health Services Research (CHSS), University of Kent

³Faculty of Public Health Policy, London School of Hygiene & Tropical Medicine

Disclaimer

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- **The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.**

Background

- **The adult social care in England has been experiencing workforce crisis.**
- **Work-related quality of life (WRQoL) is one of the factors that may help us to understand how the adult social care can become an attractive sector to work in.**
- **A comprehensive evidence synthesis of understanding WRQoL across different adult social care settings and workforce is lacking.**

A hand holding a red book is shown in the bottom right corner. A large number of small, black, handwritten-style letters are falling from the book, scattered across the sky. The background is a bright, cloudy sky. A large, light gray oval frame surrounds the text on the right side of the image.

The Aim:

To understand how WRQoL has been defined and measured in the literature and to map key components of WRQoL among those working in adult social care and other similar contexts.

Research Questions

- **Concept:**

- **WRQoL and work-related well-being (and their synonyms)**

- **Context**

- **Adult social care**
- **Community health settings**

- **Types of participants**

- **Direct care workers**
- **People working in managerial and supervisory roles**
- **Registered professions**
- **Nurses, nursing aides, nursing assistants and nursing health care staff, health care assistants, other allied health care professions and registered professions working in community health settings**

1) What are the existing definitions of WRQoL in adult social care?

2) What are the components of WRQoL in adult social care?

3) What aspects of adult social care work has an impact on the social care worker's quality of life?

4) What questionnaires of WRQoL are available to be used in adult social care?

5) What strategies have been implemented and evaluated that addressed care staff' WRQoL ?

Eligibility

Type of study

**Primary research studies
qualitative, quantitative or
mixed methods**

**Systematic reviews, meta-
analyses and other types
of evidence synthesis**

Protocols

Language

English

Time restriction

None

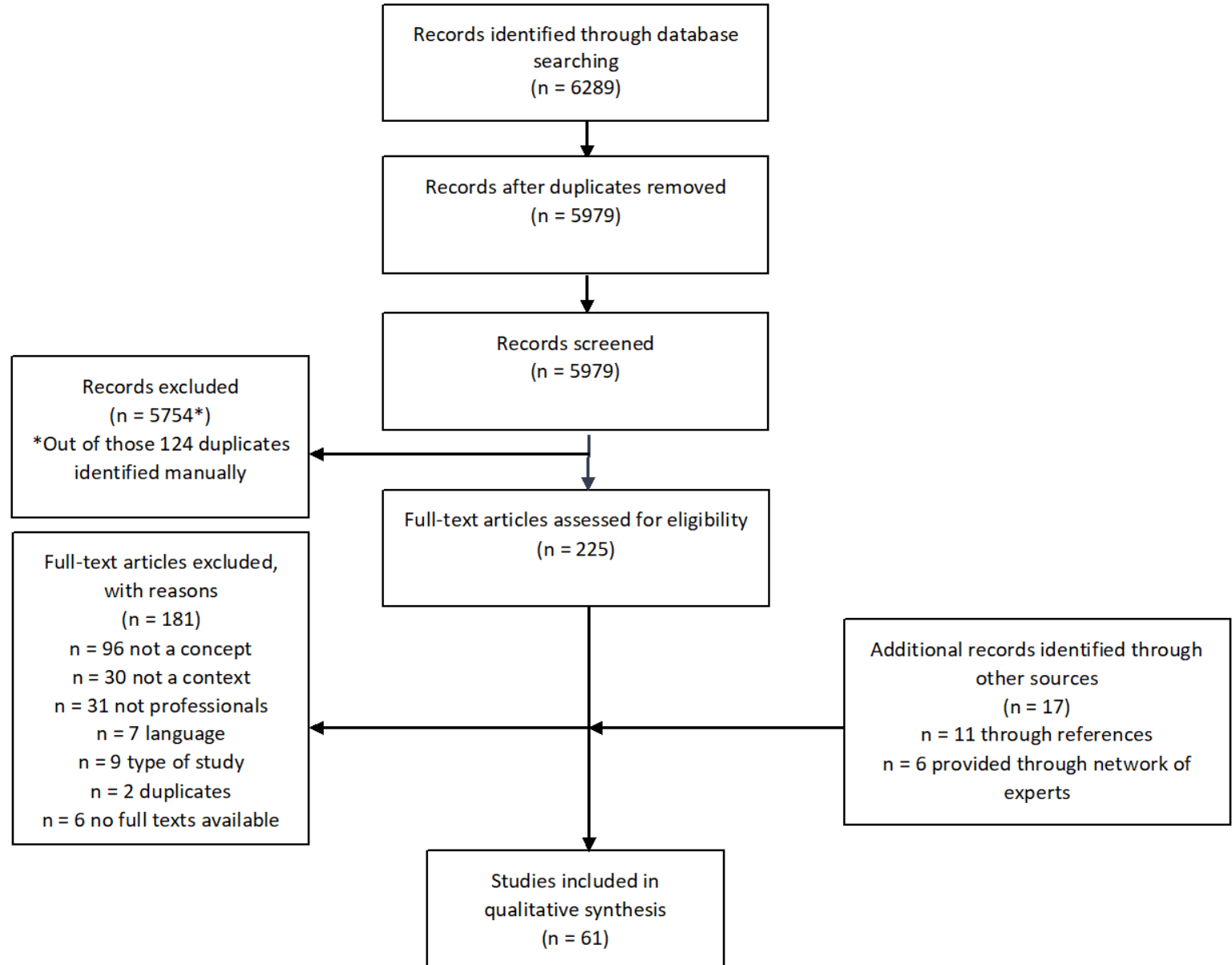
Identification

Screening

Eligibility

Included

Flow chart of studies identified in the literature search



Characteristics of studies included



Continental Europe (26)

The USA (12)

Canada (9)

UK or England (6)

Australia (3)

Israel (2)

South Africa, Taiwan and Japan (1 each)

The type of participants and context varied across studies.

Definitions of WRQoL

There is an absence of an agreement on a definition of WRQoL.

A variety of terms to describe WRQoL:

- **Work psychosocial characteristics**
- **Job characteristics**
- **Work environment**
- **Work situation**
- **Working conditions.**

Six key components of WRQoL

1. Organisational characteristics:

- **Working culture**
- **Working climate.**

2. Job characteristics:

- **Job–person match**
- **Autonomy/Control at work**
- **Time**
- **Responsibility for people**
- **Learning and growth opportunities/self-actualization**
- **Meaningful work**
- **Feedback from work.**

3. Mental wellbeing and health

- **Compassion satisfaction**
- **Compassion fatigue**
- **Burnout/Work engagement**
- **Mental well-being.**

4. Physical wellbeing and health

5. Spillover from work to home

6. Professional identity

Measures of WRQoL

Table 1. Characteristics of sources of evidence and identified key areas of work-related quality of life they reflect

	Study citation	Country	Study design	Context	Type of participant	Measures of <u>WRQoL</u>	OC	JC	<u>MWaH</u>	<u>PWaH</u>	S	PI
STUDIES IDENTIFIED THROUGH DATABASE SEARCHING												
1	André, Sjøvold et al. 2014(1)	Articles from the USA and Canada	Evidence synthesis	Nursing homes	Administrators; ombudsmen; department staff, different kinds of healthcare workers	Not applicable	●					
2	Arts, Kerkstra et al. 2001(2)	Origin of studies included not reported	Evidence synthesis	Domiciliary care	Home help aides	Not applicable	●	●	●	●		
3	Arts, Kerkstra et al. 1999(3)	The Netherlands	Cross-sectional	Domiciliary care	Home helps	<p>Workload: 'Experience and Assessment of Work'(4)</p> <p>Psychological and physical outcomes: <u>job satisfaction</u>: from Boumans(5)</p> <p><u>burnout</u>: the Dutch translation of the Maslach Burnout Inventory (MBI-NL)(6)</p> <p><u>health</u>: a self-assessment of general health</p> <p>Capacity for coping:</p> <p><u>social support</u>: from the Organizational Stress Questionnaire (VOS-D)(7)</p> <p><u>leadership style scale</u>: by Boumans(5), based on the <u>Algera</u>(8)</p> <p><u>ways of dealing with problems</u>: shortened version(9) of the Utrecht Coping List (UCL)(10)</p>	●	●	●	●		

Measures of WRQoL

- **Quality of Work Life Measure (13 items);**
- **the Professional Quality of Life (ProQOL) Scale and its revised version, the Professional Quality of Life Scale-Revised (ProQOL);**
- **Leiden Quality of Work Questionnaire (LQWQ);**
- **the Nordcare survey;**
- **the 15-item version of the Social Production Function Instrument for the Level of Well-being;**
- **the Work-related quality of life scale**



Strategies implemented and evaluated in adult social care that addressed WRQoL

Article

tia

Improving Quality of Work life for Care Providers by Fostering the Emotional well-being of Persons with Dementia: A Cluster-randomized Trial of a Nursing Intervention in German long-term Care Settings

Charlotte Berendonk

Dementia

2019, Vol. 18(4) 1286–1309

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The DEMIAN intervention provided tools to staff to improve situational wellbeing and experiences of meaning and purpose of people living with dementia.

This in turn led to significantly decreased time pressure and decreased job dissatisfaction for intervention group providers.

Summary

- **No agreement on WRQoL.**
- **WRQoL is a complex concept consisting of several components including: organisational characteristics; job characteristics; mental wellbeing and health; physical wellbeing and health; spillover from work to home; and professional identity.**
- **Some existing measures may be potentially of interest.**
- **Evidence on strategies how to improve WRQoL of people working in adult social care is almost entirely lacking.**

Team

- **Professor Shereen Hussein (Chief Investigator)**
- **Ann-Marie Towers (Co-Investigator)**
- **Sinead Palmer (Co-Investigator)**
- **Dr Nadia Brookes (Project Manager)**
- **Dr Petra Makela (Research Fellow)**
- **Jennifer Bostock (Public and patient representative)**
- **Dr Sarah Markham (Public and patient representative)**
- **Helen Salisbury (Public and patient representative)**
- **10 members of Project Advisory Group**

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Thanks for your attention!

Contact: b.silarova@kent.ac.uk

@BarboraSilarova

