A qualitative study into the promotion of Mental Well-being in the care sector post-pandemic.

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Submitted to the National College of Ireland
August 2022

Abstract

Promoting Mental Well-being is in considerable need, especially in the post-pandemic. This research project aims to bring to light the perception and experiences of care workers currently employed by homecare companies and nursing homes, to promote a better understanding of the mental well-being culture placed in the care sector. Additionally, the purpose of this qualitative study is to provide insights into the care sector, about the importance of promoting mental well-being to care workers. The data for this study was collected through semi-structured interviews with 4 care workers. Reasons for the need of promoting mental well-being in the care sector discussed in this study include the importance of offering care workers mental health support through better working conditions so they will be able to also deliver a high standard of care support for those in vulnerable situations. Causes of the dissatisfaction and carer shortage in this study include the working conditions of care workers, salary range and benefits and mental well-being initiatives in homecare companies and nursing homes. Other themes include the impacts of the lack of initiatives, mental well-being culture and care workers' motivation and values. The findings indicate an urgent need for improvement in the working conditions in the care sector as well as the implementation of an appropriate mental well-being culture and mental health support for care workers that can foster mental well-being, a sense of satisfaction and a feeling of being valued in their jobs.

Key words: mental well-being; workplace; care worker; employees; promotion; mental health; COVID-19.

Submission of Thesis and Dissertation

National College of Ireland
Research Students Declaration Form
(Thesis/Author Declaration Form)

Name: Eliege Holanda

Student Number: x20155905

Degree for which thesis is submitted: Master of Arts in Human Resource Management (CIPD)

Title of Thesis: A qualitative study into the promotion of Mental Well-being in the care sector post-pandemic.

Date: 17th August 2022

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ACKNOWLEDGEMENTS

List of Abbreviations

CIPD   Chartered Institute of Personnel and Development

EMHA   European Mental Health Agenda

HR   Human Resources

ILO   International Labour Organisation

MHFA   Mental Health First Aid

OECD   Organisation for Economic Cooperation and Development

TUC   Trades Union Congress

WTW   Willis Towers Watson

WEF   World Economic Forum

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Chapter 1: Introduction

1.1 General Introduction

Humans are complex beings and there is a range of definitions over the years of the condition of being an individual person, and it is often related to rationality, sociability, self-awareness, linguistic competence, morality, and autonomy (DeGrazia, D., 1997; 2007) or as John Locke (1690) defined: a rational and reflective thinking intelligent being that can consider itself the same thinking thing at different periods and places. From these two statements, it is understood that Human beings are considered the result of biological, social and psychological terms.

In 1948 The World Health Organisation (WHO) describes Mental Health as "a state of well-being…" which in general comprehension, it is a relation between the physical, mental and social health areas. From those interconnected areas is possible to have an assumption that health needs mental health, and mental health should be considered as a condition of good physical, mental, and social functioning rather than being reduced to just the absence of illness; as "a circumstance of well-being that each person understands his or her own capacity; can deal with characteristic difficult situations of life, can work positively and can contribute to her or his community" (WHO, 1948). According to The Chartered Institute of Personnel Development (CIPD) at a certain point in people's lives, one out of every four individuals will have mental health issues and it is considered one psychological aspect that can cause considerable impacts on a human being's life. Considering the working context it can also cause a substantial impact on employee well-being – the way they deal with typical stressors of life, social life and work - this is one of the most significant causes of long-term absence. There is also evidence that both the content and atmosphere of employment (also known as job stressors) might influence the emergence of mental health issues in the workplace, developing clinical and sub-clinical illnesses such as depression, anxiety, burnout, and distress (Harvey et al., 2017; Joyce et al., 2016; LaMontagne, Keegel, Louie, Ostry, & Landsbergis, 2007; LaMontagne et al., 2014).

The attention to the importance of people's mental health and well-being was brought up in March 2019 when the world's population faced the COVID-19 Pandemic. Governments started placing social restrictions it made companies look for new ways to keep businesses and

employees in a safe position. People have had to reinvent their own routines and lives, and the social distancing part was particularly disruptive for everybody. Within all of that, the topic "mental well-being" gained attention as never before. For example, "how to maintain mental health" was the most popular subject searched on google during the pandemic (Forbes, 2021). Also, as discussed by Pfeffer, J. and Williams, L. (2020) employees are demanding better conditions at workplaces and also, better support in relation to their mental health, even more in the post-pandemic.

Figures show that mental health issues related to work situations account for 3%-4% of Europe's gross domestic product alone, with these societal costs expected to increase (International Labour Organisation, 2000; Organisation for Economic Cooperation and Development, 2013). The cost of poor mental health in Ireland, for example, can be difficult to precise but according to baseline estimates it was over 3 billion in 2006, - equivalent to 2% of the Gross National Product (O'Shea, E., Kennelly, B., 2008). The business development and quality director of Mental Health First Aid England argues an interesting point about MHFA training which can help cut stress in the workplace and how important it is for workers to understand what stress and its symptoms are before it becomes a big issue for the individual and co-workers, family etc. once that early intervention can cause a positive recovery (MHFA, 2015). The frequency and effect of mental health issues in the workplace in European countries have been documented by the European Mental Health Agenda (2022) of the EU and it says that an estimated approximately 20% of the adult working population suffers from some form of mental illness at any point in time.

Organisations are susceptible to having a huge impact not only financially but the environment can be compromised, a lack of morale and loyalty for its employees, for not taking care of their well-being, also, mental health issues can cause impacts not only on employees but on their patients as well once you need to feel good to be able to take care of others. Making it worth discussing the promotion of mental well-being as it is aimed in the following research paper, focusing on the care sector since they are a key piece in the society, especially since the pandemic situation began and as a frontline group they were required to work even more. What this study will provide to the reader is an additional look into the experiences that care workers have ever been through. The paper will focus mainly on the employee's point of view and experiences on mental well-being and will also give light on the importance of the promotion of mental well-being in the care sector. When analysing the research and findings of the data collected by interviews, the promotion of mental well-being will be discussed from the report of the care workers regarding their current situation in the care sector. As mentioned before,

there is a huge increase post-pandemic in the interest in placing the promotion of mental well-being in workplaces, which leaves an opportunity for this study to identify models adopted for homecare and nursing homes post-pandemic since there is not much academic research done in this sector directly on homecare and nursing homes' care workers.

1.2 Motivation and rationale

Workplace well-being has been one of the emergent staff demands, with poor employee physical and mental health costing companies a lot of money (CIPD, 2019). It is understood that when employees are in good physical and mental well-being, they become "more creative, better-making choices, low level of absenteeism, have more resilience and participation, and can deal better with uncertainty and change" (Burford et al., 2017, p. 104). The Healthy Ireland Framework says that approximately €11 billion per year is destinated to costs of mental health issues for companies in the country (Baron; The Irish Times, 2019). A year before that report, the Mental Health Ireland sector indicated that 30% of employees in Ireland would suffer some form of ill-mental health. Business costs result from absenteeism and presenteeism, which impair performance and productivity. Increasing healthcare costs decreased employee performance, and decreased employee engagement are the major reasons why companies develop or improve wellness programs (Haymes, 2013). In 2019, around 1078 companies participated in the CIPDs reports related to health and well-being and from that it was concluded that those employers who invested in real well-being initiatives contributed to their employees, so an increase in employee engagement, performance, and low level of sickness absence rate (CIPD, 2019). From that perspective, it is possible to understand that some companies have started looking for ideas to create mental well-being support for their employees who have been feeling overwhelmed with the exceeding pressures over the last few years because of the coronavirus pandemic. Recent research argues that boosting communication and putting strategic leadership approaches in place might help minimise the stress and uncertainty employees may be feeling as the coronavirus pandemic is still a global concern affecting thousands (Almohtaseb, A. et al., 2020).

The motivation for this study comes from, first of all, the increase in the search for mental health worldwide, and the importance of promoting mental well-being, as an important piece of mental health, people must be provided with healthy environments where they can perform their daily activities. Also, seeing the spotlight that the care sector has been placed

since the COVID-19 pandemic began in March 2019, care workers have played a fundamental role in society, most of them put their own lives and worries aside to be able to take care of others. Employers and the worldwide population may have become more aware of its importance. According to the World Economic Forum (WEF, 2021) many different organisations, including the World Health Organization (WHO), the US Centres for Disease Control and Prevention (CDC), the Royal Family of the United Kingdom, and the Global Self-Care Federation, have promoted mental-health awareness as a priority and have developed massive public service programs to break the stigma symptoms and raise knowledge of potential solutions. Taking care of one's mental health benefits both the employee and the public health system in the long term, as early diagnosis and treatment of any mental health issues prevent many people from more difficult clinical settings. In addition, there was very little to be found in relation to the promotion of mental well-being in the care sector regarding homecare and nursing homes' care workers. This provides an opportunity to explore this sector and understand care workers' experiences and points of view. Research into the impacts of a lack of mental well-being promotion continues to grow due to the widespread mental health impacts due to COVID-19 pandemic. For this reason, the author is keen to understand the impact that homecare and nursing homes' care workers have experienced in this working environment.

Chapter 2: Literature review

2.1 Introduction to the Literature Review

The following literature review will provide the reader with an understanding of the basic definitions of the main aspects cited in this study, mental health and mental well-being, care workers and the care sector. This chapter will look further into the importance of promotion of mental well-being in the care sector post-pandemic, and if care workers have been receiving mental well-being support from their employers. Resulting in the author taking a further looking into employees' experiences and points of view about this subject.

Another purpose of this chapter is to help the reader understand a basic overview of mental health and well-being definitions from reputable sources and previous research into the various sorts of mental health problems that people face and the impact that work can have on personal identity, social recognition and self-esteem (WHO, 2021). The author will also look

into how the companies and organisations play an important role in this subject and how positive and successful promotion of a healthy environment and support for its employees can be. Even more, studies should be done in this field to help staff, not only care workers but also others in different hierarchical levels, to prevent and learn how to deal with the lack of mental well-being culture which can lead to mental health issues. It is not only about how the employees feel but also, about how those around them can be impacted by that, especially in the care sector where care workers need to be in good health and mental health to be able to look after vulnerable people.

2.2 Mental health and Mental well-being

Prior to going any further into definitions of Mental health and Mental well-being, it is important to highlight that cultural differences between countries, as their values and social backgrounds, can impact directly the establishment of an agreement on the idea of those two terms. For that reason, the author will be sought to develop a broad definition avoiding any restrictive and culture-bound statements.

Mental well-being is defined by The World Health Organisation as the ability to foster an individual's own potential, creatively and productively work and build positive relationships, and always contribute to the community as well. The term mental well-being can be confusing sometimes as other similar-sounding terms are used synonymously, positive mental health, positive mental health states – as definite by the WHO, and psychological well-being are a few examples. Jahoda, M. (1958, p.15) characterized mental health into three groups: self-realization, which refers to people being able to fully realise their potential; a sense of environmental mastery; and sense of autonomy, which refers to people's capacity to recognise, confront, and resolve issues. In general, mental health is described as "emotional resilience that makes us able to appreciate life while surviving sorrow, disappointment, and despair (IBEC, 2018, p. 4)," and poor mental health may have a detrimental impact on how individuals think, feel, and act (IBEC, 2018). Another simple definition of Mental health could be written as an "emotional, psychological, and social well-being" (MentalHealth.gov, 2021).

Mental well-being is a part of Mental Health as prior mentioned, and it is how an individual responds to ups and downs in life, in other words, how an individual can change the way their actions and feelings towards different situations, work-life or personal life. Psychological researchers, describes people who develop and experience well-being as having

"grit" – which means having an attitude of never-give-up and it does not mean never failing but having the strength to get back up when you fall (Duckworth and Eskreis-Winkler, 2013). The promotion and protection of mental well-being for everybody, is understood as a crucial matter for societies and communities by The World Health Organisation. From that perspective, it is possible to analyse that the subject of mental health is not only important for those in the health area but it should be also studied and understood by professionals in different areas and organisations (WHO, 2021). For example, stress could be considered as the main factor in how people's mental health is affected and it is common to hear individuals talking about it as if it was an ordinary thing in their lives, without knowing how stress can trigger other mental health problems. It is extremely necessary that any sign of mental health challenges is taken as important because only from that they can take care of it and avoid a major decline and it is also important, to understand how the care sector works, its aims and culture.

2.3 The Care Sector in Ireland

Since the pandemic started in March 2019 the population has seen changes taking place in the care sector worldwide and it could not be different in Ireland, a country which is in a in a process of transformation. According to The Health Insurance Authority, it was in 1718, when the first voluntary hospital in Ireland was established and people could be treated for medical diseases away from their homes. Donations, bequests, and public subscriptions were used to pay for them and 1957 was the year that a Voluntary Health Insurance Board was created - It was created to overcome eligibility gaps in public hospital coverage for Ireland's wealthier social classes (M. Geary, Lynch and Turner, 2018a, p.9-27). There was a rise in inflation after the First World War and it impacted directly the donations that were supporting the voluntary hospitals, and in 1922 county homes were set up for those who were in a social or medical need and had no condition to pay for any service, the Free State Government was in charge of that.

The Health Act was established in 1947, an act to make better and further provisions for people's health and to provide for the formulation of regulations by reason of which certain charges may be made (eISB, 1947). While The Department of Health was being established the Irish government was also deciding if they would be able to offer a free National Health Service for all citizens but it failed due to Medical Group, Department of Finance and Catholic Church, opposition (M. Geary, Lynch and Turner, 2018b, p.29-32). Through the years, many

points were discussed aiming for changes in The Irish Health Service and The government suggested expanding access to GP services and establishing multidisciplinary primary care teams in 2001 - GPs, nurses, health care assistants, therapists, social workers etc. The name of this policy was Primary care: A New Direction, 2001.

In Ireland, people who have medical cars continue to receive free primary care, while the others must pay at the point of use, in contrast to care free at the point of use as the majority of other EU nations. However, in 2005, the healthcare system underwent a substantial transformation. A more cohesive, effective, and streamlined health care that would be less susceptible to regional and local influences was envisaged by this reorganisation. The Health Service Executive (H.S.E.), a single national health service, was supposed to fix all the problems. Health Policy is currently administered, managed, and executed by the HSE, which also promotes patient homecare and nursing home support to elderly and vulnerable people (M. Geary, Lynch and Turner, 2018c, p.40-41)

2.4 Home care and nursing home workers' conditions post-pandemic

A huge crisis is coming up in the care sector, and it might always have been there but only took exposure after the pandemic. The main point in the discussion is that companies are making huge profits while care workers are paid a low base of €11 per hour. The majority of the female labour in the caring profession is being driven out by low pay, long hours, and unstable working circumstances, which has an immediate effect on those who depend on carers (Griffin, 2022). As mentioned in the previous section of this chapter, in The Irish Health System people need to pay for health services at some point, which can be very expensive so there is no public explication from homecare and nursing homes about the low salary range.

Especially during the pandemic, it was often heard that there was a crisis in terms of hospitals but there is data from at least 5,000 people and mainly the elderly that the crisis is in their homes, and due to a significant scarcity of care workers, many of these people must spend the entire day in bed without receiving their financed homecare packages. Those homecare packages are delivered by the HSE own staff and care workers from private companies, working under contracts which were reported by a care worker as an example that HSE was paying €28/hr to the company and the care worker was receiving only €11 with no mileage (a point that started to be discussed since April 2022 with the shortage) (Griffin, 2022). A point that must be taken into consideration when the word "shortage" is used, is that the problem is not about the number of care workers available in the sector but there number of people who would be interested in working for the minimum wage, especially in a city that is getting even

more expensive to live. HSE 2020 financial statements show that among recognised homecare companies they have received between €12.8m to 58.3m (HSE, 2020).

Since the pandemic began professionals in the care sector have been feeling work loaded, exhausted from long hours worked and even though they receive a high-level pressure to provide quality care and those job-related stressors affect directly care workers' mental health (Cimiotti et al., 2012). Care workers are dealing on a daily basis with others' lives and for that reason, it is extremely important that they are healthy and mentally healthy to be able to provide good care, and that would be one of the reasons why it is important to prioritise mental well-being in the care sector.

2.5 Prioritising the mental well-being of care workers and its importance

A healthy workplace is not an easy procedure that companies can adopt without the feedback of staff. It is well-known that different people have different needs depending on their age, family status etc and it can influence their understanding of a healthy workplace. Twenty years ago, health and safety regulations and metrics were the primary indicators of workplace wellness; however, the space of workplace well-being has since expanded dramatically (Whitehouse, 2019). Supporting healthy workplaces is central to The Chartered Institute of Personnel and Development (CIPD) mission, and they have noticed very positive increase need for organisations to create healthy work environments and allow a healthy living for their staff (CIPD, 2019). A survey carried out in 2020 showed that more than 91% of employees in Ireland have suffered from anxiety during the pandemic and only 10% sought for support. On the other hand, emphasizes the effect that the pandemic situation has had on employees' mental well-being and because of that, 77% of companies want to create new strategies to provide further assistance for employees' mental health (Laya Healthcare, 2020).

There is a general realisation in the health sector that all healthcare systems of the future will be effective if they can improve population health while providing exceptional treatment at reduced costs. This idea is known as the IHI Triple Aim, coming from The Institute for Healthcare Improvement and they organise learning networks with the aim to spread and share best practices and approaches within organisations for their population health improvement (Institute for Healthcare Improvement, 2022). From that point of view, Bodenheimer and Sinsky propose that the Triple Aim should be expanded into a Fourth Aim, in a way to also improve the work life of health care staff (Cuff and Forstag, 2018, p.61). Improving the work lives of care workers, people who deliver care for the vulnerable ones should be added as a

fourth dimension because then better care support would be delivered, better health, and it would even reduce costs related to staff absence etc; according to leaders and providers of health care (Bodenheimer and Sinsky, 2014). People work to make money and be able to afford their costs of life but they also have other motivations and values.

2.6 Care workers' motivation and values

It is well-known that people need to work in favour to afford their living expenses. However, motivations and values are attached to peoples' work life, and in the care sector a need for belonging, fulfilment and validation are analysed as the key points for a care worker's motivation, and it strongly contributes to fostering the sense of pride, which makes care workers delivery a high-level care support to their clients (Bjerregaard et al., 2015)

Recent studies worldwide indicate that many professionals in the care sector do not seek help or treatments in case of mental health issues, and there is a stigma related to seeking support that may cause a problematic lack. For example, research done in the U.S among physicians in a total of 2364 and nearly half of those dealing with mental health concerns reported that they supposed that a diagnosis like that would be dishonourable and embarrassing for them as another survey among 1488 primary care providers showed that 70% were worried about the impact that it could have on their careers as the possibility of disappointing colleagues and patients (Trusty, Swift and Higgins, 2022). It is very important for homecare and nursing homes to understand and know their care workers' characteristics and be able to create a well-being culture.

2.7 Practices to promote Mental Well-being

The high concern from COVID-19 increased interest worldwide to seek ways to promote mental well-being in society. There is a considerable number of initiatives from the academic and care sector sides, to promote well-being that has been pursued in the last few years - addressing mental health issues and professional high levels of dissatisfaction in the care sector.

From an academic perspective, schools such as dental and pharmaceutical have been trying to understand if there are any traits that may influence care workers to burnout, for example, poor communication skills and anxiety (Higuchi et al., 2016). Mindfulness Training

also has been placed to facilitate people to become more aware of feelings and thoughts; Social Cohesion Wellness Programs aim to strengthen relationships and the sense of solidarity among professionals in the care sector (Cuff and Forstag, 2018, p.66). On the other hand, Care Sector has placed Coping Strategies; Systems-Wide Approaches which means that leaders had tried to promote well-being in their organisations; Organisational Culture of Collaboration; Burnout Prevention – for example, placing Wellness Programs (Cuff and Forstag, 2018, p.70). In the U.S there is a non-profit organisation called The foundation called Dr. Lorna Breen Heroes has as aims to increase the well-being of the professionals in the care sector, reduce burnout and increase job satisfaction through building awareness of mental health issues, funding well-being research and programs and guiding the health care industry to implement appropriate initiatives to reduce burnout of health care professionals (Trusty, Swift and Higgins, 2022).

There is a considerable range of mental well-being initiatives proposed and also already placed worldwide at different sets of care organisations and also, at educational institutions and all of them that can have a significant impact on employees' lives. From that perspective, this study has the opportunity to explore the care sector and understand care workers' experiences and points of view, delving deeper into the importance of creating a mental well-being culture.

2.8 The importance of investing in mental well-being support

According to the European Council Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work, (89/391/EEC), companies in Europe are required by law to manage all kinds of risks to employees' health, mental health, and safety. All dangers related to stress at work and mental health must be recognised, avoided, and managed. There are two agreements reached by European Social Partners, the frameworks: 1) Agreement on Work-Related Stress and the Agreement on Harassment and Violence at Work, both are very significant and pertinent in the context of mental health in the workplace.

Measures that can also help show an increase to the reputation of companies, there are a considerable number of organisations within different countries that present workplaces with best practices for investing in mental well-being and a healthy working environment. For example, there are a considerable number of award programs around the globe to enable companies to show clients and staff that they care about their employees' mental well-being. E.g.: Scotland's Health at work award, MIA award in Denmark, National Business Awards:

health, work, wellbeing in the UK, Move Europe Partner Excellence occurred in 2010 and International programs such as The Great Place to Work Institute etc. (ENWHP, 2022).

Efforts to create a well-being culture are needed first to look after employees' mental health but also to rise the excellence of client care, referring the point discussed in previous sections about the Triple and Quadruple Aims, it would be a win-win for society. The lack of this promotion can also result in financial costs through early retirement or absence from work, for example (Trusty, Swift and Higgins, 2022).

2.9 Conclusion

The purpose of this literature review was to help the reader to understand different aspects posed by the research on the promotion of mental well-being in the care sector post-pandemic. What emerged from the evaluation of the literature is that the care sector as an employer plays a crucial part in creating mental well-being culture and supporting care workers' mental well-being throughout their careers in the sector. However, there is a lack in this practice. Whilst the literature is in agreement on the key factors to understand and analyse the dissatisfaction, mental health issues and the role of homecare as nursing homes' employers in this situation. There has been a considerable number of research and discussion conducted on the importance and practices of mental well-being. More research regarding care workers' experience and points of view is required to gain a better understanding of the topic in the care sector.

Chapter 3: Research question, aims and objectives

3.1 Research aims

Given the lack of research regarding the promotion of Mental Well-being in the care sector post-pandemic, this study will aim to identify and analyse if care workers are being given appropriate support by their employers.

The main research title of this study is:

A qualitative study into the promotion of Mental Well-being in care sector post-pandemic.

The covid-19 pandemic has changed the world in different aspects and as previously mentioned in the literature review, Mental well-being has become a huge and important theme to be discussed worldwide, but there is little regarding the care sector. From that point of view and having the intention to fully explore care workers' side and if they are receiving any mental well-being support from their employers. The following research objectives were set to aid the investigation.

3.2 Research Questions and Objectives

Research objective one:

To identify the working conditions of care workers

Research question one:

What are the current working conditions of care workers?

- How does the care sector approach mental well-being?
- Is there a culture of well-being in homecare and nursing homes?
- Do care workers agree with the salary range and benefits?
- Is there any measures placed in relation to the promotion of mental well-being?

Research objective two:

To evaluate if homecare and nursing homes are prepared to handle and support the mental well-being

Research question two:

How homecare and nursing homes are prepared to handle and support the mental well-being of their staff?

- What initiatives are currently in place in homecare companies and nursing homes?
- Is there an open space for discussion, suggestions and feedback (employee to employer)?
- How does the homecare and nursing homes approach mental well-being?
- Is there any Mental Health policies?

Research objective three:

To understand and analyse perceptions and experiences of care workers regarding the promotion of mental well-being in the homecare companies and nursing homes

Research question

What are the perceptions and experiences of care workers regarding the promotion of mental well-being in homecare companies and nursing homes?

- What's the meaning of mental well-being for care workers?
- What care workers believe would be effective policies and initiatives to be placed?
- What are the main mental well-being issues causes encountered by care workers?
- Do care workers feel that homecare/nursing homes have been prepared to handle and prevent mental well-being issues?
- Do care workers feel comfortable disclosing mental well-being issues to their employers?

The care sector has always been in an extremely important position in society. Care workers deal with different challenges on a daily base and the pandemic placed them under a higher level of pressure, which undoubtedly has also affected their mental well-being. The major goal of this study is to fully explore and understand if care workers' experiences, if they are receiving appropriate mental well-being support from their employers. This study will contribute to the body of knowledge on mental well-being promotion by surfacing and evaluating the working conditions of care workers and assessing mental well-being strategies placed by homecare and nursing homes. This will help address the current shortage of research in this area on homecare and nursing homes' care workers and provide actual value to the care sector

Chapter 4: Methodology

4.1 Introduction

A Research methodology discourse the data collection, describing and analysing methods used in the research, allowing readers to understand and evaluate the reliability and validity of the research. This chapter will explain the methodology that was used in gathering data and analysing which are relevant to the research. The following part will include areas such as demographics, research design, sampling, data collection and analysis, limitations and ethical considerations.

In order to gain a better understanding of the promotion of mental well-being in the care sector, primary data was collected through interviews and the non-probability sampling method used was, purposive, which means that the sample selected was the most suitable for the purposes of the research, and in a cross-sectional method. Semi-structured interviews were

conducted with 4 care workers and to achieve this aim the author used a qualitative method because it is more interpretive, producing contextual knowledge about behaviours, social structures and shared beliefs of the aimed group of people, care workers and less controlled, promoting the possibility of reflection on the researcher position. This study was approved by the National College of Ireland board before data collection.

As previously mentioned, mental well-being has become a popular discussion even though it has been always a needed point in employees' lives, in other words, in people's lives. The apparent gap in the literature on the promotion of well-being in the care sector regarding homecare and nursing home care workers allows the author to delve more into this subject, aiming to understand their experiences and points of view on the topic.

4.2 Research Design

Academic research attempts to determine or clarify what is occurring in regard to a specific issue, scenario, or circumstance, as well as to aid in the forecast of future events. Research can be based on positivist or phenomenological philosophies. While a phenomenological philosophy has meaning and importance behind it and strives to comprehend what is happening, a 'positivist' approach assumes that research is supported by facts connected with particular situations and events (Armstrong, 2009, p. 102). A quantitative study follow to a positivist philosophy, and on the other hand, qualitative study hold a descriptive philosophy. "Qualitative studies aim to provide understand into situations and actions so that the content of what is occurring may be appreciated; a research when quantitative is empirical - it is focused on the group of factual information that is first quantified and then measured" (Armstrong, 2009, p. 181)." It is interested in determining how individuals feel and react in real-life situations. Interviews, group discussions, and observation are qualitative assessment methods to determine the 'how' and 'why' of a situation (Dobrovolny and Fuentes, 2008). In comparison to quantitative research, Wang et al. (2020) argue that when concepts and behaviours are being evaluated, qualitative data might give a better framework for elucidating the 'how' and 'why.'

This study proposal's basis of this theory is qualitative and is based on the phenomenology school of thought, which states that the goal is to "detect manifestations during the process of how they are observed by people involved in the specific situation; this typically interprets into collecting "profound" information and opinions through explorative, qualitative approaches, for example: interviews, dialogue, group discussion, and expressing it from the

viewpoint of each participant in the research" (Lester, 1999, p.1). This study aims to analyse and understand what is occurring in the care sector post-pandemic, with regards to its promotion of mental wellbeing, from the perspectives of care workers. A nature inductive research, where the author collects data on the topic mentioned and once it is done, takes a step aside and then a general view of the data gathered to identify and analyse possible patterns, to gain knowledge of the current situation (Blackstone, 2012). In order to get a comprehensive understanding of what is occurring in a chosen subject area, qualitative research tries to comprehend and explore events and behaviours. It is typically impossible to quantify information obtained in numerical states when using a qualitative approach. Interviews and observations, discussions in groups, case studies, etc, are frequently employed in qualitative research to gather data (Mack, et al., 2005)

Interviews were used as a qualitative method to explore the research sector. However, there is a reasonable number of interviews method to choose from and in this particular study a semi-structured interview was chosen the reason for that is because this type of interview is an appropriate option for the purpose of this study, as it can bring together both structured and unstructured options, avoiding limitations or inflexibility of structured interviews. This model also allows the interviewer to choose the direction and the order of the questions (Bryman & Bell, 2007). In other words, the interviewer is free to ask questions and vary order to suit the specific characteristics of each participant (Armstrong, 2009, p. 182).

4.3 Sample Group

The qualitative study was carried out by individual interviews, a total of 4 care workers were asked to voluntary participation in the study. Participants were chosen in a mix of nursing homes and homecare employees. To provide a proper analyse, the participants were required to be current carer-workers so they would be able to provide a strong view on the research topic.

Particular attention was given to each participant; the methodology used, and the purpose of the study was mentioned. If the interview is overly structured, important details and conversation could be lost. However, if every interviews are handled differently, it might be challenging to analyse, draw ideas, or develop a concept (Bryman & Bell, 2007). Although the author followed a predetermined set of questions, providing a flexibility to deviate if the participants revealed significant information or details. Also need to be fully aware that

consistency during the process of interviews is crucial for the analyse point of the data collected in this research project. Interviewers that attend semi-structured mode must be fully aware and prepared for various possibilities, which requires tremendous concentration and competence.

Furthermore, the author focused on care workers for this study the reason for that is because there is no employee in the care sector, among homecare and nursing homes which could mean some valuable perspectives and information for the research topic, also the opportunity of just focusing on one group, is quite narrow.

The four interviews used as part of this qualitative study were managed over a two-week period in July 2022 which gave time for the transcription and also to review each interview afterwards how many times were necessary to fully ensure the maximum accuracy and permit the information to be absorbed by the author. Prior to the interview, each interviewee received a synopsis of the subject, their rights were reminded throughout the interview and were then requested to sign a written consent form. The author has chosen to record the interviews using two devices, a phone and a laptop to protect the data in case one recording device failed. To ensure that crucial information was underlined, to ensure proper transcribing, and to assure reader understanding, the author took notes throughout. The five interviews ranged from 30 to 45 minutes in length. After each interview, interviewees were asked for informal feedback, and generally speaking, the interview, its content, and its author received favourable responses and it was mentioned that it would be important if this kind of interview was conducted by their employers as well.

4.4 Data Collection

The interview consisted of pre-determined questions and was conducted in a semi-structured way. According to academic literature, there is not a specific number of participants required in qualitative studies. The aim achieved was to conduct interviews with a sample of 4 care workers in the 2 first weeks of July, a small group give the author the opportunity to get an in-depth understanding of the research question that has been focused on in this study. A care worker was defined as a person who works in a homecare company or nursing home. Participants were given as much time as they needed to answer the questions and the interviews had a length of 20 to 48 minutes, and 4 care workers participated. The aim was to conduct the interviews with care workers currently employed, and the interviews were conducted through the tool MS Teams which allowed more flexibility of time and comfort by participating of the

study from the place more suitable for the participants. 13 pre-determinate questions relating to the promotion of mental well-being and care workers' experiences and points of view on the topic were conducted also under the research questions identified. Interviews were conducted in the Portuguese language, audio recorded, and transcribed verbatim. The data was translated into English by the author and was analysed by systematic text condensation. One to one interview was held with employees in an effort to understand and analyse the professional situation of care workers.

4.5 Limitations

This study has potential limitations, firstly the sample size, considering that there are over 27k (Statista, 2022) care workers in Ireland the results cannot be generalized based on a sample data of 4 care workers. Also, it is important to highlight, cultural differences between countries, as their values and social backgrounds, can impact directly the establishment of an agreement on the ideas of a specific topic, there is a considerable intercultural mix in the care sector in Ireland, for that reason, the author will be sought to develop a broad definition avoiding any restrictive and culture-bound statements. Mental health and mental well-being are sensitive topics and not everyone feels comfortable to talk about, so it resulted in a small sample size. There is a gap in the literature, most research already conducted is on the care sector linked to other professionals such as doctors and nurses. When a semi-structured interview is conducted, many different possibilities may happen so the author must be aware and focused on keeping consistency in the interviews, if every interview is handled differently, it might be challenging to analyse, draw conclusions, or develop a theory (Bryman & Bell, 2007). Furthermore, the author has chosen to focus on care workers' experiences and points of view on the research question so the study will be limited to that and not be able to address the employer's side on the topic.

4.6 Ethical Considerations

Before the interviews, the author gave a verbal description of the issue and enabled each participant to ask additional questions before getting the written consent. Additionally, participants were informed that they might stop the interview at any time and could skip questions at the beginning of each semi-structured interview. The author also provided each participant with the chance to add further information if necessary and kept the participants'

welfare in mind at all times throughout the interviews. When conducting a research project of this nature, the author took the necessary precautions to be conscious of, and behave in accordance with, ethical rules and concerns (Bryman & Bell, 2007). The author made sure that all participants were properly aware of the subject before giving their assent in order to ensure that all ethical standards were met. All data were obtained in a private manner, and they were only used for the intended research (Armstrong and Taylor, 2009). At all times, privacy, secrecy and anonymity were assured to the participants, the author was wearing earphones during the interviews, which happened through MS Teams and the security of the interview scripts was kept on the laptop which a password is needed to get access, also all names were substituted by codes, only the author has the full information of each participant.

When conducting research, the main priority is preventing any harm to the participant's physical, financial, or social well-being (Polonsky and Waller, 2019). The author must be mindful of any potential harm that a participant may experience during the research process, even though the purpose of the research is to understand and support the author's learning and how it affects the working world. A list of potential ethical issues has therefore been created. "Preserving participants' anonymity, enlisting people in the study without their knowledge, and selling under the pretext of research" are some of these (Polonsky and Waller, 2019) just a few examples. Participants in any research study must always be willing to take part, with no threats or other forms of coercion allowed. The participant should always be informed that they have the option to decline participation in the study and that they are simply being invited to do so with a clear understanding of what is required of them and that their refusal to participate in the study will not result in any negative consequences (Polonsky and Waller, 2019). Mental well-being is a sensitive subject that many people prefer not to talk about, for that reason the author certified the needed ethical considerations were placed as the author obligations for this research study. So, according to Bryman & Bell (2007) the ethical considerations are based on acting with integrity and respect during the course of the research process and act in accordance with the commitments made before hand to participants; sharing relevant information and details of participants' rights prior the interviews; being sensitivity on the topic in question, ensuring that no harm will happen to any of the participants and also, ensuring the confidentially of them.

4.7 Data Analysis and Presentation of Findings

The author wrote out the information from the audio records and the notes taken after each interview to generate five interview scripts. Since the transcripts are over 10,000 words long and would greatly increase the word count while giving the reader a low information density rating, they are not included in the appendices. However, a copy of the transcripts will be available for two years from the date of the exam board review of this study and it can be accessed by requesting directly from the author. These transcripts are summarised in detail in the findings and discussion sections. Within this chapter, the research findings and data from the interviews will be analysed and discussed. The interviews in the discussion used qualitative methods to gain knowledge about the care sector and explore care workers' experiences regarding the promotion of mental well-being in the sector in the topic. The research findings will be provided with the data collected through interviews.

The method chosen aimed to collect descriptive reports of mental health promotion in the care sector and participant perceptions. However, in qualitative studies, the author needs to interpret the data collected aiming to further relate to the research question because in some cases the answers might not be quite explanations regarding why or what is really happening about the problem (Burnard et al. 2008). The process of "thematic content analysis," as defined by Burnard et al. (2008), comprises "analysing transcripts, identifying themes within the data, and assembling examples of those themes from the text." So it was the thematic content analysis used to analyse and display the data that was acquired, and chosen by the author.

The process of creating thematic content is arduous, repetitive, and time-consuming. This process includes categorizing all themes and tendencies as well as trying to "validate, confirm, and qualify them by using and analysing the data and recapping the process to identify new points" (Burnard et al., 2008, p. 430). Thematic analysis was used to classify, arrange, and code the transcribed data. From the interview data, the author selected a number of repeated themes and sub-themes to clarify the points discussed during the interviews, so themes were examined and arranged in response to the study questions listed in the methodology section.

Chapter 5: Findings

This section presents the findings from the interview data and represents the care workers' points of view. The author prepared the themes and sub-themes under the categories of each study question using the thematic analysis to understand the data (sample interviews are available to the reader in Appendix A). To deliver more clarity, the author analyses the care workers' demographic data and presents a summary of the main themes and sub-themes in Table 1. To increase reading comprehension and also, transparency, this section will provide an overview of the findings with the use of interviewees-submitted descriptive quotes.

Companies must understand what can be triggers for mental health problems, so they can offer support to employees when these emotions are noticed at first and not when the individual is really struggling with poor mental health. Wellbeing policies and procedures can be put in place to help look after and care for individuals' mental health (Considine et al., 2017). According to Vonderlin et al., 2021, employees perceive their own performance and productivity in a different way from their employers, usually, they feel less capable to achieve success in their tasks. For that reason, it is extremely important to provide a good leadership style, building a good relationship with workers which will make them able to discuss these issues as soon as they arise, plus, the leaders should keep working on how to find the best practices to help workers during a mental health crisis and the most important, how to prevent them. This kind of environment is what makes people feel safe and able to ask for help in a difficult situation as to deal with a mental health struggle.

4.1 Demographics and Themes

All participants are aged under 31 years. Participants' gender is all female. Time of experience in the care sector was analysed between 1 year and 1 month to 28 years.

Themes and sub-themes were organised from the authors' analysis and broken down in Table 1 below. Also, reorganised under the research questions mentioned in chapter 3.

Research Question	Themes	Sub-Themes
RQ1	- Working conditions	- How does the care sector approach mental well-being?

What are the current working conditions of care workers?	- Care workers' experiences and points of view on the promotion of mental well-being in homecare and nursing homes	- Is there a culture of well-being in homecare and nursing homes? - Do care workers agree with the salary range and benefits? - Is there any measures placed in relation to the promotion of mental well-being?
RQ2 How homecare and nursing homes are prepared to handle and support the mental well-being of their staff?	- Communication and clarity - Well-being Policies and initiatives - Open space in the workplace	- What initiatives are currently in place in homecare companies and nursing homes? - Is there an open space for discussion, suggestions and feedback (employee to employer)? - How does the homecare and nursing homes approach mental well-being? - Is there any Mental Health policies?
RQ3 What are the perceptions and experiences of care workers regarding the promotion of mental well-being in homecare and nursing homes?	- Mental well-being conception by care workers - Employer's Management and mental well-being initiatives - Suggestions/Feedback	- What's the meaning of mental well-being for care workers? - What care workers believe would be effective policies and initiatives to be placed? - What are the main mental well-being issues causes encountered by care workers? - Do care workers feel that homecare/nursing homes have been prepared to handle and prevent mental well-being issues? - Do care workers feel comfortable disclosing mental well-being issues to their employers?

Table 1. Table of Themes and Sub-themes

4.2 RQ1 Themes

Theme 1: Working conditions

All participants reported they are receiving poor working conditions in the care sector. As mentioned in the literature review the HSE delivers care support to those in need through private companies such as home care. However, in a case where HSE was paying €28/hr to the company, the care worker was receiving only €11 with no mileage (Griffin, 2022). During one of the interviews, the participant mentioned – P4: *"I stay 10 hours outside to work between 4-6 hours daily so I waste hours just on commuting from one client to another",* which means they need to be available for the company for long hours but, for example, in this case, she is earning between €44-66 day, a very low salary for the living cost in Ireland. During the interviews, participants mentioned that suggestions were addressed to the companies, either give them better rosters with less commuting or pay them for all the hours they need to be available for the company. Other participants mentioned they need to work 6 days in a row to be able to pay their bills. P4: *"They will put us to work from 8 am until 9.30 pm without breaks so we need to talk to them all the time".* The participant mentioned they need to keep making complaints about the rosters if they do not do that, the company will keep them working long hours without a break. Another participant said – P1 *"I think people start work and then see themselves in a situation where they don't feel they are seen as a "person", and that they have bills to pay as everyone else"* which can be related to a reason for why the care sector is facing a carer shortage. As discussed in the literature chapter, since the pandemic began, care workers have been working extra-long hours and have been feeling exhausted – mentally and physically even though they receive pressure regarding the quality of care support they are providing to their clients (Cimiotti et al., 2012).

Theme 2: Care workers' experiences and point of view on the promotion of mental well-being in homecare and nursing home.

The findings indicate that homecare companies and nursing homes do not place any importance on employees' mental well-being they put their attention on how many hours and calls the care workers have been doing. As mentioned in the literature review, 3%-4% of Europe's gross domestic product alone is related to mental health issues associated with work situations (International Labour Organisation, 2000; Organisation for Economic Cooperation and Development, 2013). All participants feel that the company's culture negatively supports their mental well-being which is pessimistic considering that the literature finds mental well-being an increased demand from employee to employer. One participant reported that she had a situation where her client start having a stroke during the call and afterwards the company did not show any worry or care about her well-being. P3 *"had a person almost dying in front of me, that was the feeling I had"* and then they asked me the reason I wasn't able to do the next call and after that, the only thing that they asked me was if I was ok and if I wanted to pop in the office to drink some water or coffee e after that, never asked me anything again or paid me for the call that I couldn't go because of that situation. I had to ask "why didn't I get paid for that hour if I was working?. That situation reported by the P3 shows clearly that the company did have any sense of protection or support for her mental health and mental well-being and it is important to mention again, as discussed in the literature review, that mental health is understood as "emotional resilience that makes us able to appreciate life while surviving sorrow, disappointment, and despair (IBEC, 2018, p. 4)," and poor mental health may have a detrimental impact on how individuals think, feel, and act (IBEC, 2018). Another participants mentioned that she was going through a hard time in her personal life and would like to have had received a better support from the company once she is always doing her best to be a good care workers and attend company's expectations. P1: *"Just to add, and it was already working in X company (current job). When my uncle passed away, first it was my aunt, from COVID, and then my uncle passed away too, last year. In the two episodes when I informed the company over the phone, I get the answer "If you need anything I'm here" so it was much "ah, I say what is needed to say" just to be polite. We feel that the person says that because must. But is this person really there? It sounds more like a script that must be followed and that we are not sure if we really need if there will be someone there to listen, to give support"*. The employees are not asking for much, in all phrases reported in the interviews, they were just expressing they would like to be treated like a human being that has also feelings, especially been working in a sector called "care sector" which should be dedicated to help people and promote their mental well-being. P1: *"They need to understand that behind that care worker there is someone*

that has rent, and bills and that their need to keep dealing with their responsibilities so I believe that it impacts somehow the employees' well-being".

4.3 RQ2 Themes

Theme 1: Communication and clarity

As discussed in the literature review recent research argues that boosting communication and putting strategic leadership approaches in place might help minimise the stress and uncertainty employees may be feeling as the coronavirus pandemic is still a global concern affecting thousands (Almohtaseb, A. et al., 2020). However, the findings indicate that there is no clear communication among employers and staff. All participants made complaints about the communication in homecare companies and nursing homes. Interviewee 3 reported: *"I feel like a product in the market. There is no direct/effective communication between company-client-staff".* P1: *"Dialogue must happen, the doors need to be open because once something happens, the employee needs to be aware that they can count on somebody, someone will be there to listen to them, to their fears and feelings. But, I mean, it's not only about listening, because dialogue is more than that, bigger than that. There is no use if I just talk and talk, I need someone to have a conversation, it's a road of two ways".* All participants mentioned at some point that their employers usually communicate only by e-mail or phone messages and they understand it is a cold way to treat their employees. P1: *"Because it was kinda too general, like, look the email is here and you do whatever you want. I think the email could have been more personal".* All participants argued they received a cold and no effective communication from their employers, P2: *"For example, an experience that I had last Wednesday, I called sick because I had back pain, and if it was a company that really cares about their employees, they would have said something "hey come here to check your back, don't know..we will help you" but I only got the message "hey, are you feeling better? Do you think you can work tomorrow? Did you see any doctor?" it*

was more "you did that or this" wasn't about "we can give you any support" so they say something but at the same time sounds like they wish you don't need so they won't have any work."

Theme 2: Well-being Policies and initiatives

The care workers interviewed feel that companies have no aim or are interested in creating initiatives to promote mental well-being among employees. All participants related that at some point during the pandemic they received an email with some links to access websites and contact numbers of places they could ask for mental health support. But it was done with no face to face/verbal communication. They believe that a meeting could have been arranged to clarify points and doubts. P3: *"I feel like a product in the market. There is no direct/effective communication between company-client-staff".* As highlighted though the literature review, when the pandemic started, over 1000 companies participated of the reports of health and well-being created by CIPD and the result was that investment in mental well-being, increased employees' engagement, performance and low absence due to sickness (CIPD, 2019). Also, all participants responded that policies and procedures were only implemented regarding the Personal Protective Equipment ("PPE") that was placed since the pandemic started, but it was a requirement from the HSE due to the COVID-19 increase.

Theme 3: Open space in the workplace

An open space in the workplace is related to the opportunity that an employee has to talk to their employer regarding any concerns, and also about mental health issues, for example. However, these findings brought that only one of four participants said she feels comfortable talking to a manager – P1: *"Yes, to a specific manager"*; about her thoughts, feelings and fears. The reason for that choice is because the manager has shown compromise with work and worries about their employees during other situations that the participant faced in the past, when asked about a general view, she said no other staff would be open to discussing any situation with employees. The other participants used almost the same words to report their opinions, P2: *"No. Doesn't have close contact; P3: "No. I don't feel comfortable to, there isn't an open space for that, you don't have support, you don't have reasons to talk. I think this kind of opening should come first from "above" in the hierarchy, from the boss to the employee, not the employee that should go"; P4: "I don't feel that there is an open space for that".* The opportunity to talk about concerns, doubts and fears regarding mental health or even about any other subject is crucial in a work environment for both sides, employers can learn from that on

how to promote better conditions to their employees and employees can create the feeling of belong and importance in their jobs, which can result in better productivity, work-quality and engagement with their employers.

4.4 RQ3 Themes

Theme 1: Mental well-being conception by care workers

The words used by the interviewees to describe mental well-being were: Atmosphere / Dialogue / Solution, Happiness/Self-love/ Relaxed; Tranquillity/Equilibrium/Happiness; Tranquillity / Balance / Sleep. As it is seen Happiness, Tranquillity and Balance/Equilibrium were the most used words. The participants tried to bring their own words to mean that mental well-being is when you feel good about yourself when you are able to keep a balance between your personal, work and social life and feel calm and happy about that, which is completely in accordance with what we discussed in the literature review "a circumstance of well-being in which each person understands his or her own capacity; can deal with typical stressors of life, can work successfully and fruitfully, and can contribute to her or his community" (WHO, 2022)

Theme 2: Employer's Management and mental well-being initiatives

As discussed in the literature review mental health issues have a direct impact on employees' productivity, it can increase sickness absence, turnover and even accidents due to human error. When related to work issues it is directly associated with poor management, for example, and as indicated by the care workers interviewed, they believe their work is rewarding, however, they are totally unsatisfied with the management, in a sense, the four interviewees reported they feel they are not seen as a person. P3: *"I feel I'm just a piece of work"*. One of their complaints was about the way that companies build their rosters, very often with no breaks and more than 6 hours of work, which goes against the employment laws. According to the Workplace Relations Commission, "A 15-minute break where more than 4½ hours have been worked; A 30-minute break where more than 6 hours have been worked, which may include the first break" (Organisation of Working Time Act 1997).

Theme 3: Suggestions/Feedback

All participants reported that they feel the need or even they have already spoken to their employers about some ideas such as the implementation of mindful trainings for the staff, the need for someone available to talk to them and for that point, a Psychologist could be considered (as mentioned for them). Also the idea of activities in group and in person, for example, meetings, tea time with the group with talks, the presence of a psychologist etc. P3: *"think there is a lack of a psychologist service in those companies. Someone to talk to".* Also, a smarter roster could be built for them, where breaks and a better commute would be considered. P2: *"I think there is a lack of a psychologist service in these companies".*

Chapter 6: Discussion

This chapter will discuss the findings taking into consideration the points mentioned in the literature review chapter and also, under the research questions. The lack of mental well-being promotion in the care sector can cause major impacts on care workers' mental health. It is primordial to understand care workers' experiences and needs in the sector. This qualitative research has made the author able to analyse and gain knowledge in further detail about the research questions mentioned in the Methodology chapter. So, this discussion chapter aims to summarise and highlight the key points that were explored in the research study and conversed in the finding section. After reaching a conclusion, a recommendation section will be discussed based on the points brought by the care workers interviewed.

According to CIPD (2019) showing empathy and empathetic leadership can prevent mental well-being issues, however, the current working conditions, management support and communication of homecare companies and nursing homes' with workers were identified as "poor" by the data collected in this study. From that point of view, a plan needs to be made in order to improve staff conditions, and also, promote mental well-being. It is assumed that homecare companies and nursing homes are not prepared to handle and support the mental well-being of their staff, and care workers are totally dissatisfied and exhausted, which can be an important link to the reasons for the current crisis in the sector, so future studies can also explore this area.

Promoting mental well-being support to care workers and investing in a supportive environment can boost their performance and productivity, also avoiding the risk of accidents in such a delicate field as the care sector. The turnover can be decreased and with that the

recruitment and training costs can be reduced as well, resulting in a good saving for the companies and allowing them to invest this money in other required procedures. A good working environment also helps to boost staff communication, morale and teamwork. The opposite can create more stress, contributing to poor mental health and leading to also poor physical health, because there is no health without mental health first, which makes employees not attend work or be as productive as they could be. It is evident that care workers feel extremely fatigued due to the long working hours, low pay, and the pressure that they have been placed under. All participants reported that they do not feel the employers are working on initiatives to promote mental well-being. As mentioned in the findings, communication regarding mental well-being was done through e-mails and it is a recurrent practice, making employees not to feel supported, respected or even that it is enough support.

This study focused on the promotion of mental well-being in the care sector post-pandemic, and homecare companies and nursing homes care workers were understood as the key point in this sector because they are the group in charge of delivering care support to those in vulnerable situations, for example, elderly people. The literature presents a crisis eminent in the sector. However, there is not much published about initiatives regarding mental well-being promotion to care workers in homecare companies and nursing homes. This gap was suggested in this study, from literature and data collected, as being the main deficiency seen by employees about companies, and this can lead to dissatisfaction, absence and even to mental health issues.

Chapter 7: Conclusion and Recommendations

The increase in the need for mental health support and mental well-being promotion post-pandemic has raised the question of its importance in the care sector, one of the most affected groups during the pandemic. Hence, this qualitative study aimed at exploring the importance of promoting mental well-being for care workers. The study's major objectives were to analyse care workers' experiences and their points of view regarding mental well-being initiatives in the care sector. The conclusion is drawn based on the data collected in this study through semi-structured interviews and the findings relating to the literature and effectively explored the main research questions mentioned in chapter 3. This qualitative study has explored the topic of the promotion of mental well-being in the care sector post-pandemic from the exclusive perspectives of care workers and has delivered interesting points for potential future research in the care sector.

Firstly, the working conditions of homecare companies and nursing homes' care workers are poor – low pay rate, lack of management support and well-being initiatives, high level of pressure and they need to work long hours with no breaks. Secondly, it is suggested from the findings in this study that homecare companies and nursing homes are not prepared to handle and support the mental health and mental well-being of their staff. Thirdly, care workers are extremely exhausted and dissatisfied with the sector.

Concluding and based on the findings, the author understand that the following recommendations should be taken into consideration: 1) Weekly/monthly meetings with care workers and employers; 2) Employer should make available a space/person which staff can deliver their suggestions and feedbacks regarding their jobs; 3) Mindful trainings; 4) Better schedules with more flexibility and breaks; 5) Raise the salary rate; 6) Bring different professionals (e.g.: Psychologists – as mentioned by the participants) for the meeting and able to talk about different topics regarding mental well-being. These suggestions can have a low cost for companies and can make a huge difference in care workers professional and personal' lives. Also, it can increase productivity, quality and efficiency. From that point of view, a better care support would be deliver.

Chapter 8: Personal Learning Statement

A Masters programme is never something simple to do and my experience through that was very challenging, first, due to the pandemic situation which made us find new ways to be more resilient and also brought online learning and I took a few months to adapt myself into this new mode. I'm sure to say that doing a masters programme during such as tough time has thought me a lot and improved different skills that for sure will make difference in my personal, social and professional life. My working life also changed during the process, and I'm delighted with my new position in the HR area. However, working and studying full-time plus not in my mother tongue was a big challenge and I'm glad I have done that because it has made me grow in so many ways.

Appendices

Introduction:

1. What are the first three words you would use to describe mental well-being and why?

2. What is your opinion about mental well-being support?

3. Have you ever needed any mental health support from your company?

4. Have you ever received any mental health support from your company?

5. Is mental well-being a discussed theme in your company?

6. Do you feel comfortable talking to your immediate manager about mental health challenges and concerns? Why

7. Has the pandemic situation made any impact on your mental health, either positive or negative? Describe.

8. Does your employer promote mental well-being in your company? If so, do you feel satisfied with the support? If not, how could it be changed?

9. Do you clearly understand the mental health resources and services available to you in your company?

10. Could you give me an overview of how you currently feel working in the care sector and how was it before and during the pandemic?

11. Has your employer implemented any new policies or procedures post-pandemic?

12. How mentally do you feel regarding your current job?

13. What advice would you give to employers to ensure that the promotion of mental well-being can be successful for them and their employees?

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