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Priorities for the professional development of registered nurses in nursing homes: a Delphi study

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Running title (no more than 45 characters) Priorities for the nursing home workforce

Abstract

Objective: To establish a consensus on the care and professional development needs of registered nurses employed by UK care homes

Design: Two stage, online modified Delphi study

Setting and participants: A panel (n=352) of individuals with experience, expertise or interest in care home nursing: (i) care home nurses and managers; (ii) community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses); and (iii) nurse educators in higher education.

Results: Registered nurses employed by nursing homes require particular skills, knowledge, competence and experience to provide high quality care for older residents. The most important responsibilities for the nursing home nurse were: promoting dignity, personhood and wellbeing, ensuring resident safety and enhancing quality of life. Continuing professional development priorities included personal care, dementia care and managing long-term conditions. The main barrier to professional development was staff shortages. Nursing degree programmes were perceived as inadequately preparing nurses for a nursing home role. Nursing homes could improve by providing supportive learning opportunities for students and fostering challenging and rewarding careers for newly registered nurses.

Conclusion: If nurses employed by nursing homes are not fit for purpose, the consequences for the wider health and social care system are significant. Nursing homes, the NHS, educational and local authorities need to work together to provide challenging and rewarding career paths for registered nurses and

evaluate them. Without well-trained, motivated staff, a high quality care sector will remain merely an aspiration.

Word count 235

Introduction

High quality long-term care for older people is an international challenge for the care home sector [1]. In the UK, care homes are large and essential parts of local health economies, with more beds than National Health Service (NHS) hospitals [2-6]. An estimated 405,000 UK older people live in approximately 18,000 care homes: 5,153 nursing homes and 12,525 residential homes [6]. The NHS uses care home beds as alternatives to hospital admission and to support early discharge from hospital [7]. The medical and support needs of people cared for in the sector have become more complex. Most care home residents are older than 85 years, with multiple comorbidities –such as dementia and frailty [3, 4, 8, 9, 10]. The quality of nursing care provided to people living in care homes has been questioned [5].

The focus of our research is on registered nurses (RNs) working in UK nursing homes [see Appendix 1 of supplementary data on the journal website http://www.ageing.oxfordjournals.org/]. Few data are available on the characteristics of this workforce [13]. In 2014 there were an estimated 49,500 RNs working in adult social care in England, with just over 42,000 of these nurses (85%) working in independent sector care homes [14].

RNs employed by nursing homes do not have to undergo *specific* education or continuing professional development in the UK. There is no dedicated career pathway, and exposure to this work in undergraduate pre-registration nursing programmes is limited. Moreover, the preparation (prior education and training) of nursing home nurses and their ongoing support needs are largely

unknown [13]. However, when asked, these nurses report feeling isolated and ill-prepared for their roles [15].

Nursing home owners need to ensure that homes are adequately staffed to meet the needs of residents, but staff recruitment and retention (of the registered nursing and non-registered assistant workforce) are persistent challenges [16]. International research evidence suggests a positive association between registered nurse staffing levels and better quality care and quality of life for nursing home residents [15, 17]. UK policy emphasises the importance of (equitable) access to good nursing care on residents' health, quality of life and use of NHS services [18]. Poor quality care is often cited as a factor in unscheduled, and unnecessary, admissions to acute and emergency care [3, 19]. The Department of Health's five year vision for the NHS identifies care homes (nursing and residential) as areas where NHS in-reach support should be improved to promote closer working across health and social care settings [20]. Nurses employed by nursing homes have a pivotal role in the complex care of older adults and as gatekeepers to services in primary, community and secondary hospital care. Ensuring that this registered nursing workforce is well prepared with up to date knowledge is important for efficient use of resources, as well as the health and wellbeing of residents.

Policy makers face a key challenge: how best to allocate finite resources, in order to improve the quality and fitness for purpose of the workforce, increase recruitment and retention, and ensure efficient ways of working with wider health and social care systems. Throughout this paper, we use the term 'policy

makers' to denote individuals in a system that have the ability to shape and influence the enactment of 'policy'. We acknowledge that policies can be formal or informal and that the formation and enactment of policy occurs at macro (government or federal), meso (care home management, hospitals, community and primary care services, universities) and micro (individual staff in care homes) levels [11, 12].

Clear consensus of priorities of policy makers at various levels is absent. Given this gap, we sought to establish, as objectively as possible, a consensus view on the care and professional development needs of registered nursing staff in care homes.

METHODS

We conducted a modified Delphi survey, to investigate and develop consensus on aspects of care home nursing amongst health and social care professionals in the UK. Delphi is a well-established method of establishing a consensus view from a 'panel of experts', using an iterative process of survey, feedback and reflection, and re-survey [21]. In this study, our panel comprised individuals with experience, expertise or interest in care home nursing

Our study was considered and approved by the University of York's Research Governance Committee (10 July 2014). This committee also scrutinised and approved the surveys (round 1 and 2).

Participants

We recruited three separate groups as our panel: care home nurses and managers; nurse educators in higher education; and community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses).

The survey was administered online, accessible via email or website link. Two survey rounds were conducted one month apart, in October and November 2014. Participants were given two weeks to respond to each survey and, after the initial email invitations, two subsequent reminders were sent. We used best practice methods in the design and administration of the surveys [22].

First round

We undertook a scoping review of the literature on the professional development needs of nurses working in nursing homes and preparation of the future nursing workforce [13]. This review's main analysis formed the basis of the nine questions asked in the first round of the survey, which asked respondents to rank different items, or to agree or disagree with statements and clarify any of the answers with free text responses as required. The survey questions focused on skills and knowledge of nursing home nurses, their responsibilities, continuing professional development (CPD) needs and associated opportunities and challenges, most suitable formats for CPD, supporting undergraduate pre-registration student nurses, and career pathways for nursing home nurses. The survey questions can be accessed in our report [13] and Appendix 1 in the supplementary data on the journal website http://www.ageing.oxfordjournals.org/. For the first round we had 163

respondents. These first round findings were summarised and posted on a project blog. We asked participants intending to respond to round two to read this summary before responding.

Second round

The second round survey built on and explored themes identified from round one. Where consensus was reached in round one we judged that the topic did not require further exploration and did not include it in round two. Where consensus (70 per cent agreement between participants for each question) was not reached, we explored the issue further using closed questions. Round two questions followed the same format as round one, and were constructed using the five items ranked top in each round one question, with the three most frequently occurring comments from the free text responses.

Thematic analysis of the open comments added question topics to include in round 2 related to: (1) the role and responsibilities of the care home nurse; (2) key areas for the continuing professional development (CPD) of care home nurses; (3) barriers to accessing CPD activities; and (4) preferred education and training formats for care home nurses. A final question was added in round 2 related to how care homes could attract, recruit and retain their future nursing workforce. These additional questions are detailed in Table 1. The survey questions can be accessed in our report for the funder [13] and Appendix 2 in the supplementary data on the journal website http://www.ageing.oxfordjournals.org/.

Analysis

The majority of our questions in both rounds were 'ranking' questions (see Box 1 and 2), which we analysed using three separate methods. First, we calculated how often each item was selected for ranking, and then identified how frequently each item was ranked top. Next, we were able to work out the overall ranking of each item, by assigning a number to each ranking position (e.g. 1 = first, 2 = second, 10 = not ranked) and adding up the scores of each item. The lower an item scored, the higher it ranked overall.

The overall endpoint of Delphi studies can be defined in varying ways, depending on how or whether consensus is reached [21, 23, 24]. In this study, we defined consensus a priori as being 70 per cent agreement for each question.

RESULTS

Participant Characteristics

We received 352 responses, 163 responses in round one and 189 in round two. The majority of respondents were females aged between 31 and 60 years, and resident in England. Respondent characteristics are summarised in Table 2.

Participants were drawn from three main occupational groups, care home nurses (28% and 44% from rounds 1 and 2), care home managers (26% and 23% from rounds 1 and 2,) and health care professionals working in the community (28% and 19% from rounds 1 and 2). Participating health professionals included general practitioners (GPs), palliative care consultants, medicine for the elderly consultants, district nurses, community specialist nurses

(palliative care, mental health, falls), psychologists, podiatrists, nurse practitioners and ward-based registered nurses. We also received a small number of responses from researchers and nurse educators in higher education. Nine (5.5%) of round 1 participants reported having multiple roles; the majority were both care home nurses and managers, or researchers and nurse educators.

The nurse in the care home

The majority of round one respondents (87%) agreed that registered nurses in nursing homes require a particular set of skills, knowledge, competencies and experience in order to provide high quality care for older residents. There was consensus across the two survey rounds that promoting dignity, personhood and wellbeing, ensuring resident safety and enhancing quality of life were the most important responsibilities for the nursing home nurse (see Table 3). Participants were asked to identify areas for continuing professional development (CPD) of these nurses. Personal care (which included nutrition, bowel and catheter care) was the item ranked first most often in both surveys. The roles that were selected most frequently across both surveys, irrespective of ranking, were dementia care, personal care and managing long term conditions.

Continuing professional development

A lack of staff cover was the highest ranked and most frequently selected barrier to continuing professional development (CPD) for nursing home nurses. Limited access to NHS training opportunities and a requirement for staff to take courses in their own time (unpaid) were also selected as being important. The preferred formats for CPD were formal courses and on the job training. High priority was

also given to external specialist support, which includes advice, guidance and teaching from district nurses, specialist nurses, GPs and consultants.

The future workforce

In the first round, we asked respondents to agree or disagree with a series of statements on undergraduate nursing education. Approximately one third (30%) of participants agreed that undergraduate pre-registration nurse education prepares the future workforce with the skills, knowledge, competencies and experience to deliver high quality care to older residents. Thirty-five percent agreed that nursing homes provide supportive learning opportunities which encourage students to return to work in this setting later in their careers and 41% that the care home industry offers challenging and rewarding career pathways for newly registered nurses.

The absence of consensus and high number of free text comments on the future workforce led us to formulate a single question for the second round of the survey to investigate recruitment and retention of high quality future nursing workforce. Participants were most likely to select and rank highly the statement that nurses employed by nursing homes deserve the same learning and development opportunities offered to NHS staff.

DISCUSSION

RNs working in nursing homes require particular skills, knowledge, competencies and experience in order to provide high quality care for older residents. We have identified wide ranging education and support needs, at a

time when the care home sector is struggling to attract, recruit and retain nurses and as questions are raised about how to promote quality and equity of care for older care home residents [4, 25].

There was a consensus that promoting dignity, personhood and wellbeing, ensuring resident safety and enhancing quality of life were the most important responsibilities for the nursing home nurse. Corresponding with the changing needs of residents, the most important priorities for ongoing development for nurses included dementia care, personal care and managing long term conditions. However, the surveys highlight the challenges associated with nurses being able to access CPD opportunities due to staff shortages and lack of organisational support in terms of time or funds. Overwhelmingly, respondents stated that there needed to be the same opportunities for development and career progression for privately employed nursing home nurses as offered by the NHS. External specialist support from primary and community care health professionals (including district nurses, specialist nurses, GPs and consultants) was identified as an important source of support for care home nurses.

Our findings shed some light on the reasons why staffing in care homes is an ongoing challenge. Existing undergraduate pre-registration nursing degree courses were criticised for failing to adequately prepare the future nursing workforce with the skills, knowledge, competencies and experience to deliver high quality care to older care home residents. No consensus was reached in round one on this issue but in the subsequent round respondents were able to prioritise areas for attracting, recruiting and retaining the nursing workforce in

this setting. The absence of a career structure was perceived to be a significant influence on recruitment and retention. A number of respondents suggested that a specialist gerontological qualification was needed for nurses working in nursing homes, and this may be helpful in establishing a career and development pathway for staff in this setting. The recently announced Department of Health funded teaching care home initiative aims to improve the learning environment for staff working in homes, undergraduate nurses and all learning placements in care homes (27). Our findings should inform this initiative. In addition, the recently announced plans for a Nursing Associate role in England may provide an important career pathway for care assistants in the sector (28).

Recent research has found that patients from care homes (which includes nursing and residential homes) are commonly dehydrated on admission to hospital and are at greater risks of in-hospital mortality as a result [26]. Such reports *may* explain why training in personal care was the highest ranked priority for professional development. But whether this reflects true or perceived deficiencies in knowledge and skills, or a lack of confidence in the RNs' abilities, is unclear. This requires further investigation as both of these areas of practice need addressing, but the solutions are likely to be different.

Strengths and limitations

The modified Delphi technique provided a structured and transparent process to collect and order the views of stakeholders. Delphi surveys are particularly useful when research evidence is not strong, and professional views are expected to be diverse, as was the case here. The number and varied disciplinary

backgrounds of our participants is a strength of this study. Perspectives were obtained from health and social care practice, education and research, across a range of occupations, ages and countries of the UK. Our priority was to obtain consensus from a diverse body of opinion leaders and practitioners, rather than a representative sample. Consensus on priorities was reached with a high degree of consistency across the different groups that comprised our panel.

Recruitment from settings where participation in research is often poor, the speed with which consensus was achieved and high levels of agreement despite lengthy lists of items for ranking, all support the validity of our findings. However, it is worth noting under representation of the macro level (government). There may be gaps between levels such that, for example, the macro level policy makers harbour ambitions or strategies that meso level (care home management, hospitals, primary and community services, and universities) and micro level (individual staff in care homes) policy makers are not able to enact or achieve. This warrants further investigation.

We used recently published UK literature to inform the development of the survey questions, and considered the possibility that this could unduly influence participants who were familiar with current research. As most respondents contributed free text responses that were incorporated into second round survey questions, we do not believe that our approach constrained the scope of our findings in this way.

This is the first study to report on the care delivery and professional development needs of care home nurses using a consensus method with a range of stakeholders – including care home nurses and managers, general practitioners, geriatricians, specialist and district nurses and nurse educators in higher education.

CONCLUSIONS

As the population ages, the role of the nursing home and the nurses working in them will become increasingly important as a means of meeting the needs of some of the most vulnerable members of society. There are important questions to be answered about who should take responsibility and pay for the preparation and ongoing professional development of nurses in this sector. Our study suggests some areas in which service commissioners and providers could begin to respond to the challenges of ensuring the nursing home workforce is fit for purpose. The highest ranked priority related to the responsibilities of the nurse was ensuring resident safety. Nurses in this setting are responding to a range of demands and pressures, including those imposed by care regulators. This will have influenced the respondents and should be considered when determining future priorities for CPD in the sector.

Moves to integrate health and social care offer an opportunity to develop a whole-system approach to staff roles and responsibilities, with a renewed emphasis on the needs of older people and preparing a future workforce able to meet these demands. After years of neglect, the role of the nursing home nurse has edged its way onto political, practice, education and research agendas. It is

essential that a strategic, collaborative approach to the human capital in the health and social care sector is adopted if we are to provide for older people the care and dignity they deserve.

Word count 2947

Table 1: Survey questions – round 2

Survey question – round 2	Top 5 ranked items from round 1 included in round 2	Items added to round 2 from free text responses in round 1
1) the role and responsibilities of the care home nurse	• Ensuring resident safety • Palliative and end of life care; • Managing and supervising staff; • Promoting dignity, personhood and wellbeing; • Enhancing quality of life	• Updating skills and ensuring continuing professional development • Effective communication with patients, relatives and staff • Working as part of a multi-disciplinary team
(2) key areas for the continuing professional development (CPD) of care home nurses	• Dementia care • Personal care • Managing LTCs • Tissue viability • Palliative and end of life care	• Practical clinical skills (e.g. intravenous and subcutaneous fluids, venepuncture) • Falls prevention • Medicines management/ pharmacology
(3) barriers to accessing CPD activities	• Lack of awareness of opportunities • Staff shortages/ lack of cover • Lack of funding • Time constraints • Lack of management support	• Requirement for staff to take courses in their own time (unpaid); • Limited access to NHS training opportunities • Lack of awareness of importance of CPD
(4) preferred education and training formats for care home nurses	• On the job/ opportunistic training • External specialist support • Formal courses/ qualifications • Seminars and workshops • Web-based resources	• Clinical supervision/ mentoring • Blended learning (computer-based and face-to-face methods) • Shadowing colleagues
(5) ensuring that care homes can attract, recruit and retain their future nursing workforce		• Increased financial reward • Compulsory placement in a care home for all undergraduate pre-registration student nurses • Opportunity for specialist gerontological education and training • Increased

		understanding and value of nursing roles in care homes by NHS staff • Sufficient and relevant post-registration experience before working in a care home • Clearer career pathways and opportunities for care home nurses • Core module on care for older people which considers the care home setting in all undergraduate nursing programmes • Equity of learning and development opportunities for care home nurses (comparable with opportunities for NHS nurses)

Table 2: Characteristics of respondents to Delphi survey

	Round 1 (n=163)	Round 2 (n=189)
Sex		
Female	135 (83%)	170 (90%)
Male	24 (15%)	18 (10%)
Unknown	4 (2%)	0 (0%)
Age in years		
<20	0 (0%)	0 (0%)
21-30	24(15%)	9 (5%)
31-40	9 (6%)	28 (15%)
41-50	39 (24%)	56 (30%)
51-60	59 (36%)	74 (39%)
61-70	27 (17%)	19 (10%)
71+	4 (2%)	3 (2%)
Unknown	1 (< 1%)	0 (0%)
Location		
England	118 (72%)	142 (75%)
Wales	4 (2%)	13 (7%)
Scotland	16 (10%)	22 (12%)
Northern Ireland	24 (15%)	9 (5%)
Unknown	1 (<1%)	3 (1%)
Occupation		
Care Home Nurse	46 (28%)	83 (44%)
Care Home Manager	42 (26%)	43 (23%)
Community Health Care Professional	45 (28%)	36 (19%)
Researcher	6 (3.7%)	6 (3%)
Nurse in higher education	6 (3.7%)	10 (5%)
Multiple roles	9 (5.5%)	0 (0%)
Unknown	9 (5.5%)	11 (6%)

Table 3: Priorities identified in Delphi Survey

Care Home Nurses	Highest ranked priority	Most frequently ranked priority	Overall top three priorities
Responsibilities of the role	Ensuring resident safety	Promoting dignity, personhood and wellbeing	1 Promoting dignity, personhood and wellbeing 2 Resident safety 3 Enhancing quality of life
Continuing Professional Development priorities	Personal care (e.g. nutrition, bowel care)	Dementia care	1 Dementia care 2 Personal care 3 Managing LTCs
Barriers to accessing CPD activities	Staff shortages / lack of cover	Staff shortages / lack of cover	1 Staff shortages 2 No access to NHS courses 3 Need to train in own time
Types of education and training	On the job / opportunistic training *Joint first with* Formal courses / qualifications	Formal courses / qualifications	1 Formal courses 2 On the job training 3 External specialist support
How to ensure nursing profession attracts best people in to care home nursing	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	Care home nurses deserve the same learning and development opportunities offered to NHS nurses	1 Offer similar development opportunities as those for NHS staff 2 Increase understanding and valuing of role by NHS staff 3 Specialist gerontological education for care home nurses

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Conflict of interests

We declare: financial support for the submitted work from the RCN Foundation; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; TB is a Trustee of the RCN Foundation; no other relationships or activities that could appear to have influenced the submitted work.

Transparency declaration

The lead author (the manuscript's guarantor) affirms that the manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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Supplementary data

Appendix 1: Context for, and terms used in, our study

Use of the term 'nursing home'
Throughout this paper, we use the term 'nursing home' to refer to care homes *with* nursing but acknowledge that terminology differs across the UK (care home with or without nursing in England; care and residential homes in Northern Ireland; and care homes in Scotland and Wales) and internationally. In nursing homes, registered nurses are employed by the homes to provide continuous care (24/7), whereas in care homes without nursing, registered nurses from community and primary care services visit to provide nursing care when required. Both settings employ care assistants and registered nurses (employed by the care home or the NHS) offer guidance and support to this assistant workforce.

Characteristics of the registered nursing workforce in the care home sector
Thirty per cent of registered nurses working in the care home sector were aged 55 years and older, and the proportion who did not have British nationality ranged between 20 and 64% in different areas of England [14]. However, many unknowns about the nursing home workforce remain, including [13]: the ratio of registered nurses to assistants; the number of overseas qualified nurses who are working as care assistants because they are not registered in the UK; the number of graduate nurses in nursing homes; and the post graduate qualifications held by these nurses.

The role of the registered nurse (RN) in nursing homes
The RN role in nursing homes is broad and multifaceted [13] and includes managing acute illness and emergencies, preventing health problems, maintaining an optimum environment for older people's functioning and well-being, promoting mental health and well-being, managing complex medication regimes and therapies, and clinical expertise in palliative and end of life care. The RN also has a pivotal role in supporting, supervising and leading the assistant workforce in nursing homes: a workforce that constitutes the main care and support role for residents. There are also a range of administrative, regulatory and managerial functions that the RN must also fulfil.

*References [as numbered] are provided in the main paper

Appendix 2: Approach to recruitment in round 1 and 2 of our modified Delphi survey

We contacted individuals from each of the three groups (care home nurses and managers; nurse educators in higher education; and community healthcare professionals) who we identified as 'experts', either because they were active in academic research or professional organisations such as the Royal College of Nursing (RCN) and the Royal College of General Practitioners, or identified as leaders by our own networks. In addition, we advertised the study on social media and a project blog (URL removed to maintain anonymity) and in electronic newsletters distributed by the My Home Life Network, Skills for Care and the RCN. This approach represents modification of the Delphi technique because our aim was to engage a panel of individuals with wide ranging perspectives, who had an interest in contributing to identifying priorities for the care and professional development needs of nurses employed in nursing homes. We sought to make participation as easy as possible, because recruiting care home staff into this type of research is known to be challenging.

We used similar methods in the second round to contact our 'experts'. As we had no way of contacting participants who had responded to advertising, we used social media to encourage them to return to the blog site to access a summary of responses to round one and complete the new survey. This means that some of our participants will have responded to both rounds of the survey, and some will have completed either round one or round two. For the second round we had 189 respondents.

Appendix 3: Survey questions -round 1

1. Registered nurses in care homes need to have a particular set of skills, knowledge, competence and experience in order to provide high quality care for older residents. Please select one response*
2. The following responsibilities are all part of the care home nurse's role. Please select and rank the eight responsibilities that you consider the most important aspects of the nurse's role on this list (1 = most important to 8 = least important): [1]Managing acute illness and emergencies; [2]Peventing health problems; [3]Creating and maintaining an optimal home environment; [4]Promoting mental health and wellbeing; [5]Managing complex medication regimes and therapies; [6]Palliative and end of life care; [7]Enhancing dignity, personhood and wellbeing; [8]Maintaining health and function; [9]Enhancing quality of life; [10]Rehabilitation; [11]Leadership; [12]Developing and maintaining relationships with the NHS; [13]Developing relationships with the local community; [14]Training and mentoring student nurses; [15]Managing and supervising care home staff; [16]Ensuring resident safety; [17]Maintaining care documentation.**
3. Over the past decade, the care needs of residents have become increasingly complex. A review of the literature has highlighted the following, as key areas for the continuing professional development (CPD) of care home nurses, to support and meet residents' needs Please select the six most important aspects from this list and rank them (1 = most important to 6 = least important): [1]Personal care (for example nutrition, hydration, bowel and bladder care, activities and rest); [2]Promoting relationships between staff, residents and relatives in the care home; [3]Delirium; [4]Dementia; [5]Depression; [6]Palliative and end of life care; [7]Reducing the number of unplanned hospital admissions; [8]Managing long term conditions; [9]Resident safety; [10]Staff wellbeing and safety (for example managing workload demands to minimise burnout); [11]Tissue viability (including wound care and pressure ulcer prevention and management); [12]Promoting choice and shared decision-making by residents and their families; [13]Keeping up to date with relevant legislation.**
4. Opportunities for continuing professional development (CPD) are available regularly to all care home nurses. Please select one response.*
5. Research has identified a number of barriers to accessing CPD activities. In your opinion, which of these barriers are most likely to be faced by care home nurses? Please select the four most important, and rank them (1 = most important to 4 = least important): [1]Shift patterns; [2]Time constraints; [3]Lack of funding; [4]Staff shortages / lack of cover; [5]Lack of management support; [6]Personal and family commitments; [7]High staff turnover; [8]Low motivation amongst nurses; [9]Lack of awareness of opportunities; [10]Not having study skills.**
6. Education and training can be offered to care home nurses in different formats. Please select the four most useful approaches for care home nurses, and rank them (1 = most important to 4 = least important): [1]On the job / opportunistic training; [2]Seminars and workshops; [3]Peer networks; [4]Web-based resources; [5]Lectures; [6]External specialist support (e.g. from visiting specialist nurses); [7]Formal courses / qualifications.**
7. Undergraduate pre-registration nurse education provides nurses who work in care homes with the required skills, knowledge, competencies and experience to provide high quality care for older residents. Please select one response*
8. Care homes provide supportive learning opportunities for pre-registration student nurses, which encourage them to return to work in this care setting. Please select one response.*
9. The care home industry offers challenging and rewarding career pathways for newly qualified nurses. Please select one response.*

*Strongly disagree; disagree somewhat; unsure; agree somewhat; strongly agree).
**Is there anything else you would identify that is missing from this list? Please use the box below to add to this list.

Appendix 4: Survey questions - round 2

1. This question considers the responsibilities of the registered nurse's role in the care home. The list below presents the responsibilities that were prioritised by respondents in round 1 of the survey. Please select and rank the three responsibilities that you would consider the most important aspects of the nurse's role. (1 = most important, 3 = least important): [1]Ensuring resident safety; [2]Palliative and end of life care; [3]Updating skills and ensuring continuing professional development; [4]Managing and supervising staff; [5]Promoting dignity, personhood and wellbeing; [6]Effective communication with patients, relatives and staff; [7]Enhancing quality of life; [8]Working as part of a multi-disciplinary team.
2. The following list presents key areas for the continuing professional development (CPD) of care home nurses that were prioritised by respondents during round 1 of the survey. Please select and rank the three most important aspects from the dropdown list below. (1 = most important, 3 = least important): [1]Tissue viability; [2]Personal care (e.g. nutrition, bowel care); [3]Practical clinical skills (e.g. IV and SC fluids, venepuncture); [4]Falls prevention; [5]Palliative and end of life care; [6]Medicines management/ pharmacology; [7]Managing long term conditions; [8]Dementia care.
3. This question considers barriers to accessing CPD activities. The following list of barriers were prioritised by respondents during round 1 of the survey. Please select and rank the three most important barriers faced by care home nurses. (1 = most important, 3 = least important): [1]Lack of awareness of opportunities; [2]Requirement for staff to take courses in their own time (unpaid); [3]Staff shortages/ lack of cover; [4]Lack of funding; [5]Time constraints; [6]Limited access to NHS training opportunities; [7]Lack of management support; [8]Lack of awareness of importance of CPD.
4. The following education and training formats were prioritised by respondents in round 1 of the survey. Please select and rank the three most useful approaches for care home nurses. (1 = most important, 3 - least important): [1]On the job/ opportunistic training; [2]External specialist support; [3]Formal courses/ qualifications; [4]Clinical supervision/ mentoring; [5]Seminars and workshops; [6]Web-based resources; [7]Blended learning (computer-based and face-to-face methods); [8]Shadowing colleagues.
5. Ensuring older people in care homes can access 'good' nursing care by a workforce 'fit for purpose' is important. Please select and rank the three areas that you consider most important for ensuring that care homes can attract, recruit and retain their future nursing workforce (1 = most important, 3 = least important): [1]Care homes would attract nurses if there were increased financial reward; [2]A placement in a care home should be an essential component of clinical practice experience for all undergraduate pre-registration student nurses; [3]Care home nurses require specialist gerontological education and training to meet the complex care needs of older care home residents; [4]There needs to be an increased understanding and value of nursing roles in care homes by NHS staff; [5]Registered Nurses should have sufficient relevant post-registration experience before working in a care home; [6]Care homes would attract nurses if there were clearer career pathways and opportunities; [7]All undergraduate pre-registration nursing programmes should have a core module on care for older people which considers the care home setting; [8]Care home nurses deserve the same learning and development opportunities offered to NHS nurses.