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ORIGINAL

Factors Influencing Manager Outcomes in English Care Homes for Dementia, Residential Care Homes, and Nursing Homes with Athletic Patients: A Systematic Review of Qualitative Evidence

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ABSTRACT

Introduction: The role of care home managers is pivotal in ensuring high-quality care standards, particularly in English care homes catering to diverse populations, including residents with dementia, those in residential care homes, nursing homes, and notably, athletic patients recovering from sports-related injuries or conditions. This systematic review aims to illuminate the factors influencing manager outcomes in these settings, integrating qualitative evidence to encompass the unique needs of athletic patients. **Methods:** A comprehensive search was conducted across eight electronic databases, supplemented by internet, citation, and reference list searches of relevant studies. Qualitative studies that delved into the perspectives of various stakeholders—managers, care staff, owners, health professionals, residents, relatives, and care commissioners—in English care homes were deemed eligible. The framework synthesis method was employed to discern factors affecting manager outcomes, enhancing a previously established model to incorporate considerations specific to athletic patients. **Results:** Twelve papers, representing ten studies, were included, offering insights from a broad spectrum of respondents across residential, nursing, and dementia care settings, in both private and voluntary sectors. Despite the varying contexts, managerial responses were consistently influenced by leadership, supervision, group dynamics, and work design. Notably, the review proposes a refined model that integrates external perceptions and managers' internal characteristics, extending beyond the existing framework to include factors pertinent to the management of athletic patients. **Conclusion:** This review identifies a range of factors potentially impacting manager outcomes in English care homes, highlighting the importance of support from owners, networking with peers and interdisciplinary professionals, and addressing challenges such as bureaucratic overload, staffing issues, and financial

constraints. The inclusion of athletic patients underscores the need for adaptable management strategies that cater to the physical rehabilitation and psychological support of this unique resident group. Further research is warranted to validate the expanded model of manager outcomes, with a particular focus on optimizing care for athletic patients alongside traditional care home populations.

KEYWORDS: Health Services Administration; Nursing Homes; Qualitative Research; Systematic Review

1. INTRODUCTION

The management of care homes in England, encompassing residential care homes, nursing homes, and specialized dementia care facilities, presents a unique set of challenges and responsibilities. The role of care home managers is pivotal in navigating these complexities to ensure the delivery of high-quality care that meets the diverse needs of residents (Andrew Booth & Carroll, 2015). This is particularly relevant in settings that accommodate a wide range of residents, including those with dementia, the elderly, and notably, athletic patients who may be recovering from sports-related injuries or conditions. The latter group requires specialized attention to support both physical rehabilitation and psychological well-being, underscoring the need for care home management strategies that are both adaptive and inclusive (Badger, Clarke, Pumphrey, & Clifford, 2012).

Despite the critical importance of care home managers in maintaining and improving care standards, there is a limited body of evidence that specifically explores the factors influencing their outcomes within the English care system. Manager outcomes, in this context, refer to the effectiveness of care home managers in achieving desired care quality, operational efficiency, staff performance, and resident satisfaction (Andrew Booth & Carroll, 2015). Understanding these factors is essential for developing targeted interventions and support mechanisms that can enhance the performance of care home managers, thereby directly benefiting the residents under their care (Andrew Booth, 2006; Andrew Booth & Brice, 2004).

This systematic review aims to fill this gap by synthesizing qualitative evidence from studies that have examined the perspectives of various stakeholders within the care home ecosystem. These stakeholders include care home managers themselves, care staff, owners, health workers, residents, relatives, and local and national care commissioners. By focusing on qualitative studies, this review seeks to capture the nuanced experiences and insights of these stakeholders, providing a comprehensive understanding of the dynamics at play in care home management (Chambers & Tyrer, 2003; Commission, 2010). The inclusion of athletic patients in this review recognizes the growing recognition of care homes not just as facilities for the elderly or those with chronic conditions but as environments that can also support the recovery and well-being of individuals recovering from acute physical conditions.

This demographic shift necessitates a reevaluation of care home

management practices to ensure they are equipped to meet the varied needs of all residents, including those requiring specialized rehabilitative care (Akman, 2014; A. Booth, Sutton, Clowes, & Martyn-St James, 2021).

Through an extensive search of electronic databases, internet sources, citation, and reference lists of relevant studies, this review aims to identify and analyze the factors that influence manager outcomes in English care homes. By proposing a modified model of manager outcomes that incorporates both the external perceptions and internal characteristics of managers, this study contributes to a deeper understanding of effective care home management. This, in turn, sets the stage for further research and practical interventions aimed at enhancing the quality of care for all residents, including the unique subset of athletic patients (Fricke & Van Quang, 2018).

2. METHODS

2.1 Inclusion criteria

2.1.1 Types of studies

Any qualitative study that adopted acknowledged qualitative approaches to collecting and analysing data related to manager outcomes was eligible for inclusion. The acknowledged data collection methods included participant observation, action research, individual interviews, focus group, ethnographic observations, validated questionnaires, surveys, etc. The acknowledged analysis methods included discourse analysis, grounded theory, phenomenological approaches, thematic analysis, framework analysis, etc. This review excluded studies that had only used quantitative approaches or had not separated the qualitative and quantitative data collection or analysis. Only studies in English were considered due to feasibility issues. Both published and unpublished full-text reports of studies were considered for inclusion to avoid publication bias. The studies that had been published between 2009 (after the establishment of the Care Quality Commission, which regulates all health and social care services in England) and 2021 were eligible. Only studies including sites in England were considered eligible (CASP, 2018; Glenton et al., 2013).

2.1.2 Types of participants

This review included studies exploring the perspectives and experiences of any stakeholder in care homes in England. Eligible participants included managers or directors in a formal leadership or management role and those who have staff reporting to them, care home staff, residents and their families, or any other involved health and social workers. Eligible settings included nursing homes and residential care homes. Studies exploring supported living services, sheltered housing, or adult placement homes were excluded.

2.1.3 Types of outcomes

Perspectives of care home managers (including differences in

perspectives across management hierarchy). Behaviours of care home managers (including differences in behaviour across management hierarchy).

Perceptions of other care home stakeholders about care quality management. Social organisation and relationships between stakeholders, for example, staffing (managers and health staff, health staff and residents); team working; professional accountability; residents' experience. Wider organisational barriers and motivations, for example, availability of relevant resources, care home culture relating to the use of CQC required standards, and other care home initiatives influencing quality improvement in care homes.

2.1.4 Search methods for identification of studies

To make sure the identification of all relevant articles, the searching methods of this review followed the general standards for reporting searches of articles using the STARLITE mnemonic (Dewing et al., 2008; Health, 2012).

Sampling strategy: selective strategy, all relevant studies within limits as described in 'Types of studies' were identified. Type of studies: described in 'Types of studies'. Approaches: database searching, internet searching, citation searching, hand searching and the searching of reference lists of identified studies. Range of years: 2009 to 2021.

Limits: Human, English, England. Inclusion and exclusions: only studies that reported qualitative evidence for management related to care in care homes in England were included. Studies that used mixed-method or mixed-population without separate reporting were excluded.

Terms used: the SPICE (Setting, Perspective, Intervention, Comparison and Evaluation) mnemonic was used to ensure the inclusion of all relevant articles. The search terms in Table 1 that include synonyms for the setting, perspective and intervention will be used. The detailed search strategy of Medline was shown in Supplemental file 1. The searches of other electronic databases were based on the search strategy of Medline (Supplemental file 1) with some specific adaptations to each database (Killett et al., 2016; Lawrence & Banerjee, 2010).

Table 1. Search terms

TERMS	SYNONYMS
Setting	Care home, residential home, nursing home, residential care, long-term care, nursing facilities
Perspective	Managers, administrators, administrative personnel, health staff, health workers, health professionals, nurses, carers, caregivers
Intervention	Quality AND management, managing, administration, organisation, assurance, improvement
Comparison	Not applied
Evaluation	Factors (barriers or motivators) related to manager outcomes

•Electronic sources: The following electronic databases for eligible articles were searched in July 2021. 1) ASSIA (applied social sciences index

and abstracts) via ProQuest (1560-438), 2) British Nursing Index, 3) CINAHL via EBSCO, 4) EMBASE, 5) Kings Fund Library, 6) MEDLINE via OvidSP, 7) Social Care Online, 8) Web of Science Core Collection.

•Searching other resources: To include additional published and unpublished studies, the reviewer hand-searched the reference lists of identified articles, contacted the authors of identified work; and hand-searched the reference lists of articles from the following non-government and government organisations relating to social care in England: 1) Skills for Care (www.skillsforcare.org.uk), 2) CQC (www.cqc.org.uk), 3) Health and Social Care Information Centre (www.hscic.gov.uk), 4) My Home Life (www.myhomelife.org.uk)

The following journals were also hand-searched: 1) Quality Management in Health Care, 2) Journal of Nursing Management, 3) International Journal of Older People Nursing. Citation searching included the use of the following citation indexes: 1) Web of Science, 2) Scopus. The search terms 'care home management', 'nursing home management', 'residential home management', 'home management', 'residential care management', 'social care management', 'home and quality management' and 'workforce and quality' were used for the searches of other resources listed above.

2.2 Data collection and analysis

2.2.1 Selection of studies

After initial searching of all search sources listed before, all citations were exported to EndNoteX7 bibliographic software. The reviewer removed the duplications and then screened the titles and abstracts of the retrieved citations to assess their eligibility with an Eligibility Form (Supplemental file 2). Where there was a lack of information in abstracts, full texts of the potentially eligible articles were retrieved.

2.2.2 Data extraction and management

A form informed by the integrative model of health care working conditions on organisational climate and safety was used to extract data from identified studies (Supplemental file 3). This model presents two levels of domains (core climate domains and process domains) of enabling factors to the perceived working conditions and their relationship to care quality (patient and staff outcomes) in healthcare (see Table 2 for the summary of enabling factors) (Matosevic, Knapp, Le Grand, & Fernandez, 2011; Orellana, 2014; Tom Owen & Meyer, 2012).

The factors in the core climate domain include leadership (including organisational values, as well as style and strategies used by top management) and organisational structural characteristics (including formal communication processes, governance structures, and information technology infrastructure). These enabling factors are then expected to impact the management processes, which are categorised into four process domains:

supervision (including direct managers' style and recognition an employee receives daily), group behaviour (including collaboration and consensus), quality emphasis (including patient-centeredness, patient safety, innovation, outcome measurement and evidence-based practice), and work design (including manageable workload, resources and training, rewards, autonomy and employee safety) (Figure 1). Finally, the outcomes of staff that contribute to the quality of care are directly influenced by the four process domains.

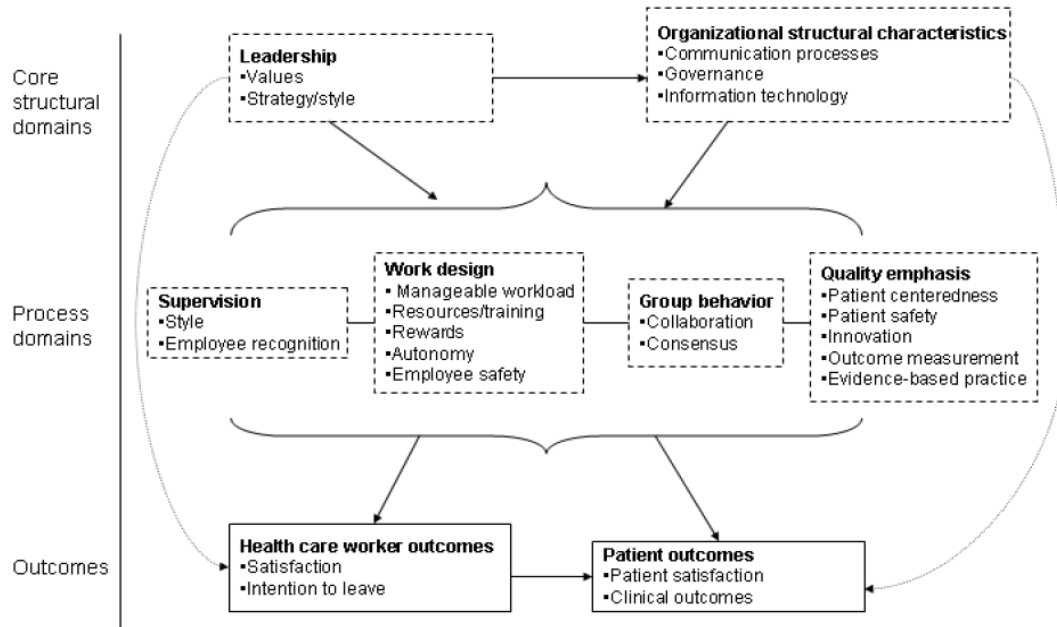


Figure 1: The integrative model of health care working conditions on organisational climate and safety (Stone et al., 2005)

The reviewer extracted the participant quotes relevant to the review’s research questions from each included qualitative study. The reviewer also collected data on the following: the first author’s name; publication date; location; study setting; study design; methods of data collection and analysis; phenomena of interests; characteristics of the study participants including age, gender, ethnicity and sampling; and author(s)’s implications and conclusions.

Table 2(a): Domains of the integrative model of health care working conditions on organisational climate and safety (T Owen, Meyer, & Cornell, 2012)

DOMAINS	ENABLING FACTORS
Core climate domains	Leadership <ul style="list-style-type: none"> • organisational values • style and strategies used by top management
	Organisational structural characteristics <ul style="list-style-type: none"> • formal communication processes • governance structures • information technology infrastructure
Process domains	Supervision <ul style="list-style-type: none"> • direct managers' style • recognition an employee receives daily
	Group behaviour <ul style="list-style-type: none"> • collaboration

Table 2(b): Domains of the integrative model of health care working conditions on organisational climate and safety (T Owen et al., 2012)

DOMAINS	ENABLING FACTORS
Process domains	· consensus
	Quality emphasis
	· Patient-centeredness
	· patient safety
	· innovation
	· outcome measurement
	· evidence-based practice
	Work design
	· manageable workload
	· resources and training
	· rewards (defined as monetary compensation such as salary and bonuses)
	· autonomy
	· employee safety

2.2.3 Critical appraisal of study quality

The reviewer conducted the critical appraisal of identified studies using the Critical Appraisal Skills Programme (CASP) quality assessment checklist for qualitative studies, which was widely used in reviews of qualitative studies (Rippon & James, 2015).

2.2.4 Data synthesis

A framework synthesis was used to help explain the nature of the results and their associations through the systematic generation of concepts . This method was led by the best fit framework synthesis (BFFS) process which has seven steps (Booth and Carroll, 2015). Identifying a clearly formulated review question: the review question was identified with the help of the SPICE mnemonic (Stone et al., 2005) (see Table 1). Identifying relevant studies of frameworks: the searches of topic-relevant articles did not generate studies with frameworks that represent a match for the phenomenon of interest (management processes) of the review question.

Generating the a priori framework: This review used the integrative model of healthcare working conditions on organisational climate and safety as the a priori framework of themes instead of generating an a priori framework from identified studies. The model was tested in 32 nursing homes and other health facilities in the USA, and the tests presented a preliminary empirical validation of the model by showing conceptually plausible relationships among the model's domains and reporting similar patterns of relationships across health facilities (Tadd et al., 2012).

Coding evidence: the reviewer viewed the included studies several times and applied the framework of the integrative model, extracting data into the subcategories and themes of the framework, but also searching for additional data until all the included studies had been reviewed. Creating new themes: Where the reviewer identified data not covered by the framework, the framework was then modified according to the additional subcategories and

themes that emerged from the data by the subsequent thematic analysis to make the original framework more particular to the review question. Producing a new framework: A further thematic synthesis was then developed by amalgamating data in line with the appropriate subcategories of the new thematic framework to which they related (Wild, Nelson, & Szczepura, 2010; Wild, Szczepura, & Nelson, 2011). Creating a model: The reviewer found associations between themes by revisiting evidence from included studies as a way of creating interpretations for the new thematic framework. A modified conceptual model that presents the relationships between factors to the manager outcomes was then created.

3. RESULTS

3.1 Results of the search

The reviewer identified a total of 966 records after the removal of duplicates. Following the screening of titles and abstracts, 33 full-text articles were considered for potential inclusion in this review (Figure 2). In total, 12 papers, reporting ten studies, were included in the review after checking eligibility. Table 3 presents an overview of the ten included studies. The reasons for the exclusion of the ineligible articles are given in Supplemental file 4.

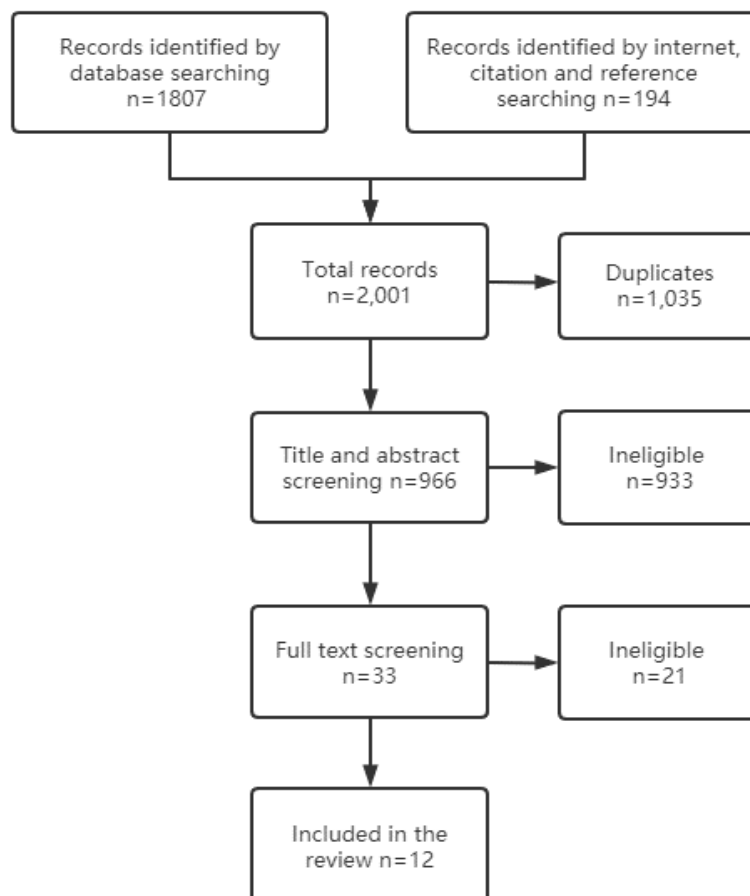


Figure 2: Flow diagram of included studies

Table 3(a): Overview of characteristics of included studies

AUTHOR(S) (YEAR), TYPES OF CARE HOMES, LOCATION	QUALITY OF STUDY	SAMPLING, STUDY POPULATION	AIMS	DATA COLLECTION AND ANALYSIS METHODS
Badger et al. (2012) Care home with nursing, England	High	Purposive, n=13 nurse managers	To explore issues of ethnicity and culture in nursing homes in one English region	Semi-structured telephone interviews. Thematic analysis
British Geriatrics Society (2012), Care homes for older people, England, Scotland and Wales	High	Purposive, not reported number of managers, 21 health professionals	To gain a greater understanding of care homes, the health and healthcare needs of their residents, the current arrangements in the NHS to support meeting these needs, and the research evidence on specific clinical practice innovations and models of service provision	In-depth interviews, focus group. Thematic analysis
Killett et al. (2016), Care homes with or without nursing, and care homes for dementia, England, Scotland and Wales	High	Purposive, not reported number of care home managers and care staff from 11 care homes	To address the question ‘what are the individual circumstances, organisational cultures and practices most likely to encourage, or inhibit, the provision of high-quality care for older people living in residential and nursing homes?’	Qualitative observations, structured interviews. Thematic analysis
Lawrence and Banerjee (2010), Care homes, England	High	Purposive, n= 38 (14 managers and 24 care staff)	To assess the perceived impact of the Croydon care home support team (CHST) which was developed in response to reports of patient abuse within long-term care. It presents a novel strategy for improving standards of care within care homes	In-depth interviews. Grounded theory
Matosevic et al. (2011), care homes, England	High	Purposive, not reported number of managers and owners from 58 care homes	To explore the expressed motivations of managers and owners of care homes for older people and the changes in the manager’s/owner’s motivations over time	semi-structured interviews, questionnaires with open questions. Grounded theory
NSA Social Care (2012), care homes without nursing, England	High	Convenience, n= 1899 managers	To explore how registered managers view their career in social care, the changes required to better support them in their day-to-day roles; their motivations for working in social care, the level of support and training they receive, their appetite for further accreditation and education, and the sector-wide changes they believe would have a tangible impact on their career	Online surveys, Focus groups. Content analysis

Table 3(b): Overview of characteristics of included studies

AUTHOR(S) (YEAR), TYPES OF CARE HOMES, LOCATION	QUALITY OF STUDY	SAMPLING, POPULATION	STUDY AIMS	DATA COLLECTION AND ANALYSIS METHODS
Owen et al. (2012a) and Owen et al. (2012b), Care homes with or without nursing homes, England and Wales	High	Purposive, n=250 managers	To investigate the experiences of delivering best practices in care homes for older people, focusing on the development of leadership and the promotion of voice, choice and control within the sector	Action research: In-depth interviews, unstructured interviews, focus groups, field notes, meeting notes, gathering examples. Thematic analysis
Rippon and James (2015), Care homes (types not stated), England	Moderate	Convenience, n= 25 managers	To establish which aspects of transformational leadership were apparent in care home managers' philosophies of leadership	Questionnaires with open questions. Thematic analysis
Tadd et al. (2012), Care homes with or without nursing, and care homes for dementia (not reported separately), England	High	Purposive, n=142 (including managers, care staff, owners, trainers, relatives and residents) in 7 care homes	To explore the needs, knowledge and practices of the care home workforce in relation to abuse, neglect and loss of dignity and to provide a preliminary evaluation of an evidence-based training package	Postal surveys, semi-structured interviews, focus group, validated questionnaires, and ethnographic observations. Thematic analysis
Wild et al. (2010) and Wild et al. (2011), care homes with or without nursing, England	High	Purposive, n= 84 (8 managers and 3 parent organisation managers, 56 care staff and 17 local and national stakeholders in 3 care homes)	To consider how training care home staff (towards extended care roles and/or new clinical roles) can enhance social care and the health of older people in residential homes in England. To identify the strengths and weaknesses of different approaches. To identify barriers and facilitators. To identify challenges for the future. To explore how 'new role' and other social carers and stakeholders involved in providing enhanced health and social care for older people perceive the social care support worker's professional status	Surveys, focus group. Thematic review

3.2 Results of the quality assessment

Figure 3 presents an overview of the CASP checklist used. Although the reporting of the methods of sampling, data collection and analysis in these studies were brief, the reporting showed that the methods were generally suitable for the goal of these studies and qualitative research. The presentation of results that related to the review question tended to be clear and adequate in the included studies, so most of the studies (n=9) were assessed to be of high quality in the reporting of results and the remaining one study was of moderate quality.

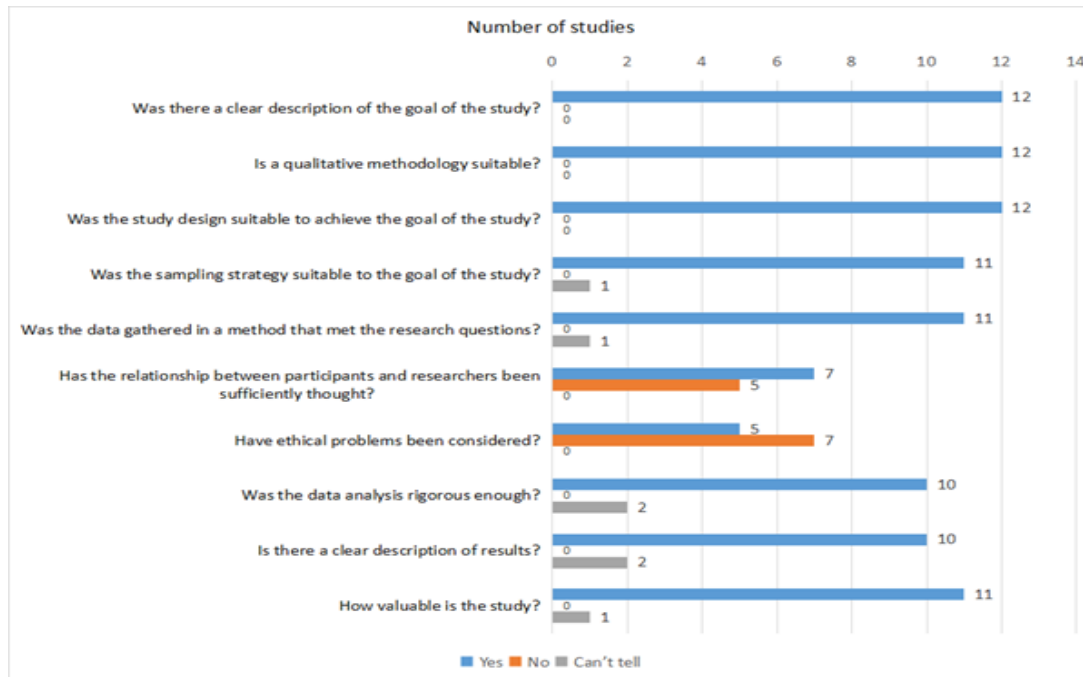


Figure 3: Quality of included studies based on CASP Quality Assessment Checklist

3.3 Factors associated with manager outcomes

The framework synthesis here presents the factors that affect manager outcomes in care homes.

3.3.1 Core climate domains: leadership

Although not similar in outcome data and not large in scale, three studies outlined in this part are coherent in concluding good leadership is essential for managers to transform the home. The My Home Life programme has helped more than 250 care home managers in England and Wales through action learning sites for three years. The appreciative action research study of the programme explored the experiences of conducting positive practices for residents in care homes. The respondents in this study identified good leadership as a central factor for them to become flexible and confident managers who grasp a vision for the organisation, can arouse and accelerate changes and reflect on their responsibility and role and the organisational culture. There is also evidence that good leadership has positive influences on staff retention and external relationships with the wider social and health

care sectors.

Managers in My Home Life Programme identified transformational leadership, whereby a leader focuses on developing followers as a method to achieve group goals, as a key to enhancing relationships with home staff. By changing to a transformational style, managers perceived that they were able to facilitate staff to reconnect with the residents. The evidence that transformational leadership helps managers to establish trust and strengthen relationships with their staff is also found in the study of a leadership training programme.

3.3.2 Core climate domains: organisational structural characteristics

In a study exploring the perceived motivations of managers of care homes, participants described their work as neglected and had a low professional status, which may have negative impacts on the outcomes of residents. Some explained that this might be a result of the absence of understanding of what their work includes and limited trust from other parts of social and health care. Owen et al. (T Owen et al., 2012) study also illustrated this perception.

Excessive bureaucracy and constant change in social care markets were identified as challenges faced by managers and were described as negative influencing factors related to managers' effectiveness in a study exploring the practice of care home workforce associated with abuse in care homes. Some managers believed that this may be due to the fragmented health and social care system. Matosevic et al. study also reported this perception and found that participating managers portrayed that they were more likely to remain in the care-home sector with a more distinct professional motivation.

The National Skills Academy for Social Care (NSA Social Care) (2012) conducted a study exploring how social care managers perceive their careers and the transformations needed to improve their work. Managers who participated in the focus group expressed that they would benefit from the establishment of a membership body for home managers because accreditation could help them be well respected and feel more professional. They agreed that the membership would allow peers to bond and share knowledge to transform the quality of training, management and leadership in social care. Owen et al. (T Owen et al., 2012) study also provided evidence that managers have called for further accreditation for them to build external networking.

3.3.3 Process domains: supervision

Managers from three studies have expressed that trust, supervision and support from their supervisors or care home owners give many benefits to themselves, home workers and residents. Managers described that the supervision and support from the owners make them more confident, flexible and more effective to deliver a positive organisational culture of practice and those advantages extend to their workers who also feel more resilient.

Managers were also motivated by good collaboration with their direct supervisors. However, managers perceived that support and recognition from both owners and care commissioners are not always forthcoming. Managers portrayed that care commissioners were not commonly seen to recognise the challenges they were facing, and the regulatory processes were widely seen to highlight allocating blame rather than providing support and facilitating correction.

3.3.4 Process domains: group behaviour

There is evidence that mutually positive relationships and good collaboration between care home managers and local health service professionals can help both care home and health care sectors to work better for the benefit of residents in care homes. For example, managers from Owen et al. study emphasised the importance of a common system of information-sharing for care home staff and health care staff is crucial to improving coordination and decreasing unnecessary or duplicated paperwork.

3.3.5 Process domains: quality emphasis

Many managers perceived that person-centred rather than organization-oriented practices that exist both in management and care are more likely to help them develop sustainable positive cultures to improve the quality of care. Owen et al. identified improved managers' ability to deal with challenging staff and enhanced relationships between managers and staff as perceived outcomes of person-centred care.

There is low-certainty evidence that there was little consensus on the obligations of NHS policy and care commissioners to deal with the problems relating to access to suitable health care and to pay for nursing care which makes it hard for care home managers to meet residents' needs of health care. Wild et al. found that Local Authority managers believed that including registered nurses in the management team in care homes is essential to improve the team's effectiveness and meet the increasingly complicated health needs of residents. However, caution is required as this perception was only from one study.

3.3.6 Process domains: work design

Managers reported too much workload due to the excessive bureaucracy, which impedes their daily capacity to ensure quality care. In NSA Social Care (2012)'s study, a majority of registered managers felt that quality care needs a more considered method for which their busy schedules simply make impossible. Meanwhile, the lack of time was reported as the biggest obstacle for managers to attend training programmes to learn extra skills required by their job.

Perceived by managers, insufficient funding impedes them to meet the increased care needs of their residents. The lack of budget was found to negatively affect managers' work in different aspects, including managing the anxiety of workers in the face of services being cut, retaining residents with

increased care costs that the budget could not cover, staff problem, and attending non-mandatory training courses. (T Owen et al., 2012; Tadd et al., 2012) found that managers perceived staffing difficulty as a daily challenge and crucial barrier to maintaining a positive culture in their care homes. Managers explained that the staff problem is a result of the insufficient budget, limited pay of workers, and the emotionally and physically exhausting nature of the work with residents in care homes. Several managers in My Home Life Programme reported that they are exhausted to motivate the staff team and to keep staff engaged in their work but there is no change in staff's behaviours.

Managers have called for more training that could help them work with commissioners and learn skills related to leadership, managing people and budgeting. Managers perceived these areas of training could be most beneficial to fill the skills and knowledge gaps that exist. Moreover, managers believed that mechanisms encouraging managers to have regular access to external resources of practice development would be helpful to improve their professional development. Care home managers also called for more training to meet the complex needs of the increasing black and minority ethnic resident population in care homes, and to deal with prejudice from residents towards the staff of different ethnicity. Managers expressed being most motivated by professional accomplishment and developing their expertise, and few reported profits increase as a motivation.

The one difference shown between sectors was that managers in private sectors perceived autonomy as a far more crucial motivation than those in not-for-profit sectors. Managers in the British Geriatric Society study expressed a lack of support for healthcare resources in residential care homes, making them less motivated in dealing with issues relating to residents' health needs.

3.3.7 Factors not covered by the framework

Matosevic et al. and NSA Social Care found that managers expressed being most motivated by their genuine passion for their job and their sincere desire to care for and help people. This perception was also shown by their continued commitment to a career in care homes, although the frustration relating to the lack of funding and time and the bureaucracy impedes them to care for their staff and residents. Managers in NSA Social Care expressed that the misleading perceptions of care home life maligned by the media were affecting their ability to ensure effective management and making them less motivated to face daily challenges.

3.3.8 Proposing a modified framework

To update data not covered by the framework, a modified conceptual model that presents the relationships between potential factors and manager outcomes in care homes was created. The modified model adds two domains including internal and environmental factors, including the managers' desire to care for people, and the public and media's perceptions of care homes, respectively. Figure 4 presents the relationships between each factor included

in the modified framework.

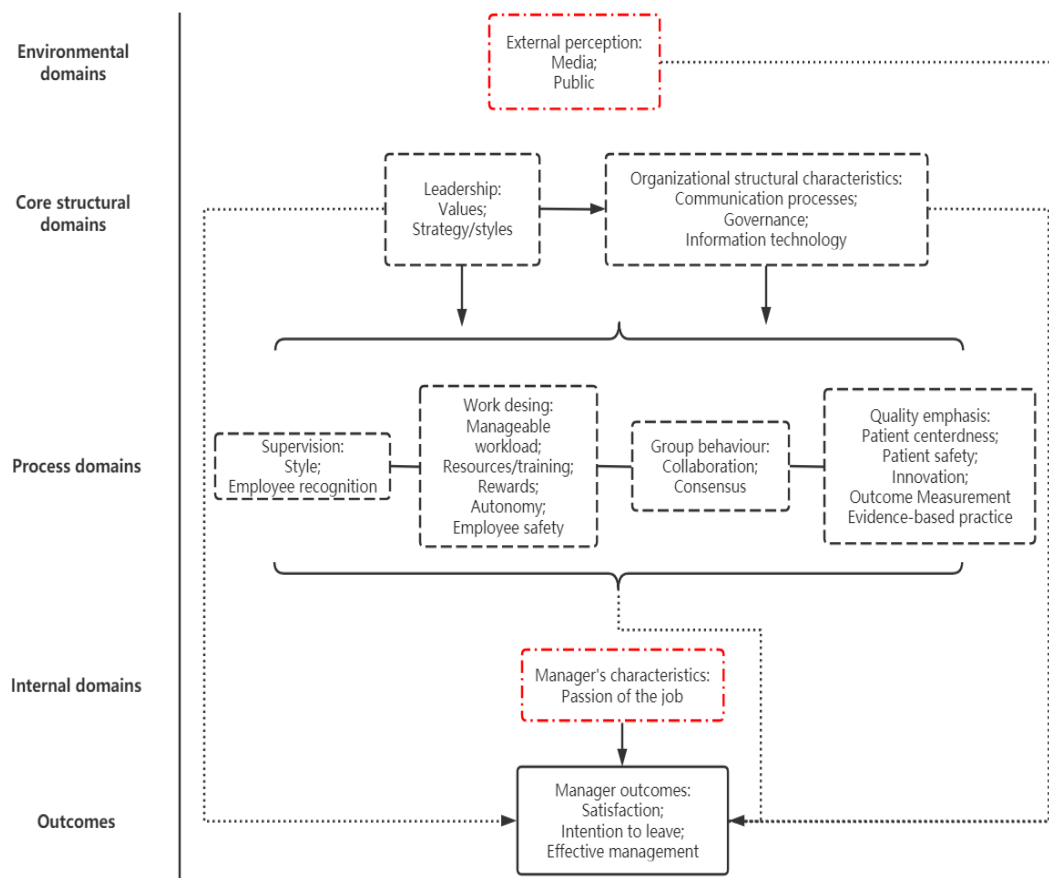


Figure 4: The modified integrative model of manager outcomes in care homes. Squares in red, new factors added to the original integrative model

4. DISCUSSION

4.1 Summary of main results

This review included ten qualitative studies from different care home settings in England. The review identified multiple factors that may influence manager outcomes in care homes, including factors relating to leadership, organisational structural characteristics, supervision, group behaviour, quality emphasis and work design. Additional factors included managers' desire to care for people, and the public and media's perceptions of care homes.

4.2 Overall completeness and applicability of evidence

Many of the studies emphasised the views of care home managers themselves, the owners that supervised them and the care or health staff. Only one study examined the views of local and national care commissioners, and one examined the perceptions of residents. Thus, the review could not confirm the experiences and perspectives of these stakeholders. The data from the care commissioners could have provided important knowledge about their priorities and external factors influencing managers' effectiveness, for example about the communication and collaboration between care home managers and commissioners or commissioning bodies. Moreover, the

information on the residents' perspectives could have permitted the reviewer to make comparisons of their perspectives with other stakeholders, because differences between the groups could provide important factors to successful manager outcomes.

4.3 Agreements and disagreements with other reviews or studies

To our best knowledge, there is no published systematic review of factors influencing manager outcomes in English care homes. However, a scoping review to explore the characteristics of English care home managers was conducted by the National Institute for Health Research. This review identified a set of challenges faced by managers, including issues relating to the absence of professional support, workload, staffing difficulties, creating networks and the increasing complexities of the needs of residents. However, the main aim of this scoping review was to summarise all kinds of evidence associated with care home managers, rather than to identify particular factors associated with managers' practice and across settings from qualitative evidence, and these factors were only superficially mentioned. Chambers and Tyrer conducted a qualitative study to explore the characteristics of nursing homes for residents with good and poor management. The report supported the importance of creating a positive organisational culture, the issues of staffing and insufficient funding, the lack of support from other professionals within the social and health care system, and the idea that the stress managers experience may lead to tensions in their effectiveness. Furthermore, this study explained that the organisational culture depends on the managers and in turn, managers are influenced by the culture. These study findings are in line with the current review.

4.4 Strengths and limitations of the review

This review used detailed searching of electronic databases, citation searches, internet searches and reference list screening. When conducting the framework synthesis, the reviewer adopted a conceptual framework, the integrative model of health care working conditions on organisational climate and safety, to guide the identification of themes. The framework provided an effective beginning for the analysis as it offered a detailed list of potential factors associated with the management processes. The review had limitations. The framework required the findings to be divided into particular categories, while the findings were more about the interconnections between different categories. Most reviewed studies focused on the care homes for older residents than on care homes for other resident populations. Thus, the perspectives of management in care homes for people with mental illnesses or learning disabilities might be inadequately reviewed. Most factors identified by this review are external to managerial practice. However, the influences of internal factors such as managers' characteristics, experiences and skills on management might need further consideration. Furthermore, the small number of studies did not allow the comparison of the review findings across different care home types, such as care homes with and without nursing (Castiglione, Tipaldi, Rossi, & Krokidis, 2021). To date, the study is the first to propose a modified conceptual model of manager outcomes in care homes. The model included two domains including the external perceptions and

managers' internal characteristics that might influence managers' motivation to do daily practice and their intention to leave that were not covered by a previous model. This model might guide employers or commissions of English care homes to support managers to be capable, confident and skilled to ensure high-quality person-centred care. However, evidence for the two new domains was from a small number of studies. Further research is required to validate the modified model to see if it can be applied to a wider setting and to update the topic as the current review did not identify recent studies.

5. CONCLUSION

This systematic review has critically examined the multifaceted factors influencing manager outcomes in English care homes, with a special focus on settings that accommodate athletic patients alongside those with dementia, and residents in both residential care homes and nursing homes. Through a comprehensive analysis of qualitative evidence, this study has illuminated the complex interplay of leadership, supervision, group behavior, and work design in shaping the efficacy and outcomes of care home management. Importantly, it has highlighted the necessity of considering the unique needs of athletic patients, who require specialized care plans that encompass not only their physical rehabilitation but also their psychological well-being. The review's findings underscore the critical role of care home managers in navigating the challenges posed by excessive bureaucracy, staffing issues, and limited budgets, which can significantly impact the quality of care provided. It reveals that effective supervision, robust support systems, and active networking with other professionals in the health and social care sectors are essential for the professional development and success of managers. These elements are particularly crucial in environments where the management of athletic patients necessitates a dynamic and adaptable approach to care, tailored to support both physical recovery and mental health. Moreover, the proposed modified model of manager outcomes introduces a nuanced understanding of the external perceptions and internal characteristics of managers, extending the scope of previous models. This refined framework offers a valuable tool for further research, aiming to validate its applicability in care homes and explore its effectiveness in addressing the specific demands of managing athletic patients. In conclusion, the systematic review has not only identified key factors influencing manager outcomes in English care homes but also emphasized the importance of adopting a holistic and flexible management strategy. Such an approach is vital for ensuring high-quality care for all residents, including those who are athletes, by addressing their unique needs and fostering an environment conducive to their recovery and well-being. The insights gained from this review pave the way for future research to explore innovative management practices and validate the modified model, ultimately enhancing the standards of care in these complex care environments.

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