



Funded by  
the European Union

# DELIVERABLE No. – D1.1

Final version dated 31/07/2024

<b>Project Acronym</b>	Support4Resilience
<b>Project Full Name</b>	Strengthening resilience and mental wellbeing through the Support4Resilience toolbox for leaders in elderly care
<b>Grant Agreement No.</b>	Project 101136291
<b>Programme / Call/ Instrument</b>	HORIZON-HLTH-2023-CARE-04/Horizon Europe
<b>Lead Beneficiary</b>	University of Stavanger
<b>Start date of Project</b>	01.03.2024
<b>Duration</b>	48 months
<b>Deliverable No.</b>	D1.1
<b>Type of Deliverable</b>	R - Identification of quantitative instruments and interview guides
<b>Document name</b>	20240731-S4R_D1.1_ Identification of quantitative instruments and interview guides _FINAL
<b>Work Package</b>	WP1
<b>Task No.</b>	1.1
<b>Dissemination Level</b>	PU
<b>Contractual Submission Date</b>	31.07.2024 (Month 5)
<b>Actual Submission Date</b>	31.07.2024
<b>Main Author(s)</b>	Eila Kankaanpää (UEF) Hilda Bø Lyng (UiS) Shalini Frøiland (UiS)
<b>Institution</b>	University of Stavanger
<b>E-mail</b>	<a href="mailto:eila.kankaanpaa@uef.fi">eila.kankaanpaa@uef.fi</a> ; <a href="mailto:shalini.p.froiland@uis.no">shalini.p.froiland@uis.no</a>
<b>Abstract</b>	This report "Identification of quantitative instruments and interview guides" gives an overview of the survey instruments and interview guides that will be used in collecting data from leaders, workers and informal caregivers in the baseline.

**DISCLAIMER**

The work associated with this report has been carried out in accordance with the highest technical standards and Support4Resilience partners have endeavoured to achieve the degree of accuracy and reliability appropriate to the work in question. However, since the partners have no control over the use to which the information contained within the report is to be put by any other party, any other such party shall be deemed to have satisfied itself as to the suitability and reliability of the information in relation to any particular use, purpose or application.

Under no circumstances will any of the partners, their servants, employees or agents accept any liability whatsoever arising out of any error or inaccuracy contained in this report (or any further consolidation, summary, publication or dissemination of the information contained within this report) and/or the connected work and disclaim all liability for any loss, damage, expenses, claims or infringement of third-party rights.



# Table of Contents

Table of Contents ..... 3

VERSION HISTORY ..... 4

1 EXECUTIVE SUMMARY ..... 4

2 INSTRUMENTS ..... 5

2.1 Quantitative instruments..... 5

2.1.1 Aim..... 5

2.1.2 Questionnaires ..... 5

2.2 Interview guides ..... 6

2.3 Pilots ..... 6

2.4 Work process and permissions ..... 6

## VERSION HISTORY

Date	Version	Editors	Status
26.06.2024	1.0	Eila Kankaanpää	Draft circulated for comments
10.07.2024	2.0	Hilda Bø Lyng, Siri Wiig	Comments and amendments
15.07.2024	3.0	Shalini Frøiland	Final draft circulated for approval
31.07.2024	FINAL	Shalini Frøiland	Uploaded to EU portal

## 1 EXECUTIVE SUMMARY

The Support4Resilience (S4R) project is dedicated to developing, implementing and evaluating a research-based Toolbox to support healthcare leaders in improving healthcare workers' and informal caregivers' resilience and mental wellbeing in elderly care.

S4R will identify resilience and mental wellbeing factors among healthcare workers and informal caregivers; explore their perspectives and needs; develop new theory on the relationship between individual and organizational resilience, and mental wellbeing; and develop policy recommendations and cost-effective interventions. The Toolbox with tailor-made resources for policy and practical use will be available through an open access S4R Resource Bank.

This Deliverable 1.1, "Identification of quantitative instruments and interview guides" gives an overview of the survey instruments and interview guides that will be used in collecting data from leaders, workers and informal caregivers in the baseline. The same survey instruments will also be used in effectiveness and cost-effectiveness evaluation and interview guides in process and implementation evaluation.

## 2 INSTRUMENTS

### 2.1 Quantitative instruments

#### 2.1.1 Aim

Surveys for leaders, workers and informal carers aim to measure specific risks for resilient performance and mental wellbeing, such as

- challenges (e.g., stress, burnout, workload, motivation, technology competence, information transfer, and lack of resources),
- risks (e.g., lack of psychological safety, competence, leadership, training, staff, patient centeredness, and involvement), and
- potential solutions (e.g., support structures, involvement, psychological safety, resilient capacities, practices, adaptive capacity, leadership).

#### 2.1.2 Questionnaires

The consortium has chosen the following questionnaires to be used in baseline measurement and evaluation.

Leaders: 61 items

- A. Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) 7 items
- B. Connor-Davidson Resilience Scale (CD-RISC) 10 items
- C. Resilience Capacity Scale (RCS) 33 items
- D. Copenhagen Burnout Inventory (CPI) 7 items
- E. Intention to turnover (MOAQ) 3 items
- F. Self-assessed health (SAH) 1 item

Healthcare workers: 61 items

- A. Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)\* 7 items
- B. Connor-Davidson Resilience Scale (CD-RISC) 10 items
- C. Resilience Capacity Scale (RCS) 33 items
- D. Copenhagen Burnout Inventory (CPI) 7 items
- E. Intention to turnover (MOAQ) 3 items
- F. Self-assessed health (SAH) 1 item

Informal caregivers: 49 items

- A. Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) 7 items
- B. Connor-Davidson Resilience Scale (CD-RISC) 10 items
- C. Family Involvement in Care Questionnaire (FICQ) 13 items
- D. Caregiver Self-Assessment Questionnaire 18 items
- E. Self-assessed health (SAH) 1 item

Additionally, information on respondent characteristics such as age, gender, education, and work experience will be collected. Informal caregivers will also be asked about the

length of time they have been supporting their family members and how many hours they spend each week providing care.

## 2.2 Interview guides

The interview guides for individual informal caregivers and focus groups of healthcare workers and leaders have been completed. These interviews will be semi-structured, allowing the interviewer to ask follow-up questions and introduce new questions as needed. Each of the three groups (leaders, workers, informal caregivers) has a tailored interview guide.

For leaders and workers, the topics include:

- Education and experience
- Descriptions of day-to-day work, patient safety, and recruitment practices
- Existing leadership support and practices, including adaptations when facing workplace challenges
- Proposals for new solutions to enhance resilience.

For informal caregivers, the themes include:

- The support they receive from various sources
- Strategies to strengthen the involvement of informal caregivers
- Contributions of other stakeholders to elderly care.

All groups will discuss their beliefs about what contributes to resilience, as well as the perceived challenges and stressors within their specific, situational contexts.

## 2.3 Pilots

The questionnaires and interview guides for leaders, healthcare workers, and informal caregivers will be validated by key stakeholder organizations through pilot interviews and test surveys. This process ensures the relevance and understandability of the surveys and guides, allowing for adjustments and innovative improvements.

## 2.4 Work process and permissions

The process of identifying themes for interview guides and potential survey instruments began during the S4R grant proposal writing phase. Interview topics for all involved groups (leaders, workers, and informal caregivers) and suggested survey instruments were initially screened and identified in the literature. After the start of S4R, these topics and instruments were reviewed and agreed upon by the consortium in meetings. All consortium partners had the opportunity to influence the development of the interview guides and questionnaires, ensuring diverse perspectives were included.

This consortium agreement was further supported by literature reviews focusing on individual and organizational resilience factors and mental wellbeing. Additionally, the survey instruments were checked for required permissions, translation needs, and recommended survey response times. This comprehensive process was completed to facilitate ethics approval and ensure that instruments are translated and ready before the planned start of data collection.