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NHS England Professional Nurse Advocates Programme:

National Evaluation

SUStAIN

SUpervision, Support & Advocacy for Improvement in Nursing

Preliminary Findings

Centre for Healthcare Research and Centre for Care Excellence

Coventry University

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Methods: The Evaluation: Work Packages

RAPID REVIEW OF EVIDENCE

NATIONAL SURVEY

INTERVIEW SERIES

CASE STUDIES: DEEP DIVES

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Theory: Laschinger's Model of Empowerment

Structural Empowerment	Psychological Empowerment	Positive Work Feelings
• Opportunity • Information • Support • Resources • Formal power • Informal power	• Meaning • Confidence • Autonomy • Impact	• Job satisfaction • Commitment • Trust • Low burnout

Rapid Review: Key Findings

1. The A-EQUIP model for restorative clinical supervision is empowering and makes nurses feel valued[2].
2. Structural empowerment arises through the programme delivery at site level.
3. Psychological empowerment is reported as raising self-awareness of issues.
4. Positive work feelings are reported as being motivated by PNAs and the RCS process.

5. BUT - Having enough ‘time’ is an important factor throughout reported literature.

Survey: Perceptions of RCS

Positive median ratings of statements:

- All components
- All three groups

	RCS Nurses (n=73)	PNAs (n=214)	Trust Leads (n=15)
Structural Empowerment			
Opportunity	5 (4,6)	4 (4,5)	5 (5,6)
Information	5 (4,6)	5 (4,6)	5 (4.5,5.5)
Support	6 (5,6)	6 (5,6)	6 (5,6)
Resources	5 (4,6)	5 (4,5)	5 (5,5)
Formal power	5 (4,6)	5 (4,5)	5 (5,5)
Informal power	5 (4,6)	5 (4,6)	5 (4.5,5)
Psychological Empowerment			
Meaning	5 (4,6)	5 (4,6)	5 (5,6)
Confidence	5 (5,6)	5 (4,6)	6 (5,6)
Autonomy	5 (4,6)	5 (4,6)	5 (5,6)
Impact	5 (5,6)	5 (4, 5.75)	5 (5,6)
Positive Work Feelings			
Job satisfaction	5 (4,6)	5 (4,6)	5 (5,5.5)
Commitment	5 (4,6)	5 (4,6)	5 (5,5.5)
Trust	5 (4,6)	5 (4,5)	5(5,6)
Low burnout	5 (4,6)	5 (4,6)	5(5,5.5)

6	Strongly agree	5	Moderately agree	4	Slightly agree	3	Slightly disagree	2	Moderately disagree	1	Strongly disagree

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Summary

- Very positive ratings of RCS – empowerment, ‘other’ and overall
- Some potential practical issues in implementation:
  - Completion of e-learning module (RCS Nurses)
  - Access to PNAs (RCS Nurses and Trust Leads)
  - Discussing arrangements with line managers (RCS Nurses)
  - Allocated time for PNAs (Trust Leads)
  - Release of Nurses for meetings (time) with PNAs (Trust Leads)
- Future evaluation should target Nurses receiving RCS

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Qualitative Findings Survey Participants

- 3 key questions: benefits, challenges and improvements
- Documented as part of the Survey process [free text responses]

Theme 1: *The Necessary Conditions*

Theme 2: *Nurses Participation and Organisational Commitment.*

Theme 3: *Reflections and Reinvigoration possible from RCS process*

1: Necessary Conditions for Delivery

Time

'*…not sufficient time to enable issues to be explored or conducive to the topics being discussed'*. [RCS Nurse]

''Staff are keen to access the service, but it is not always possible due to my working commitments and demands with patients, so staff need time to be able to access the RCS and we need more time to deliver this…' [PNA]

Safe Space

On occasions, for some, RCS was interrupted '*through pagers' or 'other staff needing the office space' which makes the circumstances unsuitable and leaves nurses feeling 'vulnerable and reluctant to participate*'.

Adequate Communications

…they were left '*unclear about what RCS entailed'* or 'what was expected from them during RCS'. Several nurses describe '*being sent for supervision*' [RCS Nurse]

2:Nurse Engagement and Organisational Commitment

Growing Appreciation of Benefits:

'….matters related to work are opened up, that could either hinder […] or push me to improve, but they do push me to improve the way I approach work'. [RCS Nurse]

'Helping colleagues to have good work /life balance, helping colleagues to offload their anxiety, enabling colleagues to feel emotionally restored after and contribute to job satisfaction. [PNA]

Challenges regarding delivery at site level:

'Senior nursing management not taking the role seriously, they seem to be paying lip service and switching the RCS on and off, according to how busy we are. Surely if we are busy and pressure is on, this is when we need to ensure continuity of the delivery of RCS and investing in the role to support our nurses.' [PNA]

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3: Reflective Learning and Reinvigorating Process

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Reflective Learning Process:

Many described RCS as a time to '*offload or unload issues and this alone helped them to feel relieved*'.

Others indicate they are learning about what '*RCS entails and how to make it beneficial to them and their practice afterwards*'.

A Reinvigorating Process:

'*My PNA is based in […], they are someone I know and trust deeply. They made me feel valued and empowered to change things I have control of and to take the positives out of situations where they are not always obvious. It [RCS] has been a fabulous experience so far*'.

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The Interviews

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The narrative/ structure

The themes

Before PNA

- Previous experience of supervision

During PNA

- Experience of the PNA course
- Experience of delivering RCS
- Benefits/outcomes of PNA
- Enablers and barriers of the programme

Future PNA

- The sustainability of the PNA programme

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Before PNA: Experience of supervision

Before PNA

Previous experience of supervision:

- Minimal provision
- Provision varies across nursing specialities
- Difference between RCS and clinical supervision

During PNA

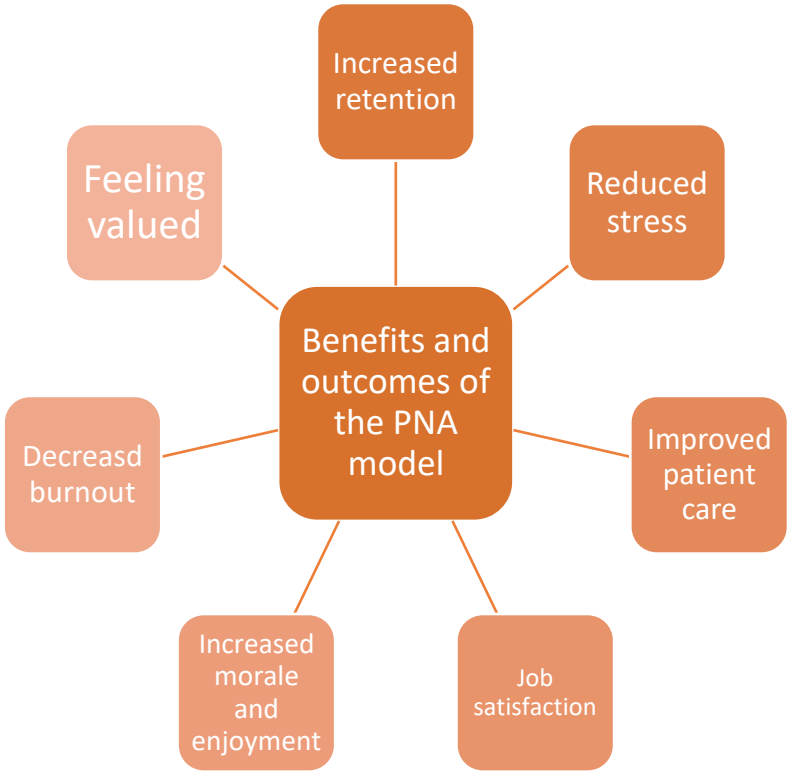
Experiences:

- Benefits: Personal; Professional; Interpersonal; Patient care
- Enablers and barriers: Organisational; Relational; Logistical; Financial.

Beyond PNA

Looking to the future:

- Retaining regional advisors
- Focus on implementation
- Train the trainer model



Case Studies - Geographical Spread

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This provided a view into individual organisational processes and necessary relationships to establish and recruit to PNA programmes. Barriers and facilitators were explored, and practice exemplars located.

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Case Studies - The Headlines

- The roll out of the PNA Programme
- The Module Content
- Outcomes of the Programme
- Characteristics of Success

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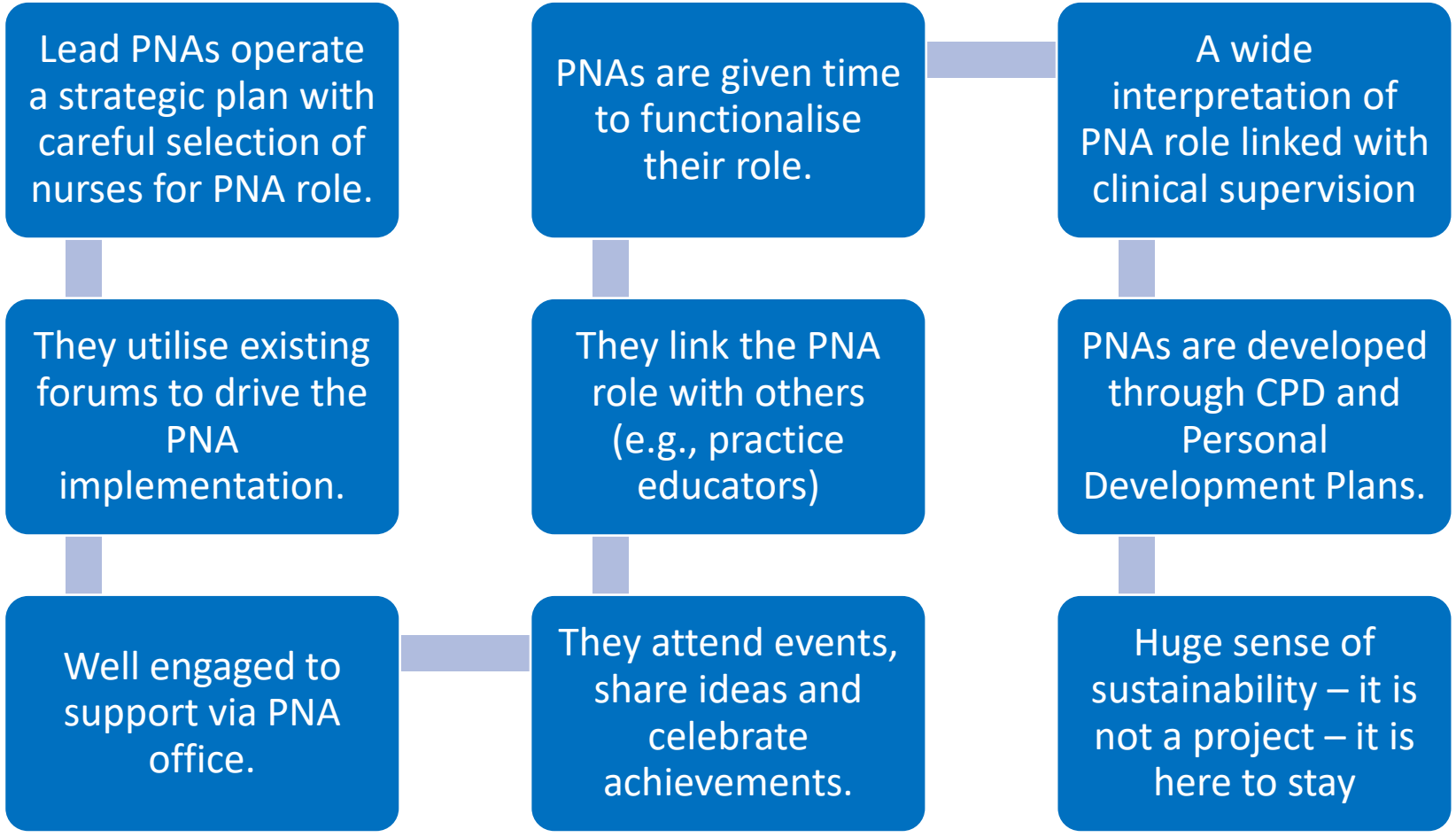
Nine Characteristics of Successful Sites



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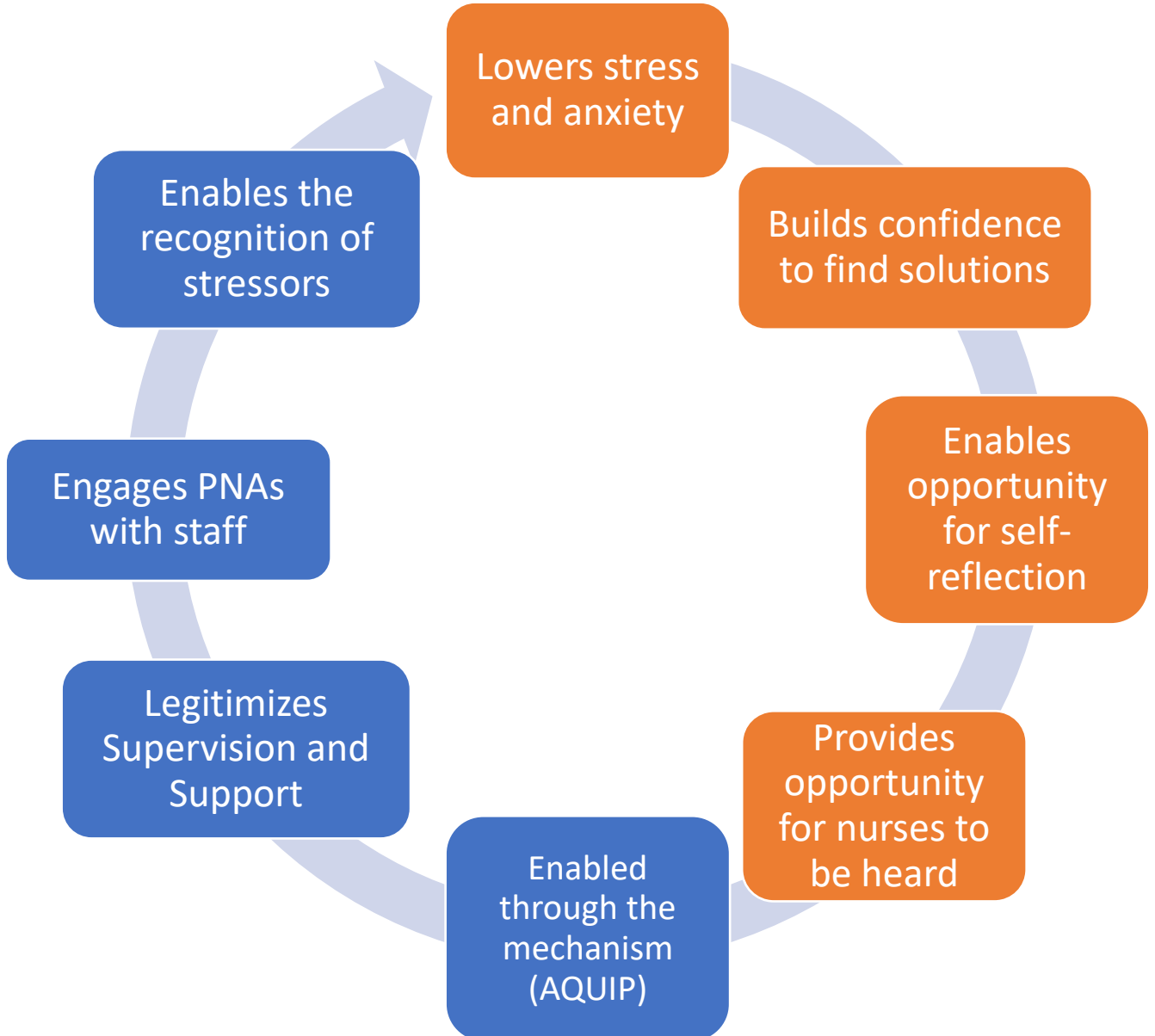
Bringing this together PNAs and RCS

Professional Nurse Advocates

"does'



Restorative Supervision Nurses "doing"

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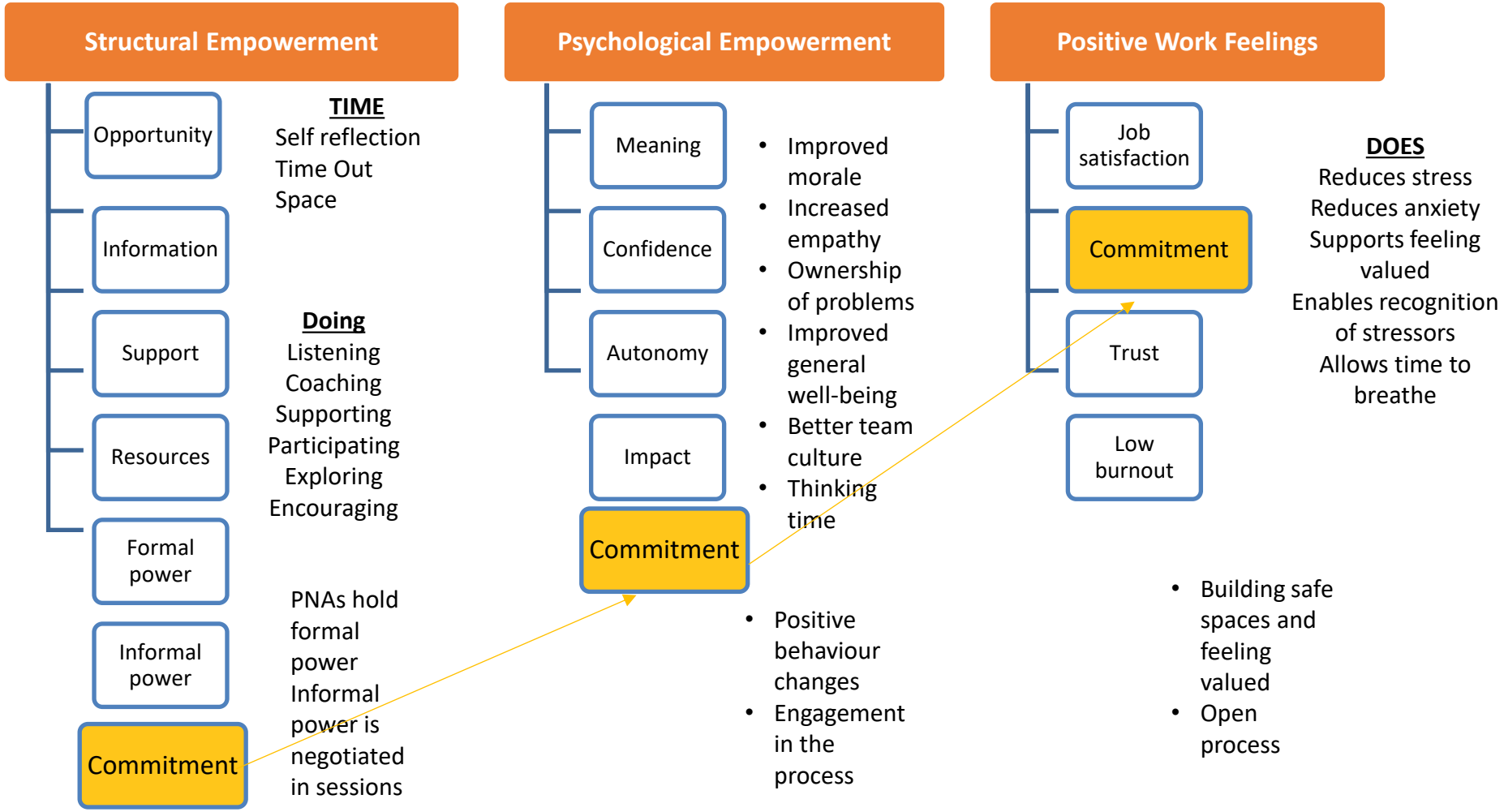
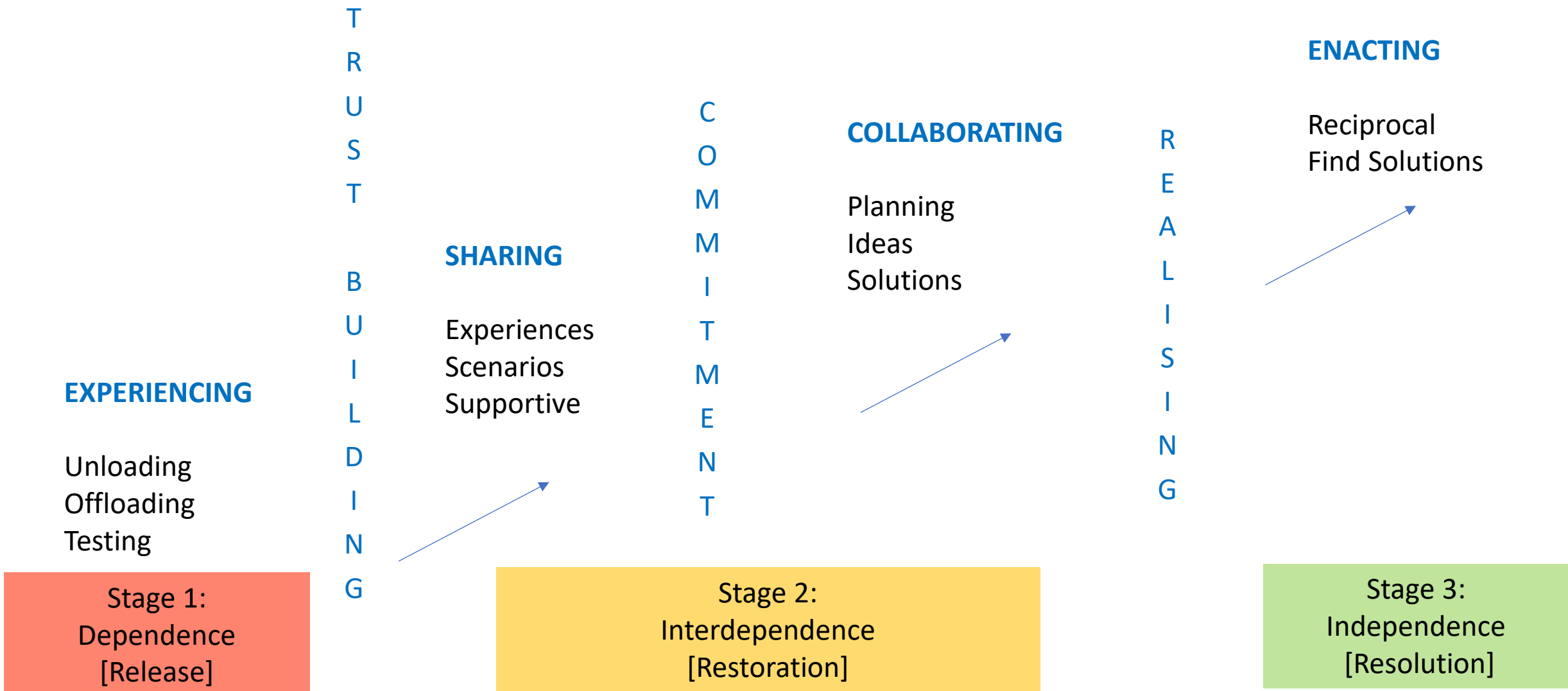
Revisit Laschinger's Model of Organisational Empowerment



Experience of Nurses in the Restorative Clinical Supervision Process



Evaluation - Key Findings

1. Prior to the PNA Programme, the delivery of restorative support and clinical supervision was not well developed, despite pockets of good practice.
2. Regional and Site Lead PNAs need adequate time to drive the strategy, they are juggling 'other' priorities which creates challenges for implementation.
3. Disparity in the PNA assessment strategy across HEIs and work-based learning in current pressures, is hard to accommodate
4. Adequate time, release of nurses with access to 'office' space is needed for PNAs to facilitate RCS and, is critical to sustain the delivery of the programme
5. The creation of a 'movement' and its relation to nurses is the transformative element of empowerment and the A-EQUIP model in practice.
6. It is still early but RCS Nurses feel restorative clinical supervision is making a difference but we do need to understand more about how RCS develops.

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