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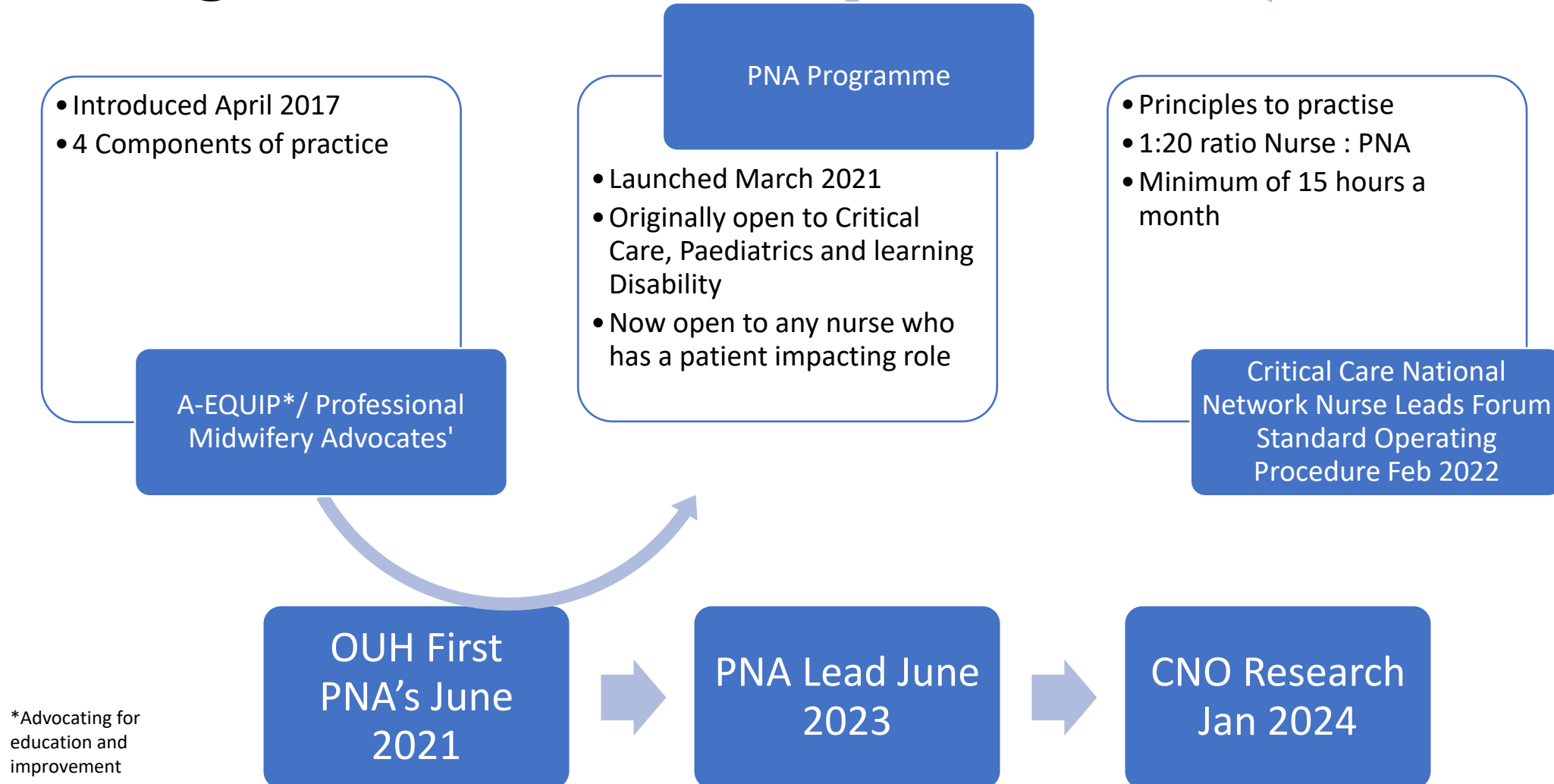
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CNO Fellowship PNA: Will the introduction of a Professional Nurse Advocate within a Paediatric Critical Care Unit have a positive effect on the needs of its staff

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CNO Fellow 2024



Background





What it means to be a Professional Nurse Advocate in the Clinical Area

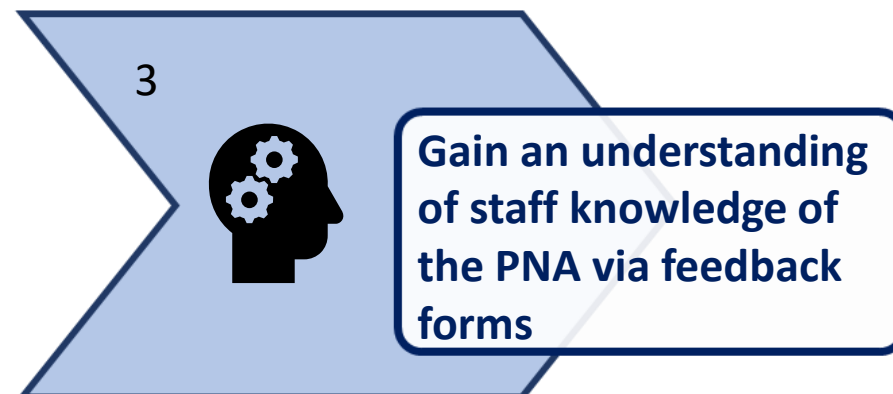
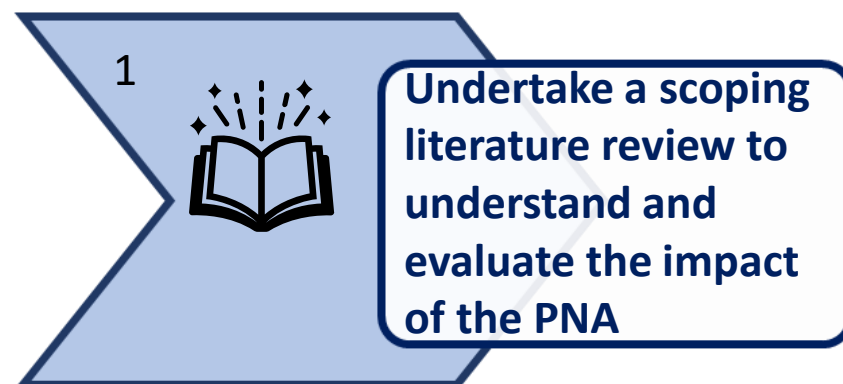
- Wellbeing Support:
 - Confidential non-judgemental point of contact for staff
 - Restorative Clinical Supervision
 - Opportunity for reflection
- Learning Support
 - Assist staff with QI implementation
 - Reflective discussions regarding revalidation and Career development
- Clinical Support
 - Support change
 - Demonstrate visible leadership
 - Role model promoting psychological safety
- Promote PNA Role
- Develop Professionally

Fellowship Aim

Aim: To explore the impact and acceptability of the Professional Nurse Advocate (PNA) role, when addressing the needs of staff and supporting a culture of psychological safety within a Paediatric Critical Care Unit

Question: Will the introduction of the PNA within a paediatric critical care unit (PCC) have a positive impact on the needs of its staff?

Methods



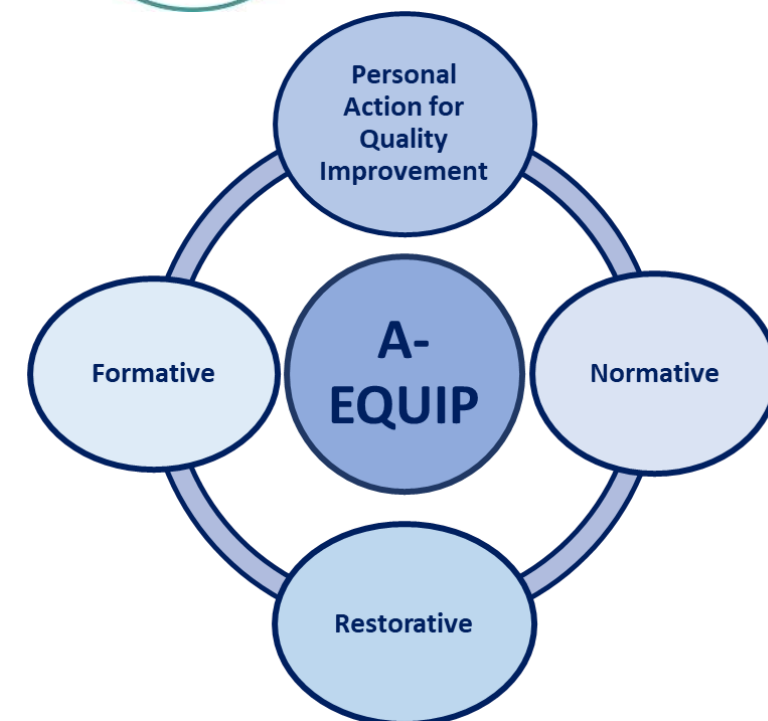
What the Literature Tells us...

**Restorative
Clinical
Supervision is a
positive
Experience**

Featherbe, R. (2023). Restorative clinical supervision: a chance for change but are we ready?



**Organisational
Preparation and
effective leadership are
essential**



Smythe, A et al (2023). The role of the professional nurse advocate and A-EQUIP model in practice: A qualitative exploratory study

Rothwell C, Kehoe A, Farook SF, et al (2021). Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review



Paediatric Critical Care (PCC) Satisfaction Levels



- 2 Questionnaires open to all staff members within PCC
 - Professional Quality of Life Questionnaire - Validated questionnaire using a Likert Scale to determine levels of Compassion Satisfaction, Burnout and Secondary Trauma levels from its participants
 - Staff ‘Survey’ devised during fellowship – Qualitative and Quantitative questions to gain baseline data on the views of the staff working within PCC and the support provided

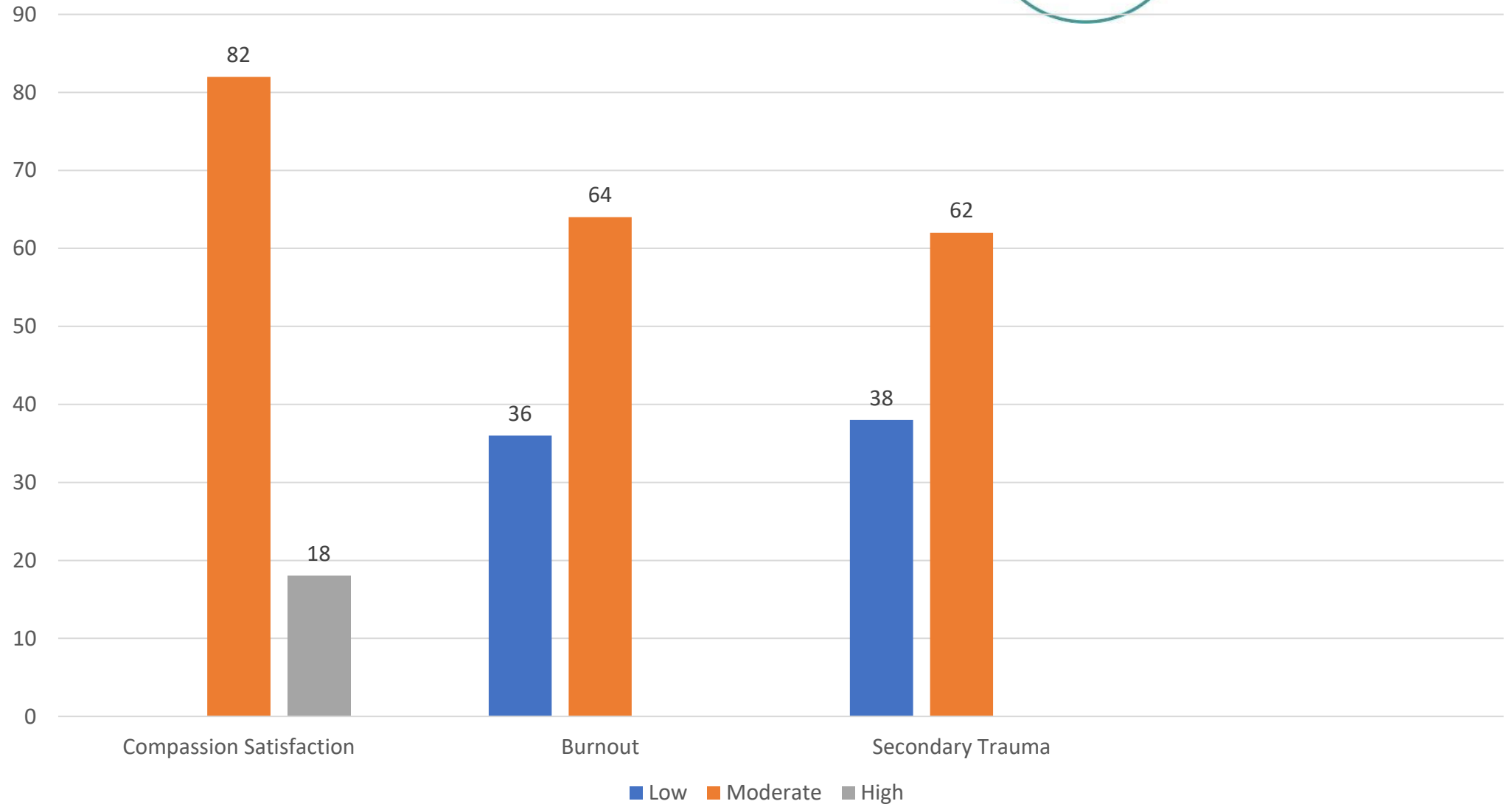


Professional Quality of Life

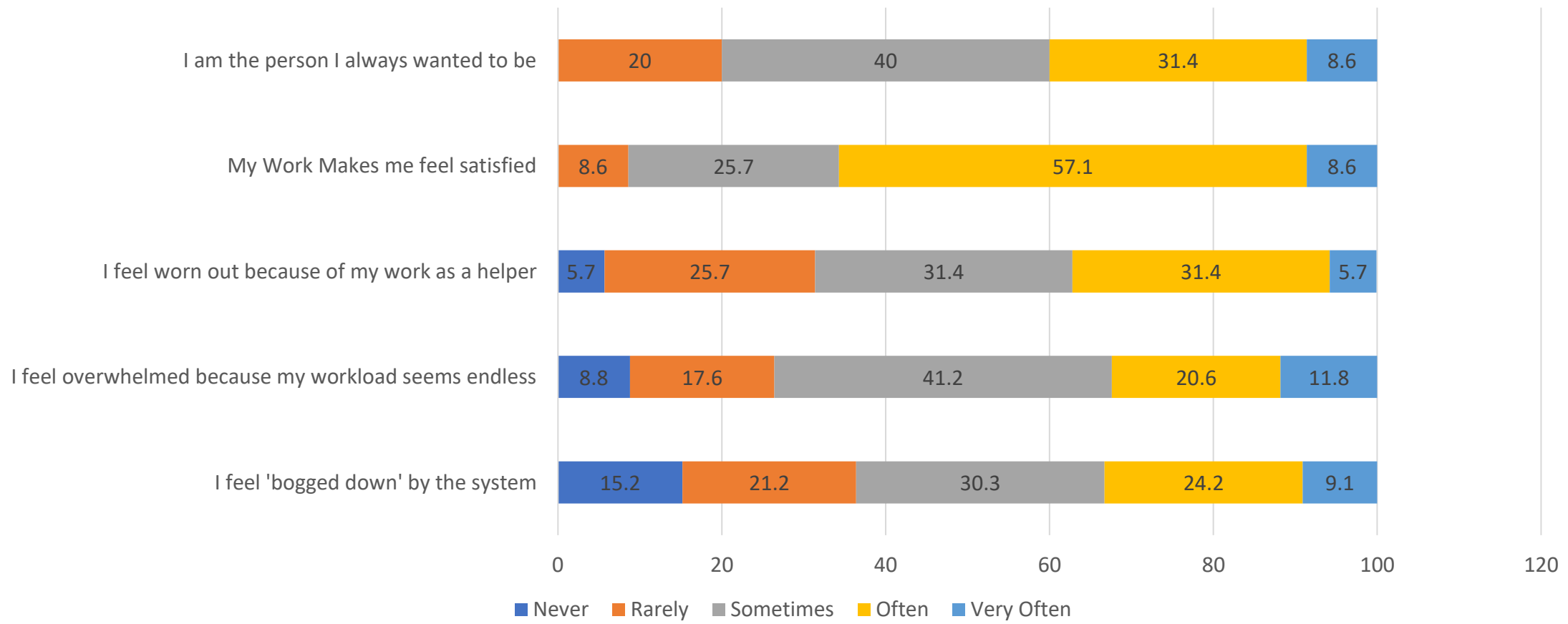
- Questionnaire sent out to 103 clinical staff
- 35 responses received (34% response rate)
- Unfortunately, no demographics for respondents
- 30 questions scored with a Likert scale
- Each answer is equal to a number
- These numbers are added together to look at risk of burnout and secondary trauma or the likelihood of compassion satisfaction

Results ProQOL

ProQOL



Results ProQOL



PCC Baseline Questionnaire

- Sent out to 103 clinical staff members ranging from Band 2-7
- 43 replies received (42%)

Age Range	18-25	26-40	41-50	50+
No. of Staff	9	24	7	2

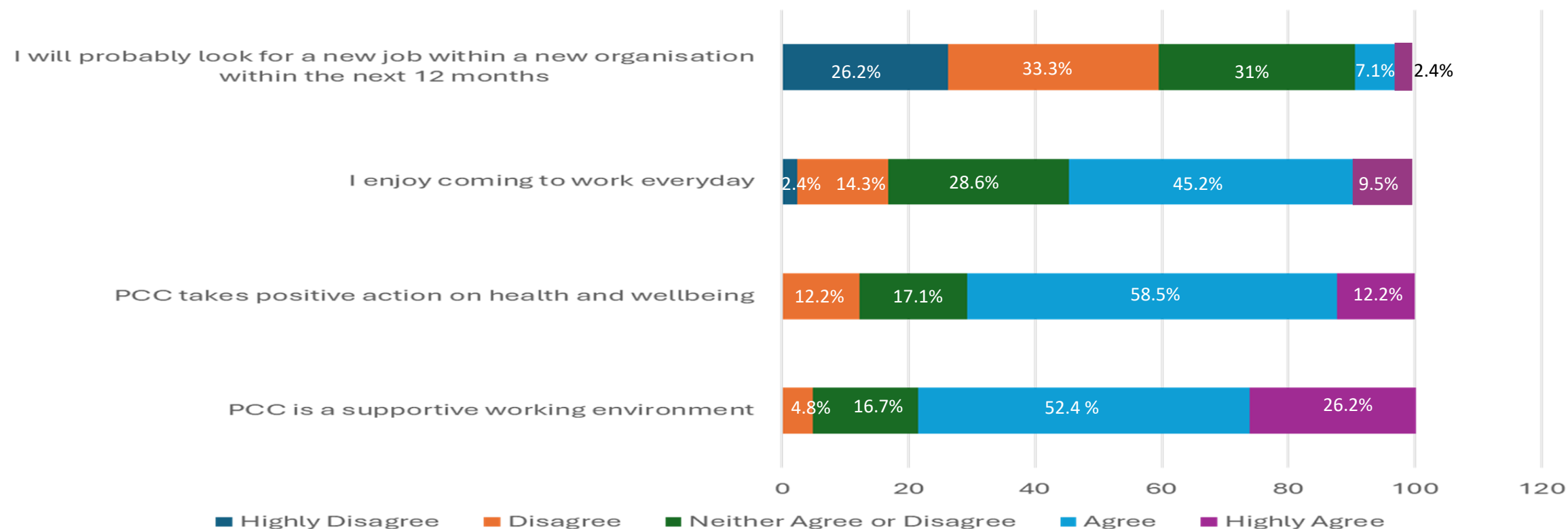
Band	4	5	6	7
No. of Staff	2	22	10	8

Qual-ified (yrs)	0-2	3-6	7-10	11-20	20+
No. of Staff	7	11	5	13	5

Edu-cation	U/G	Degre e	HDU prog	PCC Funda ment als	PG Paed CC	MSc
No. of Staff	10	11	3	2	11	4

PCC Baseline Questionnaire

Responses



Results PCC Baseline



"The unit has been particularly tough patient wise recently and I have found that that has impacted my enjoyment of work"

Participant 11

60% of respondents claim to have experienced workplace stress or anxiety

"I found difficult to manage difficult conversations with families; lack of staff and high patient care demand, poor skill mix"

Participant 32

"....I lost 'me' for a while and that was so hard to find 'me' again. It took time and resilience and the support of many"

Participant 7

"I feel very stressed about what type of patient I am going to get every day and how I will manage them. It makes me anxious"

Participant 30

Results PCC Baseline

- Out of the 43 respondents, 24 (56%) answered the questions regarding Professional Nurse Advocates on PCC
- 19 (79%) of the respondents had heard of PNA's
- Only 8 (33%) would consider booking an RCS with a PNA
- Only 3 (13%) had undertaken a session of RCS with a PNA
- Of the three that had undertaken a session they were all happy with the session provided and would undertake RCS again

Reasons for RCS

Receiving RCS

- *“I think they are helpful to talk through things that have happened at work”* (Participant 1)
- *“General discussion & strategies to help with a difficult retrieval”* (Participant 1)
- *“Feelings of being overwhelmed in my role”* (Participant 2)
- *“I was curious to find out more about the PNA role in PICU”* (Participant 3)

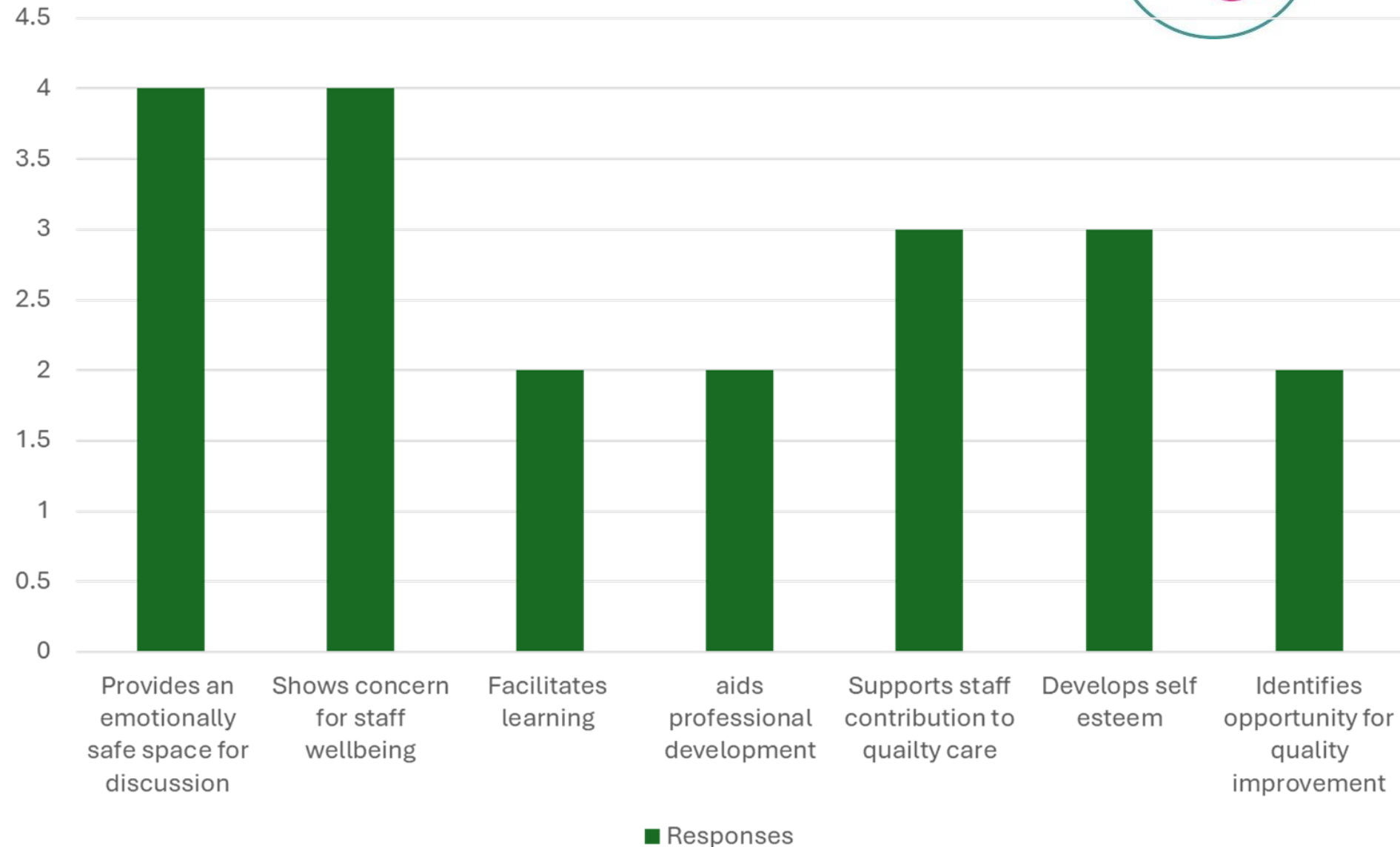
Not Receiving RCS

- *“Not interested in discussing issues with someone from work”* (Participant 8)
- *“I haven’t really fully understood the role or investigated it fully so would consider finding out more what can be offered”* (Participant 10)
- *“I would need more information about what the PNA does”* (Participant 13)
- *“I would book a session if I felt I needed it. However, at this time don't feel like I need it”* (Participant 2)

Results RCS Feedback

- 4 Respondents provided post RCS Feedback
 - 2 x Band 7
 - 1 x Band 6
 - 1 x Band 5
- 75% had received RCS before
- When asked if it would help deal with the emotional impact of work 50% said sufficiently and 50% said completely
- 75% said they would undertake RCS again - 25% were unsure
- When asked if RCS met their needs
 - 50% - Completely
 - 25% -Sufficiently
 - 25% -A little

Results RCS Feedback





Results RCS Feedback



"I felt supported and that the PNA cared about how I was feeling and validated my feelings/concerns"

Participant 4

"Have a designated space with minimal interruptions but I was interrupted multiple times on 2 of my PNA sessions"

Participant 4

"To have a safe space to listen, non-judgemental and confidential place for advice/support"

Participant 4

"Checking in after sessions as the session I felt raised issues I did not know how to address"

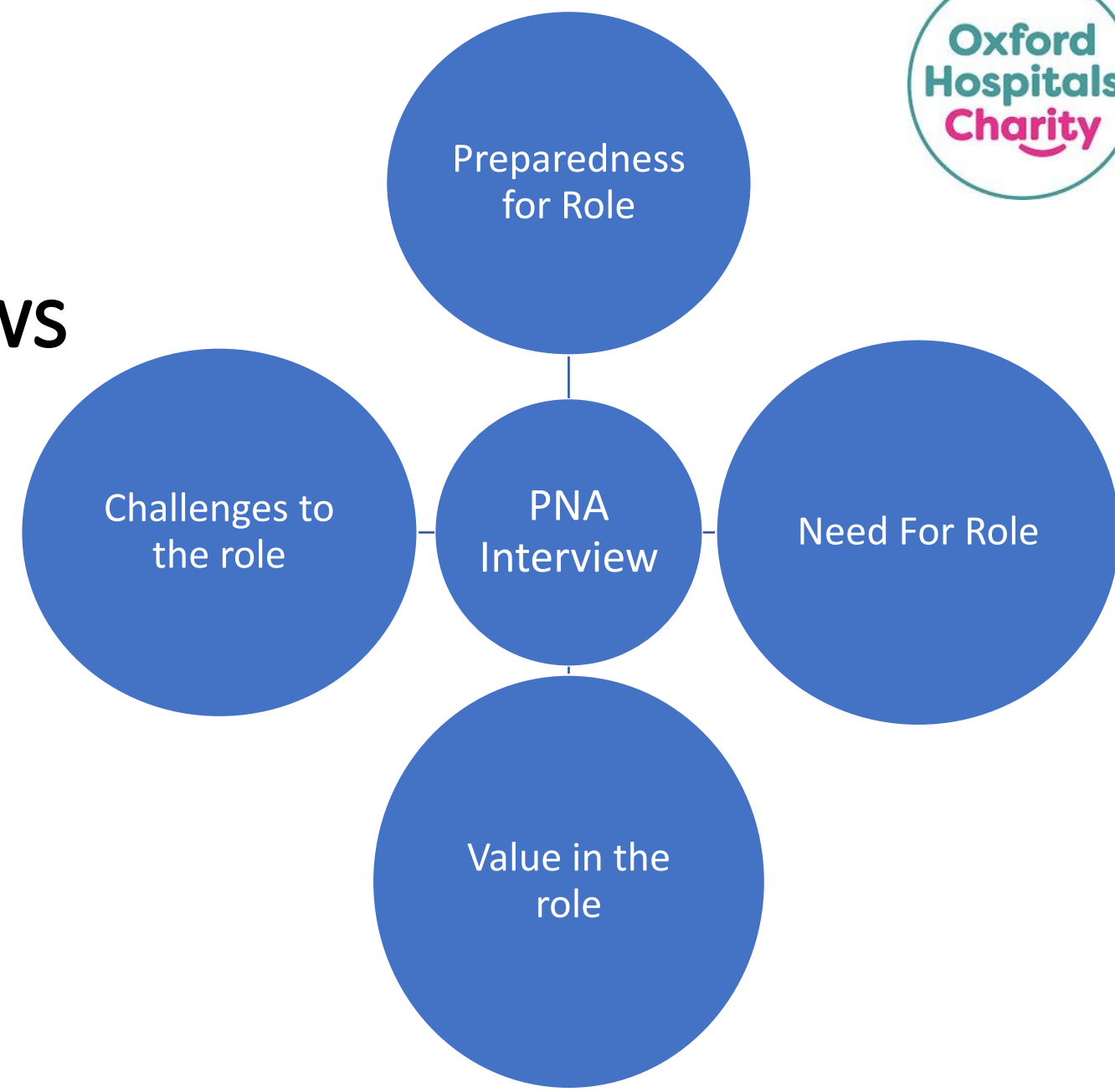
Participant 2

PNA Interviews

- Semi-structured interviews
 - Approx ten questions
 - Interviews recorded and transcribed via Microsoft Teams
 - Data collected underwent Thematic Analysis
- 10 PNAs from across the Trust
 - Varied in clinical / Non-clinical across the divisions
 - Ranged from newly qualified to experienced
 - Average 15 minutes long



Themes – PNA Interviews



A large blue arrow pointing from left to right, containing the text "Preparedness for Role".

Preparedness for Role

- Limited Practical Training
- Unbalanced A-EQUIP component focus
- Inconsistency across course delivery

Participant 2: *"it was quite difficult because everything was virtual... there really wasn't a lot of interaction.. Just information giving"*

Participant 3: *"I probably wouldn't necessarily say to anyone to do the course there at the moment until they actually get themselves sorted a bit more"*

Participant 5: *"It was very very well organised with a really dynamic course leader"*

"They brought in many external people who were experts in their field"

"It didn't include practical which was a shame"

Need for Role

- Corridor Conversations have become normal practice
- PNA's feel staff are unaware of PNA value
- Positive Feedback Gained from participants

Participant 9: *" It's very much sort of ad hoc.. People would come up to me and just start to speak to me*

Participant 6: *" At the moment I've been doing more group sessions.... When I first started it was more one to one.. Corridor conversations"*

Participant 10: *"I think people do appreciate it and see a difference"*

" A lot of people are unsure what it is and just think its emotional support"

Value in the Role

- Networking and Extended opportunities
- Promoting Further Study / CPD
- Enhancing Staff Leadership Roles
- Enjoyment in role / Passion for Staff Wellbeing

Participant 2: *"So it's developing me as a manger and a leader... I've managed to explore lots of different avenues and get a lot of CPD through the PNA Role"*

Participant 8: *"I can actually be what I Needed"*

Participant 5: *"Any time we invest in people is of great value"*

Participant 4: *"I think when people will realise its potential and use it can be really good for safeguarding people's mental health"*

Challenges to the Role

- Manager Support varied
- Protected time to fulfil role
- Need organisational structure and promotion
- Lack of consistency across departments/divisions

Participant 3: *"I know if I need something, my manager will try and make sure that happens"*

Participant 9: *"I am very fortunate that I have just been given time for the role and that there was always support there"*

Participant 1: *"It would be nice if we had proper time to do it so you can focus on it as well"*

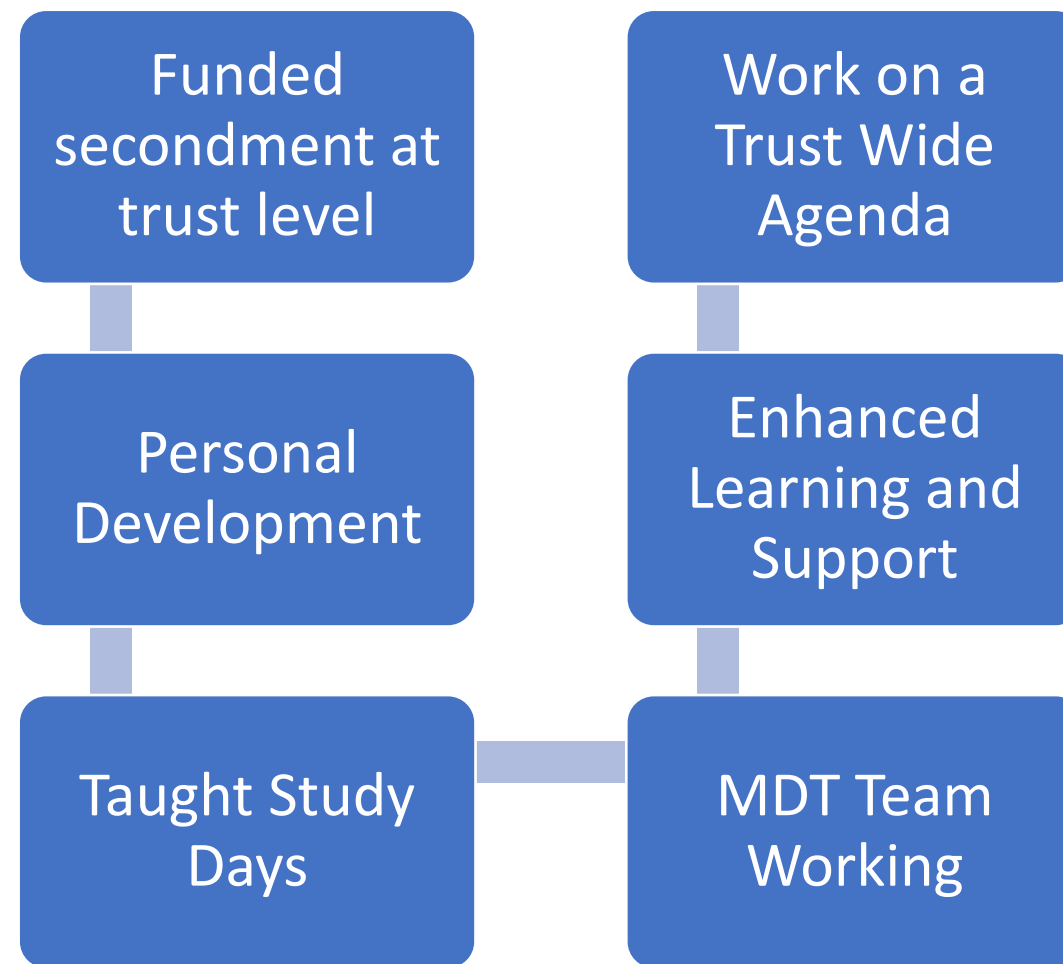
Participant 5: *"Probably a clearer strategy would be the support that's needed... A policy or guideline would help support what I'm doing"*



Discussion

- Findings in this service evaluation are similar to that of Petit and Stephen (2015) and Wallbank (2016) who claims that the introduction of RCS helps staff manage their workplace stresses more effectively and improves job satisfaction.
- Reduced risk of Burnout improved likelihood of Compassion satisfaction, whereas Increased Burnout risk increased the risk of Secondary Trauma. This is similar at the work of Rayani et al (2024) who show that compassion satisfaction negates the influence of burnout or secondary trauma.
- Interviews with PNAs discuss barriers such as the lack of time, a lack of understanding for the role and the A-EQUIP model and that further work is required to ensure successful implementation, this is similar to findings from Miles,B. (2023).

The Impact of the CNO Fellowship





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Supervisor



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Oxford Critical Care

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Thank you

Any questions...?