

Exploring the implementation, impact and acceptability of the Professional Nurse Advocate role within Oxford University Hospitals




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A decorative graphic on the left side of the slide, featuring several overlapping circles in shades of blue, green, and purple, creating a sense of movement and depth.

Impact and evaluation of implementing the Professional Nurse Advocate (PNA) at OUTH

Katy Powell

Professional Nurse Advocate Lead

Jess Pountney

Senior Sister OCC, PNA and CNO Fellow

Learning *'Learning from successes and setbacks'*

Compassion *'Putting our people, patients and populations at the heart of what we do'*

Respect *'Encouraging a spirit of support, integrity, respect and teamwork'*

Professional Nurse Advocates,
supporting our nurses to thrive
not just survive



Excellence *'Taking pride in the quality of service and care we provide to our people, our patients and our populations'*

Delivery *'Delivering high standards of service and health care to our people, our patients and our populations'*

Improvement *'Striving to improve on what we do through change and innovation'*

Aims for the Professional Nurse Advocate Role within OUH

All nurses will have equitable access to a sustainable system of support through delivery of the A-EQUIP model facilitated by Professional Nurse Advocates to support their education and professional development and enhancing their wellbeing.

All OUHFT nurses in Professional Nurse Advocacy roles will be provided with a system of support to enable them to effectively carry out their role and responsibilities.

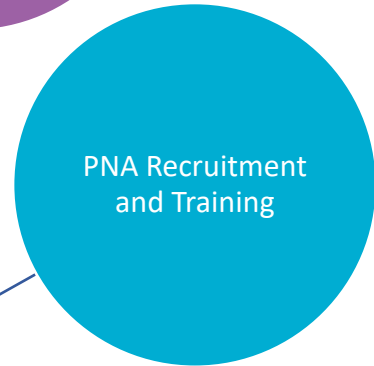
The population we serve, system wide staff and OUHFT organisation will experience the benefits of the introduction of the Professional Nurse Advocate role.



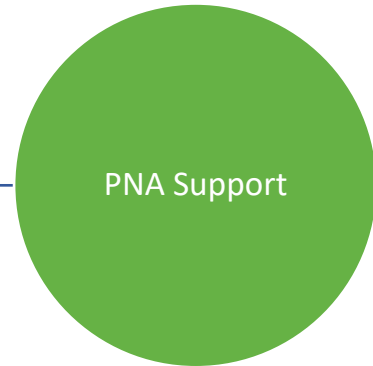
Activities undertaken by PNA lead in Year 1 to support implementation.



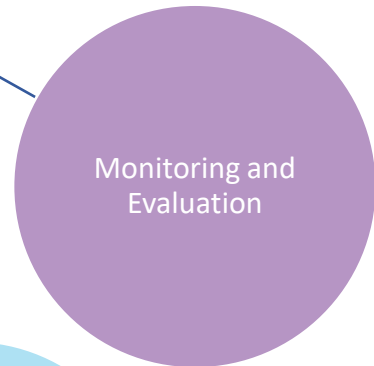
PNA Steering Group
PNA Draft Policy, Role descriptors, SOPs from national scoping
Review of clinical supervision policy to include PNA provision



PNA Recruitment processes and pathway created
Collaboration with Oxford Health and Oxford Brookes for creation of PNA Module



Monthly PNA Community of Practice
PNA Teams Shared Resources
RCS and 1:1 implementation support through Lead PNA



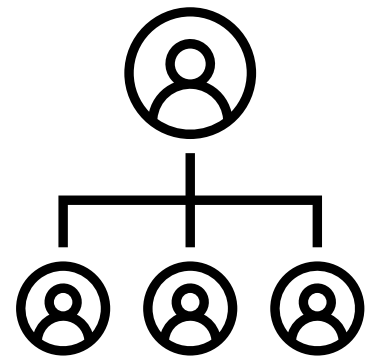
Data reporting established
PNA Evaluation tool created for trust wide PNA use
PNA CNO fellowship service evaluation supported



Networking and presenting nationally, regionally and locally.
PNA SharePoint created
PNA Posters and range of trust wide presentations shared.

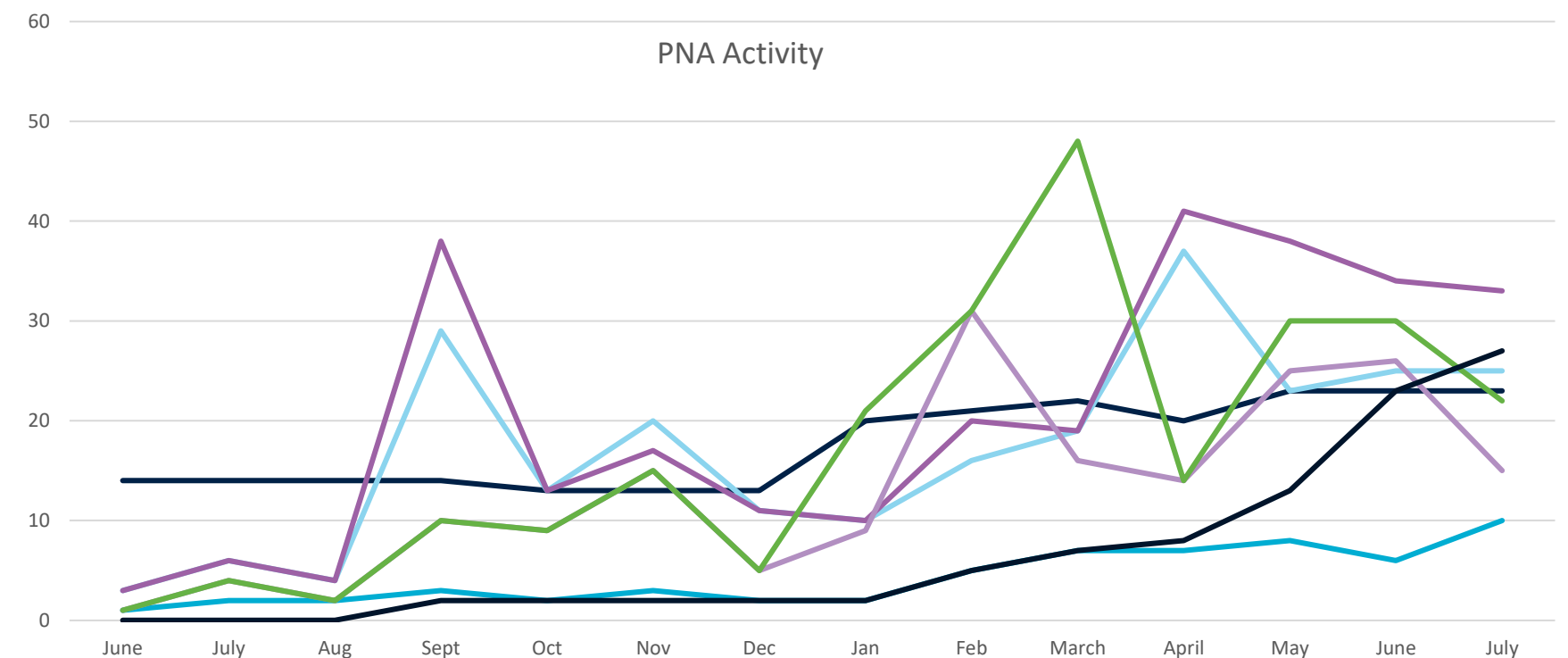
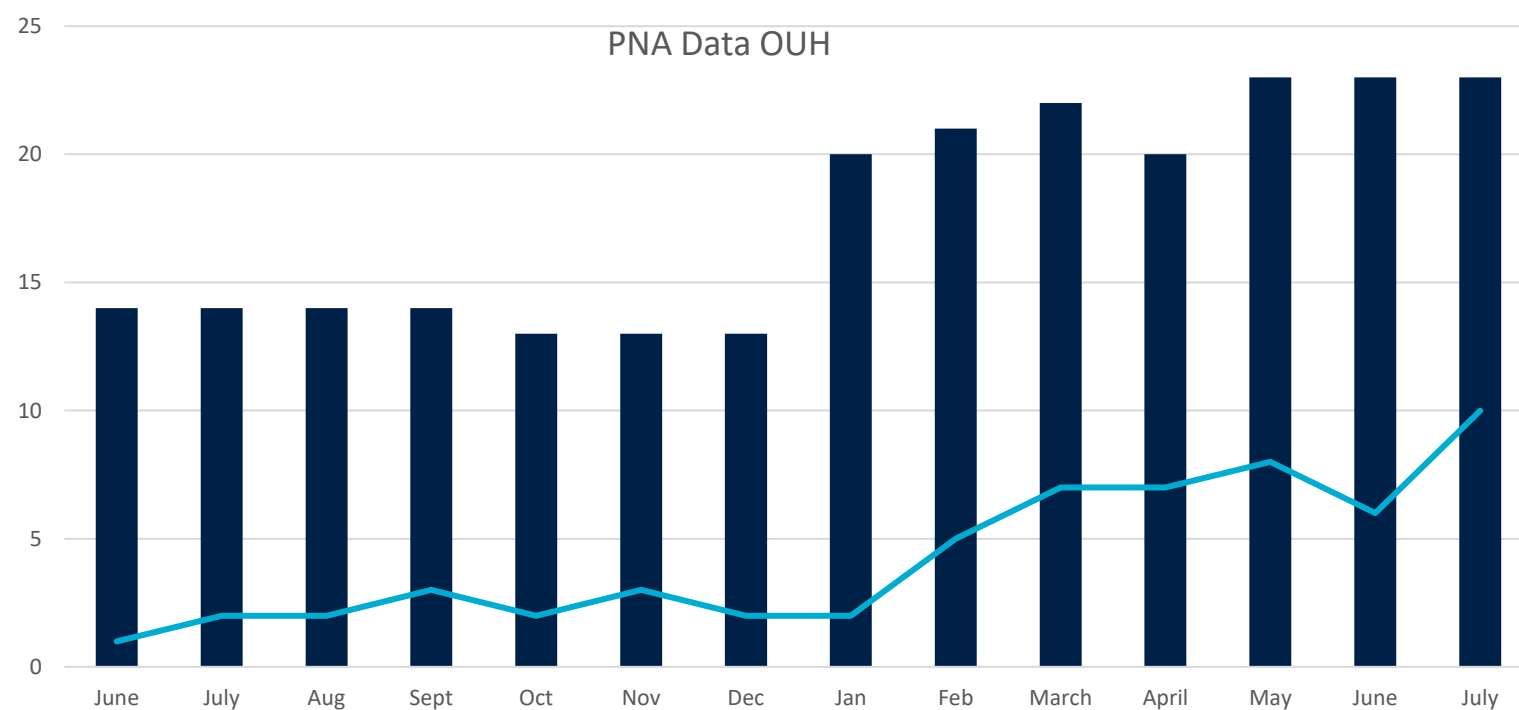
PNA Workforce and Activity Data

Current structure



1.0 WTE PNA Lead (seconded June 2023- Dec 2024)

Sessional PNAs, embedded in clinical teams with 7.5 hours protected time per clinical rota. (aiming for 1:20 PNA:RN ratios calculated within across directorates)

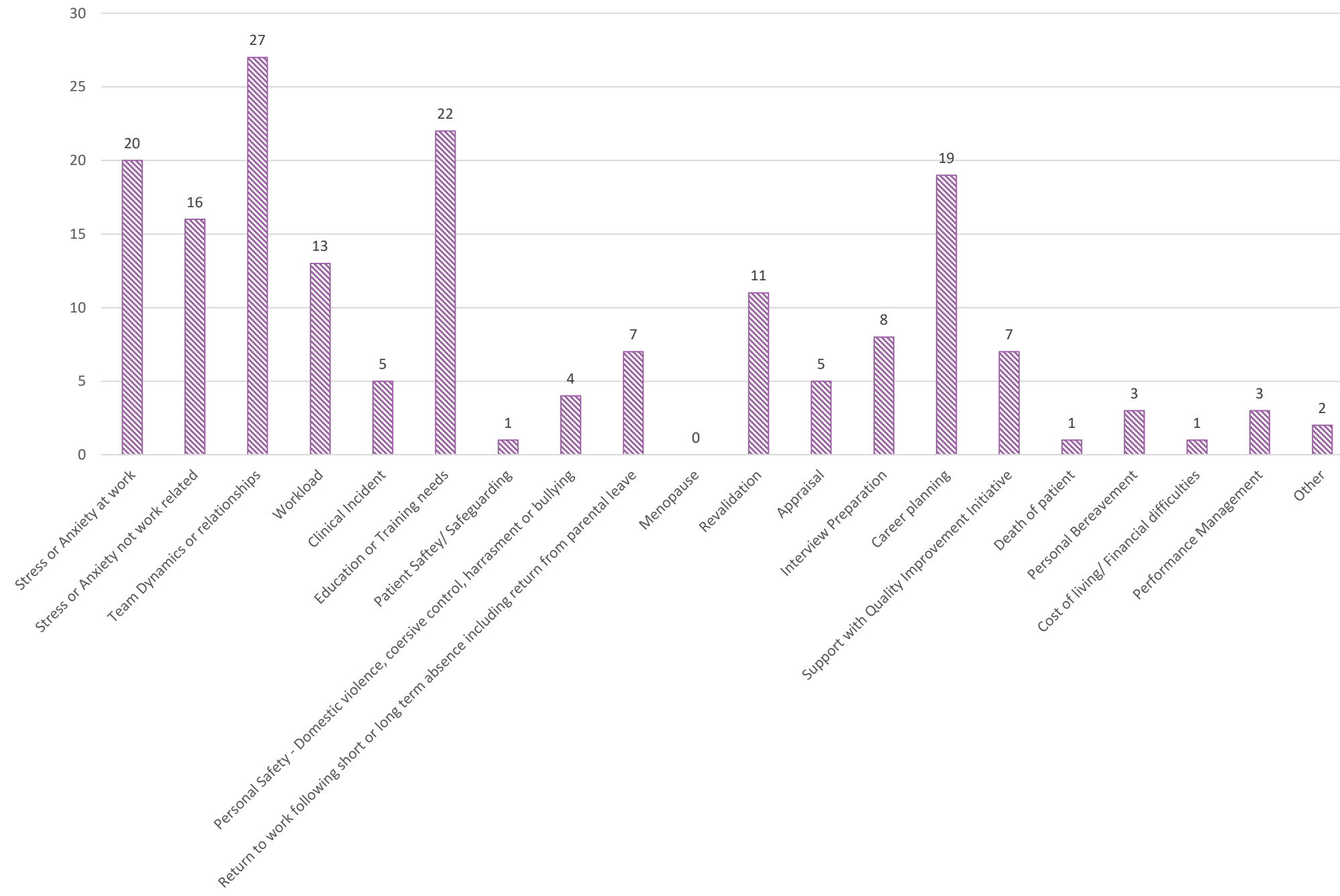


■ Total Number of PNAs — Number of PNAs reporting Activity

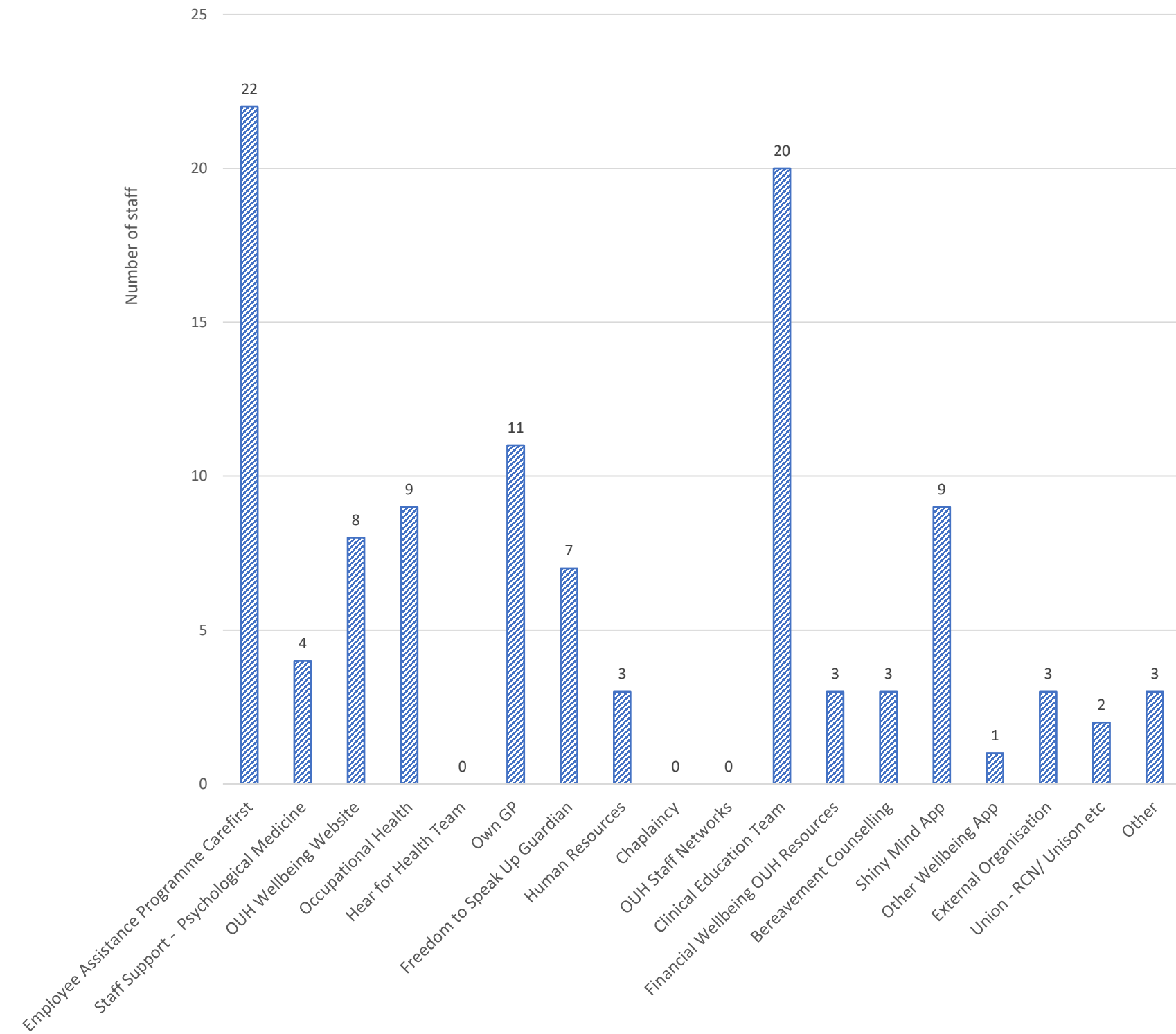
— Total Number of PNAs — Number of PNAs reporting Activity — Number of RCS conversations
 — Individuals Supported by RCS — Career conversations — Individuals supported with Career conversations
 — QI supported rolling total

Understanding Impact of PNA Activity

Themes reported from PNA activity



Signposting for further support



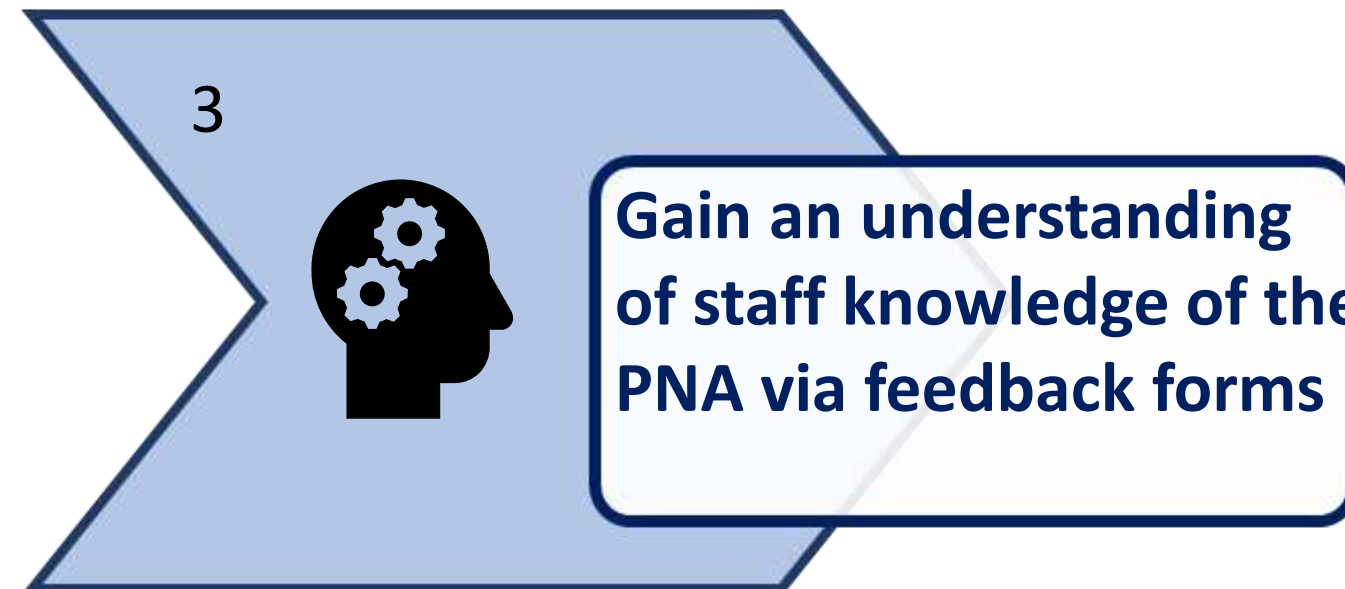
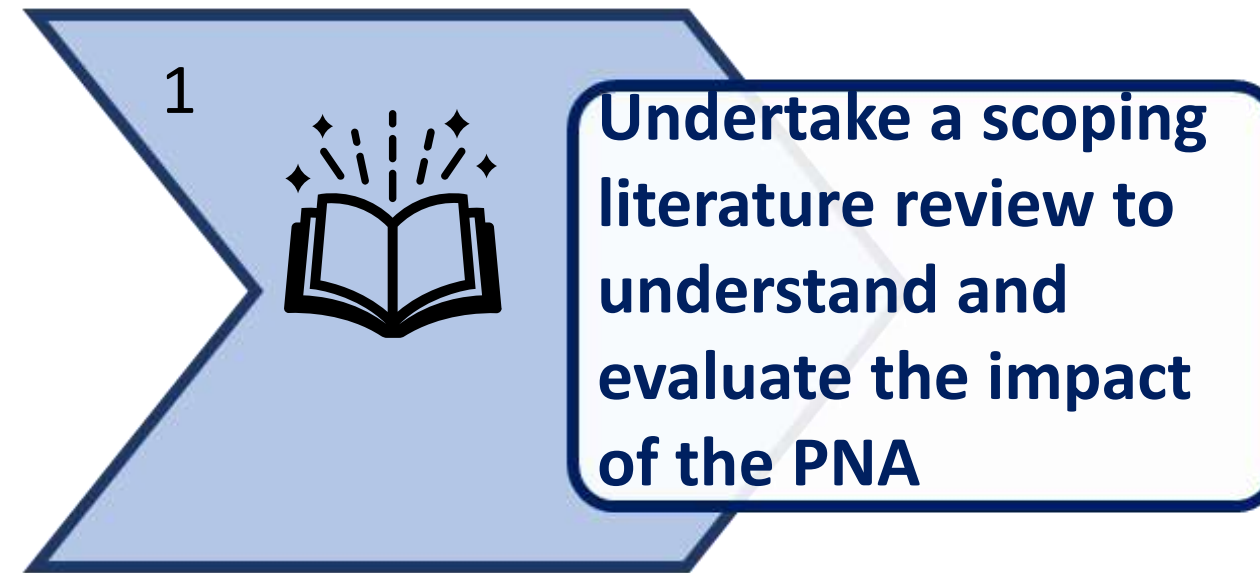
Utilising PNA CNO Fellowship to understand implementation and impact

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?

CNO Fellowship PNA Service Evaluation

Methods



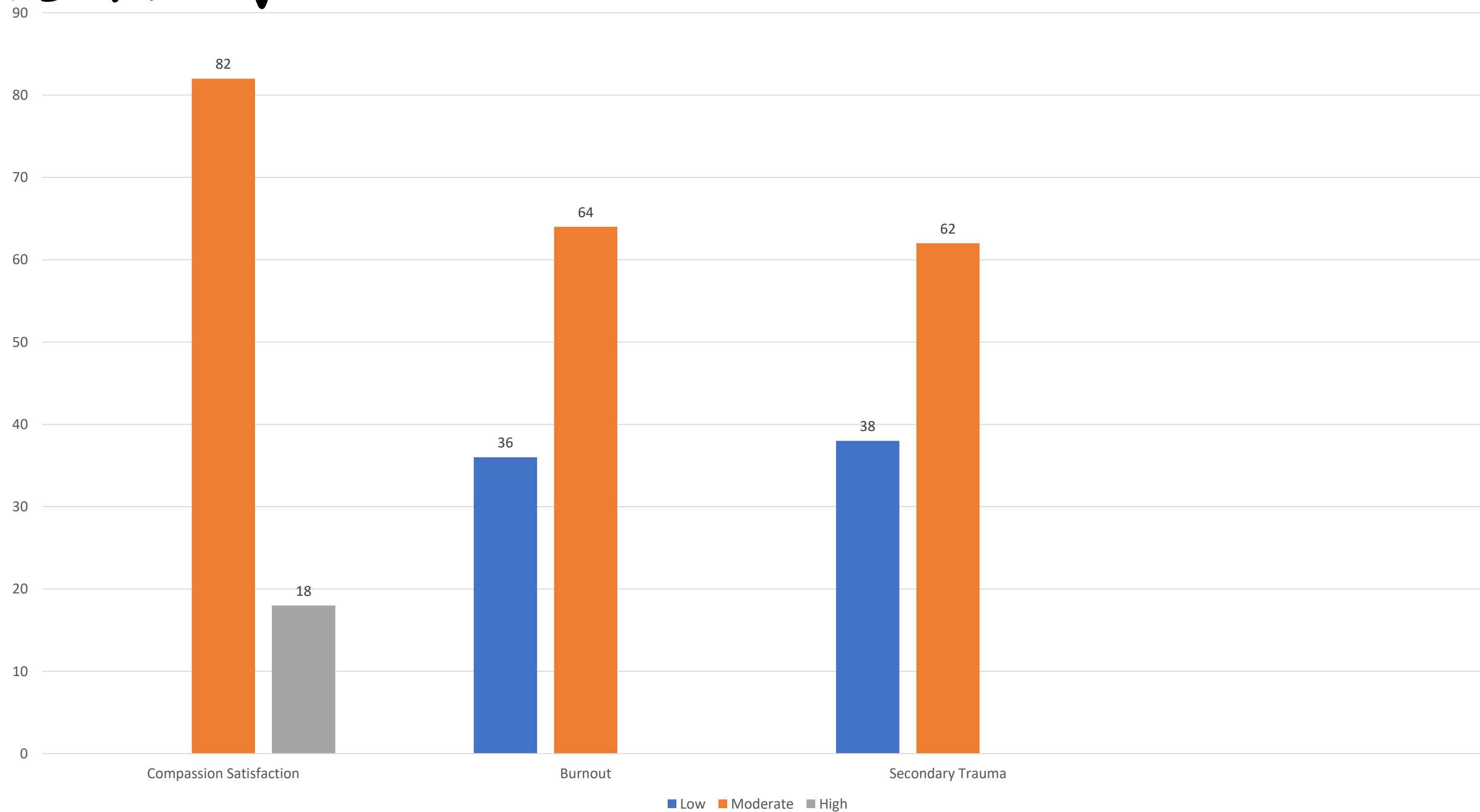
Paediatric Critical Care (PCC) Satisfaction Levels

- 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

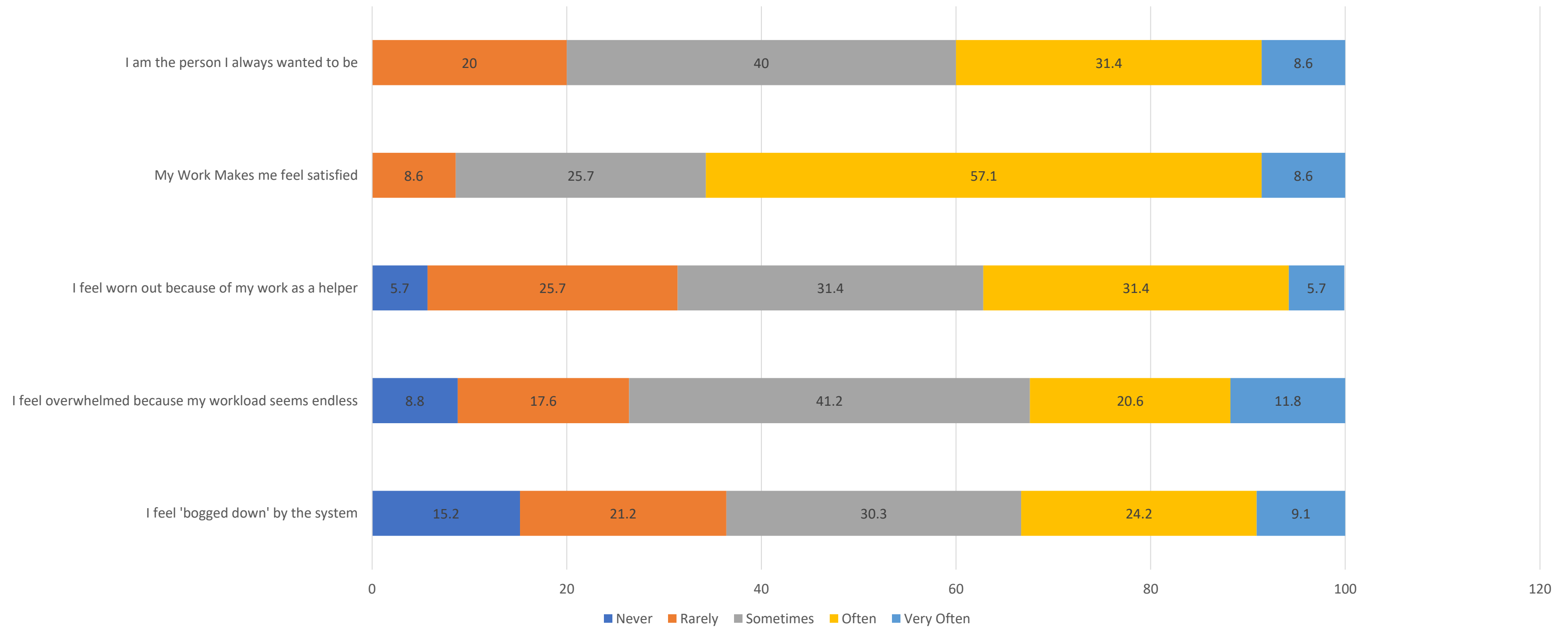
Professional Quality of Life

- 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



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.	9	24	7	2

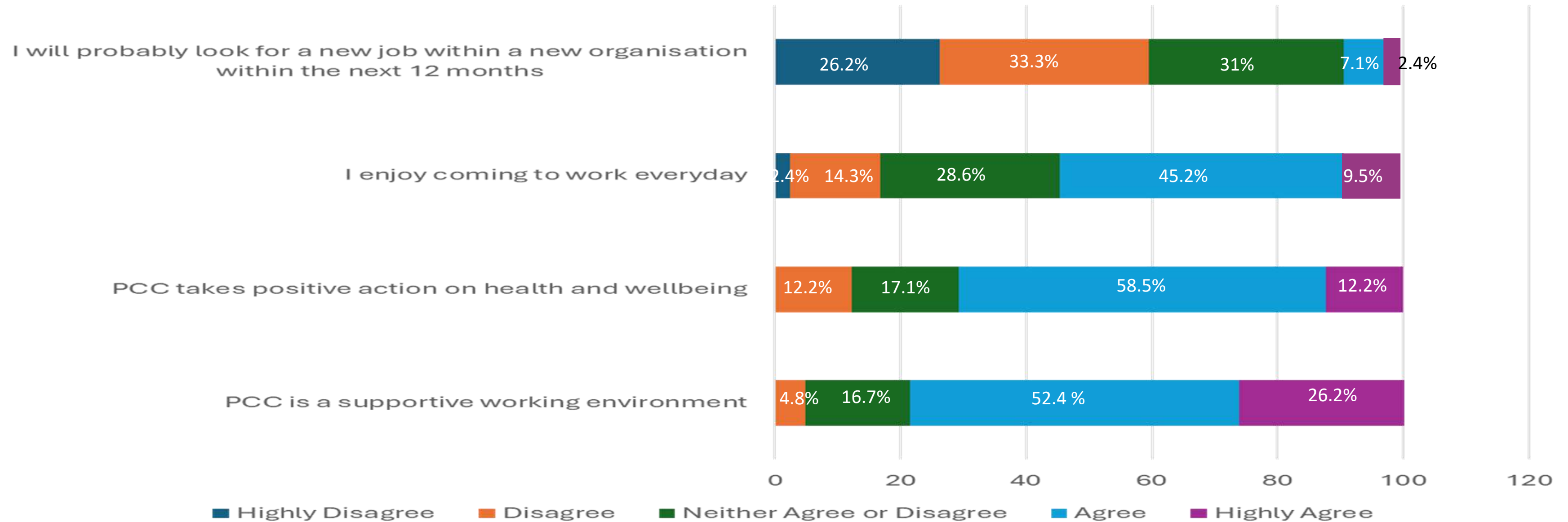
Band	4	5	6	7
No. of	2	22	10	8

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

Edu - cati on	U/G	Deg ree	HD U pro g	PCC Fun da me ntal	PG Pae d CC	MS c
No.	2	22	10	8	0	0

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

Participant reported engagement 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)

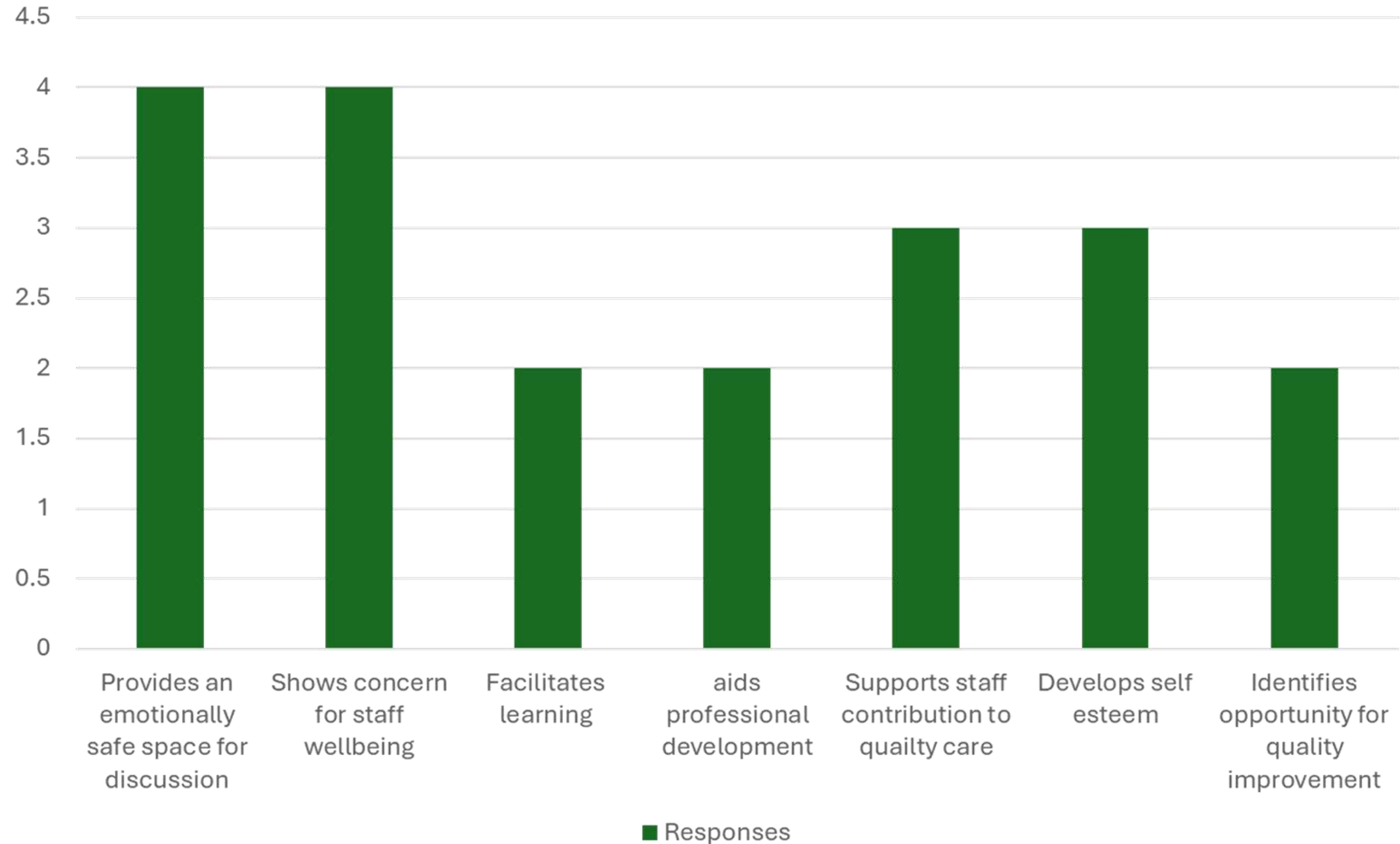
Not Receiving RCS

- *“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

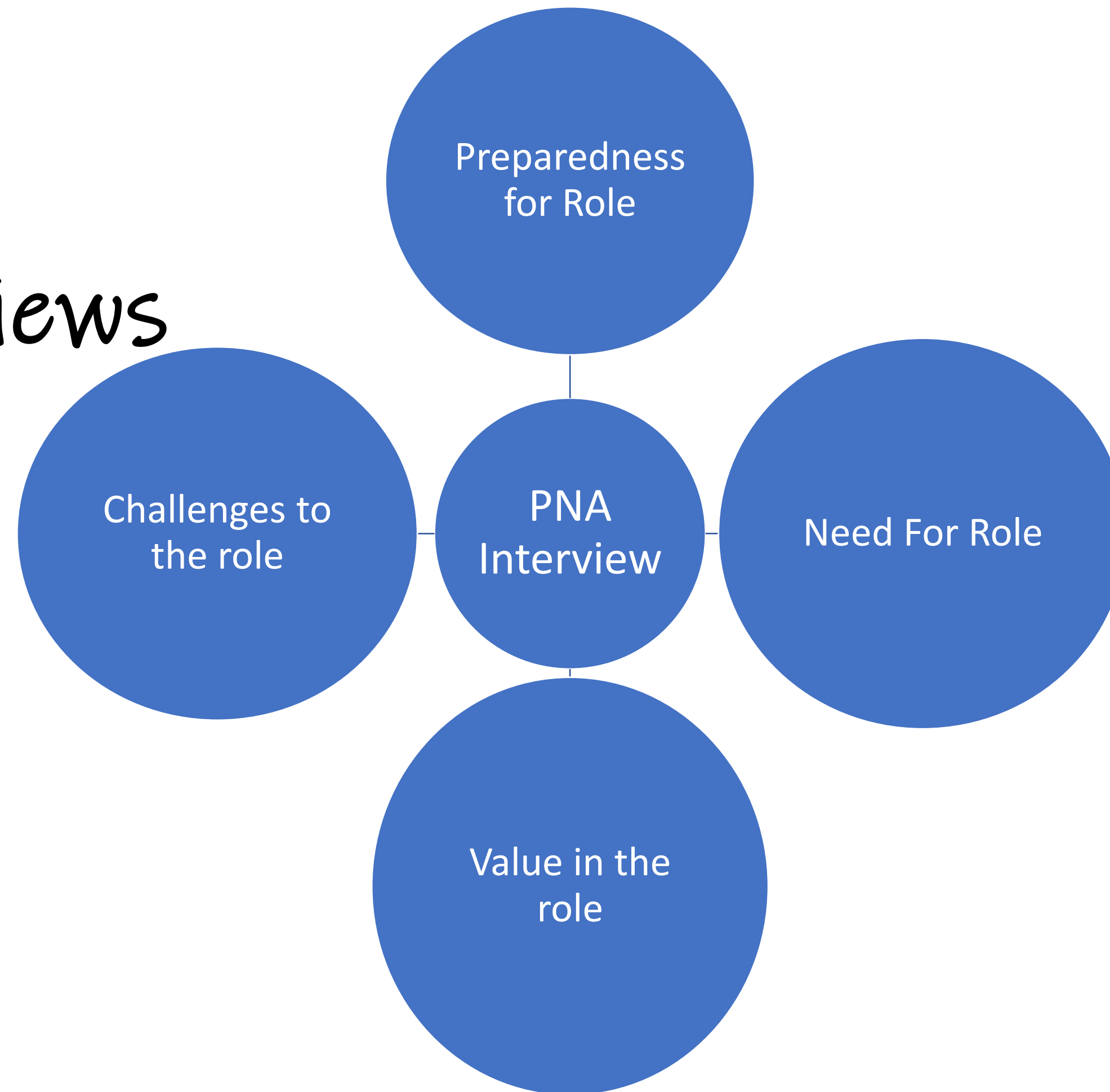
"Checking in after sessions as the session I felt raised issues I did not know how to address"

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



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 manager 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).



Impact of the CNO Fellowship

Personal

- Funded secondment at trust level
- Skills Development
- Taught Study Days
- Work on a trust-wide agenda
- Enhanced learning and support
- MDT Team working

Professional

- Opportunity to present at conference
- Network Nationally
- Enable future research
- Publish

Organisational

- Wider adoption of PNA role and understanding of PNA by all senior nursing leadership
- Development of robust PNA evaluation

PNA Evaluation Data

Quotes from Supervisees

“I found it very valuable, being able to talk about how I feel in relation to work in a safe environment with no judgement.”

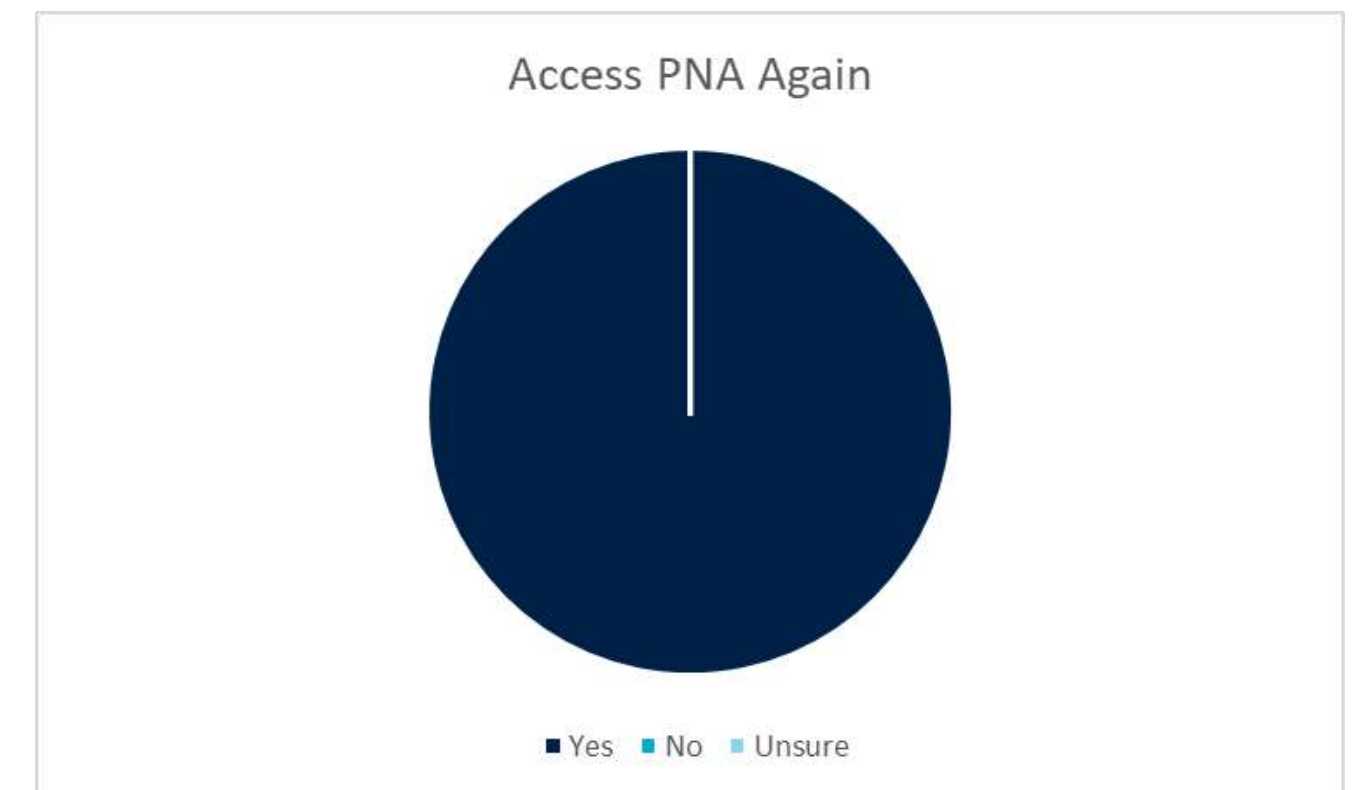
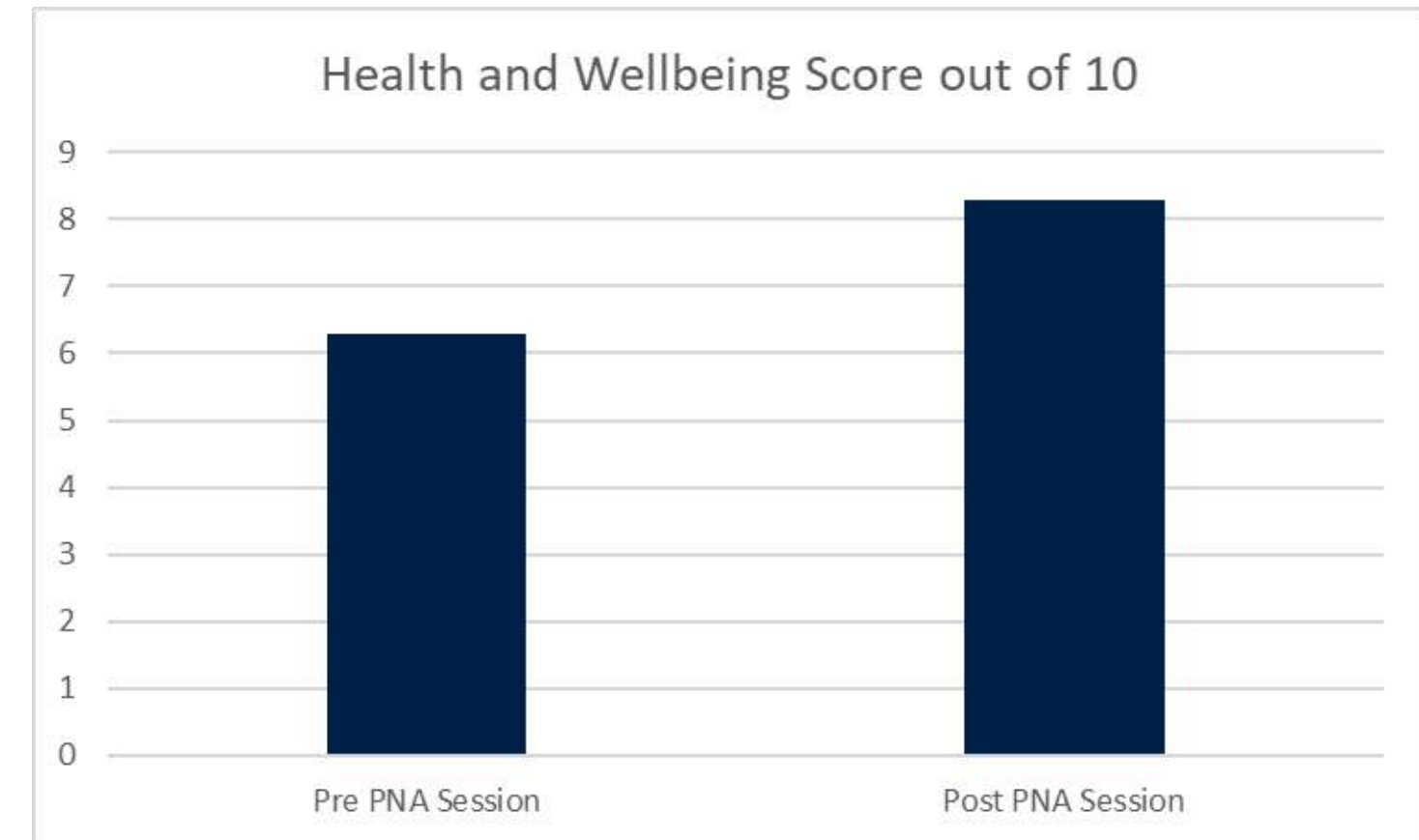
“I found the session made me feel understood”

“I got very useful advice on and was really able to explore my QI idea”

“ Useful to have an insight into my colleagues' struggle with similar experiences, this has led to an improvement in my mental health”

“it has elevated my mood, reduced my stress and helped me to understand better the life events that my colleagues struggle and go through”

“Really helpful, felt I was listened to and was able to unjumble the thoughts in my head”



Next steps to take forward PNA in OUH

Continue release of protected time for all PNAs, with agreement of PNA/PMA policy to support practice

Increase PNA capacity at OUH, with recruitment and training via Oxford Brookes collaborative module

Continue PNA Lead oversight to support development of PNAs and evaluation of activity

Expand and replicate the CNO service evaluation across all critical care areas in OUH commencing with OCC/CICU

Further research on the organisational barriers that impact the implementation of the PNA role

Acknowledgements



Sheera Sutherland
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Supervisor and mentor
on CNO Fellowship



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OUH QI Team – Tanya Hamilton
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Information Governance team
and Caldicott guardians



Abbie Smith and the
whole of the PCC team

Key Stakeholders for
service evaluation



PCC Professional Nurse
Advocates supported by
OUH PNA Lead

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Thank you.

Any Questions?

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