

A Pilot Service Evaluation of the Professional Nurse Advocate (PNA) Programme in Adult Critical Care: A mixed-methods approach

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- High levels of burnout consistently reported amongst Critical Care Nurses. (Vincent et al., 2019).
- COVID-19 Pandemic exacerbated existing pressures and brought new challenges. (Montgomery et al., 2021).
- March 2021 - Ruth May announces new Professional Nurse Advocate (PNA) Scheme.
- Limited PNA resource in LTHT - Newly appointed Band 6 Nurses were invited to attend PNA-led supervision groups, held online, on alternate months for 90 minutes.
- PNAs attended supervision facilitated by a Clinical Psychologist & QI Lead Nurse



To explore markers of burnout amongst nursing staff working within adult critical care

To evaluate the impact and acceptability of RCS groups as part of the newly launched PNA Programme

To capture experiences of both Band 6 Nurses and PNAs

Two-phase, mixed-methods design

Phase I:

PNAs (n=5) and Band 6 Nurses (n=37) asked to complete anonymous online survey following their attendance at group supervision sessions.

Phase II:

Semi-Structured Interviews to explore experience and impact of being part of PNA programme.

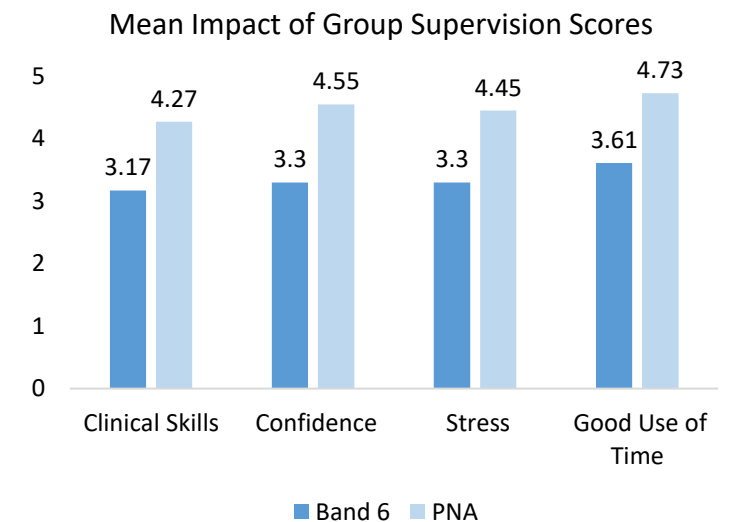
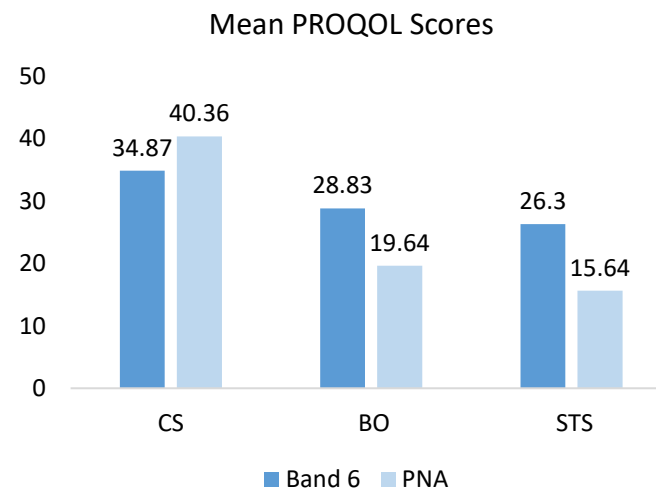
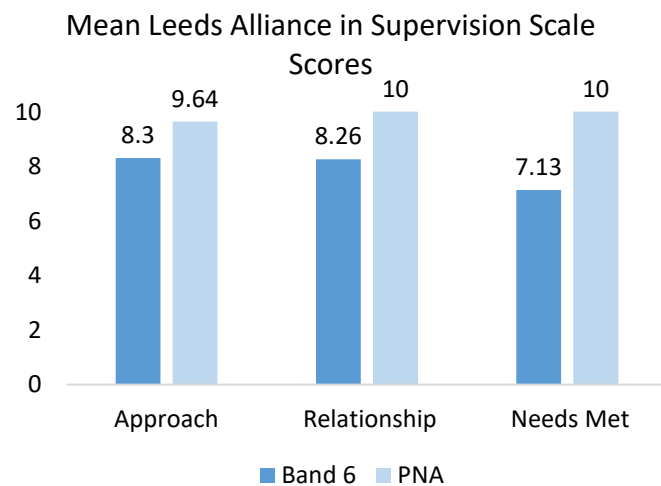
Data Analysis:

Descriptive results reported for quantitative data.

Rapid Qualitative Analysis to identify themes from qualitative data.

Phase I:

33 survey responses were received (PNAs: n = 11; Band 6 nurses: n = 23)



Phase II:

3 Semi-Structured Interviews carried out with PNAs

Five themes emerged:

Impact and Motivation
for PNAs

Barriers for PNA
Programme

Facilitators for PNA-led
Supervision Groups

Value of PNA
Supervision

Hopes for the Future
Development of the
PNA Programme

- PNAs report a higher professional quality of life. They also found supervision more beneficial.
- A-EQUIP is as a useful framework for supervision to balance between restorative process and professional development.
- Psychology-led PNA supervision plays key role in personal and professional development of PNAs.

Limitations:

- Nurses' voices were not well represented in the qualitative part of this research
- No opportunity to report pre-post measures to evaluate impact over time

- Further input at all levels in the organisation needed
- Development & distribution of clear guidelines for RCS
- Embed RCS by expanding offer to all practicing and training nurses
- Continued consultation with Psychology colleagues to build skills and confidence in delivering RCS.
- More research to capture the experiences and views of Nurses attending RCS.



Thank You for
Listening

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THANKS A BUNCH!

