

## Title

# Establishing a PNA role in Cardiothoracic Critical Care

## Organisation

Cardiothoracic Critical Care Unit, Essex Cardiothoracic Centre

## What was the aim/problem?

The aim was to establish a new role – the Professional Nurse Advocate – in cardiothoracic critical care and to set up a wellbeing suite for staff in the cardiothoracic centre.

This role is an initiative from NHS England post the COVID 19 pandemic looking at supporting nursing staff through restorative clinical supervision and ensuring that staff wellbeing is a high priority in order to increase staff retention and job satisfaction. I was in the first cohort of nurses to undertake this training. There is a high level of nurses nationally leaving the profession due to stress and burnout and this had been reflected in a high staff turnover on the critical care unit in which I work. We have also had high levels of staff sickness over the last 18 months. Therefore there needs to be action taken in order to try and reduce these figures. Intensive care has always been a highly stressful environment and the pandemic as highlighted the need for formalised clinical supervision.

## What was the solution?

My main focus has been introducing the clinical supervision sessions into the unit as well as establishing a wellbeing suite for our staff.

I have had to focus on education around what the role of the PNA is and what the benefits of clinical supervision are. As this is a completely new role in nursing it requires a culture change. Nurses are not used to taking the time to sit down and discuss their feelings surrounding their work and work life balance. I have been doing a teaching session on all of the team days in order to promote the role and to explain what it is all about. During these sessions I have been able to give statistics as to the benefits of clinical supervision and answer people's queries. These sessions have been very beneficial in highlighting the new scheme and also in getting ideas from staff about how this can be realistically integrated into our normal practice.

## What were the challenges

The main challenge is getting time to establish this role effectively. This is a national issue with ITU's being at full capacity all the time and nursing ratios going to 1:2 or 1:3 rather than 1:1 nursing. It is difficult to get the protected time to do the role and to have clinical supervision sessions even though my management team are supportive of the role. I have had to continue to push for the time and advocate for the importance of the role. I have discussed these concerns with my matron and our plan is that from November I will have protected days for the PNA role when I cannot be used in the numbers on ITU so I can provide the necessary support and establish the role fully.

The other main challenge has been changing nurses' culture. Nurses are not used to having clinical supervision and therefore do not necessarily understand the benefits of it. Also with the PNA being a new role education is necessary for staff to understand it. In order to overcome this I have been doing teaching sessions on the team days explaining the role and the benefits of restorative clinical supervision. I have had good feedback from these sessions that staff and have increased understanding and have had bookings for RCS following the sessions. I have also discussed the role at the band 7 meetings so that the senior nursing team on the unit understand the role and the importance of releasing staff for RCS. I have also produced a wellbeing/PNA page which has been added to the welcome pack for new starters so they are fully aware of the role and how to arrange RCS sessions as required.



## What were the results?

It is too early in my role out of clinical supervision and the PNA role to have data to show the results of introducing this. However I have received positive feedback from the individuals who have had clinical supervision with me that it was beneficial to have and now that they understand more of the process surrounding it and why it can be helpful they will book in more clinical supervision sessions going forward. I have already started to see themes emerge in the discussions I am having of areas we can improve on as a unit and will be feeding them back to the senior nursing team for discussion on how to improve.

## What were the learning points?

I have learnt a lot from trying to establish this role surrounding the importance of making the time for staff wellbeing and to be pro-active rather than waiting for situations to deteriorate. We need to look at the underlying causes for work related stresses and what we can do to improve the working environment.

Also my clinical supervision sessions are already providing valuable feedback on areas that we can improve upon as a unit such as the support provided during supernumery time when newly starting on the ITU and how to support staff when they are completing an acting period in a new role following a promotion.

## Next steps

The next steps are to get the wellbeing suite fully set up and to work a schedule for protected PNA time and clinical supervision sessions. Currently there is only myself and one other PNA on my ITU; ideally we would like to train more staff up. Also I would like to expand this to the whole cardiothoracic centre to include theatres, the wards and cardiac catheter labs so that all the staff have access to wellbeing support and clinical supervision

## Want to know more?

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