INTRODUCING RESTORATIVE CLINICAL SUPERVISION FOR BAND 5 STAFF WHO ARE REDEPLOYED TO OTHER WARDS TO SUPPORT

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The Problem

- Senek et al (2020) found prior to the COVID19 pandemic nurses' intention to leave rates were between 30-50% suggesting a high level of job dissatisfaction.
- Staff have reported an increase in anxiety, fear and exhaustion over the COVID19 pandemic, affecting a range of staff groups (NHS Reset, 2021)
- A survey performed during summer 2020 (mid pandemic) in intensive care units reported symptoms consistent with a probable diagnosis of post-traumatic stress disorder (PTSD) in 40% of respondents and severe anxiety in 11% (Greenberg et al, 2021)
- Local evidence from completing 'check in chats' and a mentimeter show that staff are feeling increased psychological concerns when being asked to move to a ward environments to support.

Plan

- Identify recently moved staff group
- Promote role of PNA & commence engagement with staff group identified
- Devise audit tool

Do

- Ensure this is carried out by end July 2021
- Document any problems
- Gather data via audit tool

Act

- What are the next steps?
- What changes are to be made?
- What will be the next cycle?

Study

- Review results from audit tool
- How did it feel?
- Did it work well?
- Summarise what was learnt

How can we help?

- Braitwaite et al (2017) found a strong association between positive organisational and workplace cultures and positive patient outcomes.
- West et al (2020) suggests that to ensure wellbeing and motivation at work, and to minimise workplace stress nurses have 3 core work needs that all need to be met for people to flourish and thrive at work. These are autonomy, belonging and contribution.
- Winch (2019) suggests that rumination is common amongst staff and is linked to depression, passivity and poor problem solving ability.

Aim of the Professional Nurse Advocate (PNA)

- The A-EQUIP model (NHSE, 2017) supports a continuous improvement process that builds resilience, enhances quality of care and supports preparedness for appraisal and revalidation (NHSE, 2017)
- The A-EQUIP model promotes a continuous improvement process that aims to build personal and professional resilience and enhance quality of care (McCalmont, 2018)
- Using the restorative clinical supervision element of the model the PNA will aim to commence group restorative sessions for Band 5 staff who are moved to support other areas when critical care activity is reduced.
- The aim of these sessions will aim to identify areas of practice that they could improve when moved.
- The overall aim will be reduce the feelings mentioned in the mentimeter.
- Restorative clinical supervision is found to reduce stress and anxiety and improve job satisfaction amongst staff (Rothwell et all, 2019)

Future thoughts for PNA Role

- Restorative clinical supervision positively affects emotional wellbeing, reducing the levels of stress, anxiety, depression and on burnout with the impact of decreasing sickness levels and numbers of staff leaving the profession (Wallbank, 2013)
- Repeating mentimeter after 6 months of introducing restorative clinical supervision to see if improved staff experience.
- Review of staff sickness rates and staff turnover rates/retention over initial year of implementing role.
- Liaising with PMAs within trust and networking with other PNAs to incorporate other aspects of the model within critical care.

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