During the Covid-19 pandemic, healthcare staff experienced significant extra demand and work overload across all settings and disciplines, causing excessive staff stress and burnout (NHS Confederation, 2020). Exhausted staff are at greater risk of error-making and are more likely to suffer low engagement, compassion fatigue and emotional exhaustion (House of Commons Health and Social Care Committee, 2021; Kinman et al, 2020). This increases the number of nurses leaving or intending to leave the profession, which intensifies staff shortages and risks, thereby compromising patient safety and care quality.

Before the pandemic, the NHS had already committed to support staff wellbeing in The NHS Long Term Plan (NHS England, 2019), People Promise (NHS England, 2021) and the 2018 NHS Health and Wellbeing Framework, which was updated in 2022 (NHS England, 2022). However, further work was needed to support staff to feel well, healthy and happy at work. As part of the national Covid-19 pandemic recovery plan, and to support healthcare staff during and after the pandemic, NHS England commissioned the development and training of professional nurse advocates (PNAs).

**Background to the PNA role**
Staff training as PNAs are taught to embed the Advocating and Educating for Quality Improvement (A-EQUIP) model (Fig 1) into nursing clinical practice. Originally designed as a model for midwifery supervision (Baird et al, 2015; Parliamentary and Health Service Ombudsman, 2013), it was based on the works of Proctor (1987) and Douglas and Ginty (2001).

The A-EQUIP model was created to enhance the emotional and physical wellbeing of health professionals and, in turn, the quality of care provided to service users and their families. It aims to achieve that through:
- Staff empowerment and development;
- Use of restorative clinical supervision (RCS);
- Actions to improve the quality of care.

Making quality improvement an intrinsic element of every staff member’s role, in every part of the system (NHS England, 2017), it works for nurses in four ways:
- Advocating for the patient, the nurse and the healthcare staff;
- Restorative clinical supervision is a vital part of the role.
- Challenges include releasing nurses for the role, and designating time and space for sessions.
- Good planning and leadership support are critical in embedding the role.
- An online education module has shown to be an effective way of training nurses into the role.

**Key points**
- The professional nurse advocate role helps enhance nurses’ wellbeing, which could improve the care they provide.
- Restorative clinical supervision is a vital part of the role.
- Challenges include releasing nurses for the role, and designating time and space for sessions.
- Good planning and leadership support are critical in embedding the role.
- An online education module has shown to be an effective way of training nurses into the role.

**In this article...**
- The roles and responsibilities of the professional nurse advocate.
- Design and delivery of a professional nurse advocate academic module and lessons learnt.
- The value and use of restorative clinical supervision.

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**Abstract** In 2021, NHS England commissioned training for the professional nurse advocate role, which has emerged as an important one in terms of supporting staff in practice. This article discusses the theoretical model used as the basis for the training, along with the design and delivery of an academic module to prepare nurses for this role. It describes the knowledge and skills required for the role, as well as the benefits and challenges of training and implementation.

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Fig 1. A-EQUIP model

A-EQUIP = Advocating and Educating for Quality Improvement
Source: NHS England (2023)

- Providing clinical supervision using a restorative approach;
- Enabling nurses to undertake personal action for quality improvement;
- Promoting the education and development of nurses (NHS England, 2023).

The PNA role is a new professional clinical leadership and advocacy role that deploys the A-EQUIP model for registered nurses in England (NHS England, 2023). Its aim is to support staff through a continuous improvement process that:
- Builds personal clinical leadership;
- Supports professional revalidation;
- Improves the quality of care delivered (West et al, 2020).

The role is designed to enable nurses to provide safe, effective care that is compassionate and person-centred, while supporting staff to maintain their resilience and wellbeing. For practitioners to achieve this, it is important that they take measures to care for both themselves and those with whom they work (Royal College of Midwives, 2015; Martin, 2013).

The PNA role is relatively new, so the research that is available about its impact on nursing clinical practice is somewhat limited. However, there are ongoing national research evaluations in progress to address this.

Role of restorative clinical supervision

RCS is derived from clinical supervision – a term that is used to describe a formal process of professional support and learning. Bond and Holland (2011) described clinical supervision as “a regular, protected time for facilitated in-depth reflection on complex issues influencing clinical practice”. Clinical supervision enables practitioners to:
- Develop knowledge and competence;
- Assume responsibility for their practice;
- Enhance patient safety in complex clinical situations.

RCS adds another dimension, in that it restores thinking capacity, enabling the professional to understand and process thoughts; this enables them to contemplate different perspectives and inform decision making (Pettit and Stephen, 2015). Wallbank and Hatton (2011) suggested that RCS creates a space in which supervisees can think, feel, reflect and attempt to understand what is going on in their world.

Following the introduction of the PNA role, the RCS session aims to process these emotions through a supportive and confidential relationship with the PNA. These sessions are based on containment and reciprocity, as in the Solihull Approach (solihullapproachparenting.com), enabling the supervisee to feel restored (NHS Education for Scotland, 2020; Douglas and Ginty, 2001).

Wallbank (2012) suggested this strategy appears to reduce stress and has a positive impact on physical and emotional wellbeing, job satisfaction and relationships with others. It also supports building resilience, which is a vital part of helping staff to cope with stress, enhancing the patient experience and potentially reducing staff burnout (Pettit and Stephen, 2015; Proctor 1987). As with all roles, there are benefits and challenges to the PNA role. However, nurses who have access to a PNA in their organisation are more likely to feel connected and valued and, if supported effectively, will thrive and develop in their roles (Brookes, 2022).

PNA roles and responsibilities

According to NHS England (2023), the PNA’s responsibilities include:
- Offering clinical support;
- Offering wellbeing support;
- Offering learning support;
- Promoting the PNA role;
- Scheduling meetings with healthcare staff;
- Enabling personal development;
- Enabling professional development.

The role of PNAs in providing clinical support includes patient advocacy. This reinforces that it is part of every nurse’s role to work with patients and their families in challenging situations to create collaborative care plans, such as supporting patients to make informed decisions based on the best available evidence.

The restorative function of the A-EQUIP model allows PNAs to demonstrate inspirational and visible leadership in the workplace, support change in clinical area/s and promote psychological safety for staff, ultimately improving the quality of the care that is given.

PNAs offer wellbeing support by discussing professional issues, including clinical incidents, team dynamics, stress, burnout, incidents of bullying, career progression and personal issues following a traumatic or stressful event. This gives staff an opportunity for reflection to reduce stress and enable learning. It also has the potential to reduce compassion fatigue and improve confidence by promoting staff understanding of personal and professional resilience.

The PNA also has a role in supporting nurses to develop their ideas and actions for quality improvement and service
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development. This can be achieved through reflective discussions about revalidation and career development. Staff are coached to reflect on incidents, with a focus on system and processes. PNAs also conduct individual RCS meetings with clinical staff that are needs based and maintain nurses' privacy and confidentially. In addition, they promote and lead quality improvement programmes, promote the PNA role and collect data on the effectiveness of RCS in improving clinical practice.

Benefits and challenges of the role

Petitt and Stephen (2015) discuss some of the potential benefits of the PNA role, such as supporting professional resilience, identifying areas for service and personal improvement, boosting individual well-being, and reducing stress and risk of burnout. This concurs with the national agenda and actions needed to support the sustainability of the healthcare workforce. However, Wallbank (2013) also described some of the challenges PNAs may encounter, such as releasing nurses for the role, delegating time and space for PNA sessions, gaining staff acceptance of the role and the need to develop a local critical mass of PNAs. Benefits and challenges are outlined in Box 1.

The national PNA project, which has involved training thousands of PNAs over the last couple of years, will remove some of these challenges and integrate this role more effectively into clinical practice. The King’s Fund’s recommendations to address the healthcare workforce crisis, outlined in Bailey and West (2022), also align with the aims of the national PNA project.

**Designing and delivering a PNA module**

NHS England’s (2019) long-term plan highlights the need to develop and embed the cultures of compassion, inclusion and collaboration across the NHS, to result in outstanding staff engagement and patient care. To help in this aim, our institution developed an online PNA module in April 2021, during the second wave of the Covid-19 pandemic. This module has been developed to meet the PNA standards set by NHS England (2023) and has recently been mapped to meet the *Professional Nurse Advocate Standards for Education and Training Programmes and Modules* published by the Royal College of Nursing (RCN) in 2023.

The RCN’s (2023) standards offer education institutions a universal framework to align their programmes towards, and to establish, enhanced levels of quality. The module aims to develop attendees’ skills and expertise in the four functions of the A-EQUIP model. Consisting of 15 credits, it has 10 study days, which include:

- Synchronous live key lectures;
- Interactive small-group sessions;
- Simulated online practice RCS sessions within groups;
- Shared experiences of working as a PNA from students who have already completed the module;
- Asynchronous activities, such as access to online learning materials and recorded lectures.

The module is designed to develop forward thinking and dynamic nurse practitioners, who are able to lead the services in their practice areas. Content includes the following:

- Background to the development of the A-EQUIP model and the four functions of the model;
- Education and development (formative function);
- RCS (restorative function);
- Monitoring, evaluation and quality control (normative function);
- Personal action for quality improvement;
- Emotional intelligence, self-compassion, compassion and reflection;
- The fundamentals of leadership and its defining characteristics;
- Differences between leadership and management, and the role of the PNA;
- Leading change and the key challenges that organisations and managers encounter.

Course feedback and evaluation

Most students were engaged and confident in using our digital platforms from day one, reporting good accessibility to our systems.

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**Box 1. Potential benefits and challenges of the professional nurse advocate role**

**Benefits**

- Facilitates professional resilience
- Identifies areas for improvement
- Develops the advocacy role of nurses
- Underpins strategies to invest in nurses
- Supports revalidation
- Improves absence rates
- Improves individual wellbeing
- Reduces stress and risk of burnout
- Increases job satisfaction
- Improves staff retention
- Improves team dynamics
- Supports provision of high-quality care
- Enhances management of a work-life balance

**Challenges**

- Finding time to implement the role
- Knowing what the organisation requires of the role
- Allocating time for restorative clinical supervision sessions
- Ensuring nurses’ and organisation’s understanding of the role
- Achieving adequate levels of trained people in the role
- Ensuring staff acceptance and engagement
- Gaining management support
- Obtaining buy-in from the leadership team and staff, so that professionals are given permission to take appropriate time for their sessions
- Fear of the unknown
- Difficulties with actioning

Sources: Petitt and Stephen (2015); Wallbank (2013)
“Nurses who have access to a PNA will feel connected and valued and, if supported effectively, will thrive and develop in their roles”

and excellent learning experiences. The small percentage of students who initially found online learning challenging gained confidence in how to use our systems in the first few days of the course.

Students liked the blend of academic work and working as a group on clinical cases. They discussed how the course had:

- Enhanced their supervision skills;
- Given them more thinking time;
- Helped them connect with, and learn from, others;
- Enabled them to share good practice ideas with other students.

This is shown in the following examples of student feedback:

“The PNA course was excellent and provided protected time to reflect on practice with others. I really enjoyed the shared learning and collective ways to make improvements in practice.”

“I particularly liked the innovative ways the tutor utilised to engage the students in problem solving through a range of restorative supervision tools and theories.”

“This course highlights the importance of the PNA role in nursing, and how the tool and resources we are being taught can also influence all aspects of our nursing role.”

“I look forward to continuing [to learn] about the role, and how I can use this in my career and to support others.”

“Participating in the PNA course has enabled me to adapt the way I think when offering supervisions.”

“The PNA module has made me more self-aware and developed my emotional intelligence.”

Students also positively evaluated the assessment task:

“The assessment process with the workbook and reflections was appropriately aimed to encourage the application of learning to the role of PNA. When compared with other PNA courses with higher credits, students were finding these very stressful and this detracted from the ethos of the PNA role. So, I think this course is well structured and delivered to meet the objectives of Public Health England and rolling out this role.”

Oxtoby’s (2022) report contains further student reflections on our course, including how they found the course and empowering skills they had developed to support colleagues in their practice.

Learning points

Pearce (2023) states that the PNA role is pivotal in recruitment and retention, reducing sickness absence, and improving clinical practice and safety. Likewise, Pettit and Stephen (2015) identified that use of the A-EQUIP model has been shown to improve staff retention. Feedback from students on our course has also supported this and suggested that the PNA role has the potential to increase staff retention and play a role in workforce sustainability.

However, by running the PNA module and holding discussions with qualified PNAs, we have identified some key barriers to integrating the PNA role in clinical settings. These include PNAs finding it hard to secure study time and be released from clinical areas due to staff shortages. However, giving staff protected time to access the module means that, once qualified, they will be better prepared to support their clinical colleagues’ wellbeing and to help them deal with these work pressures.

Chronic staff shortages were also one of the main barriers experienced by qualified PNAs when it came to implementing their roles in practice. At the same time, students on the module heard from qualified PNAs how they had overcome some of these challenges and were able to embed their roles as PNAs effectively in their practice. Good planning and leadership support emerged as critical factors in embedding the PNA role to produce the intended benefits.

NHS England’s (nd) case studies on implementing the PNA in clinical practice provide further insights into the challenges and benefits of PNA implementation, some of which are consistent with our students’ experiences. It would be helpful to learn the lessons from early implementers to enhance role integration in practice.

Conclusion

The PNA module gives nurses the knowledge and skills to support staff wellbeing, allowing them to offer an improved quality of care. The module helps students develop their emotional intelligence, resilience and ability to support others in clinical practice.

Online delivery of the module was effective in facilitating networking at a national level to advance the PNA agenda and providing a rich learning environment for students. As the PNA role is relatively new, there is limited research on its impact in practice.

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