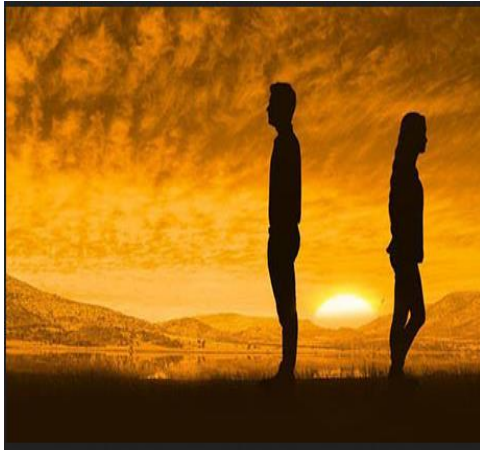


# The Aims and Benefits of Professional Nurse Advocates in General Practice



## AIM

To introduce restorative clinical supervision in general practice, to support the emotional needs of staff developing resilience by creating thinking space. Supporting physical and mental well being through discussion, and reflective conversation. General practice is renowned for lone working, that can increase feelings of loneliness, and lack of support and understanding, leading to low job satisfaction and burnout. Due to the growing complexity of general practice, there is constant need for education, quality improvement and peer support. By implementing A-EQUIP and RCS will engage nursing staff and help to develop a supportive, receptive, educational culture and will lead to quality improvement and patient care.



## Method

Restorative clinical supervision (RCS) is one of the four elements of the A-EQUIP model. NHS (2017)

The RCS element offers protected time to meet with a professional nurse advocate (PNA), allowing for a voice to reflect and recover from professional experiences and challenges.

Encouraging continuing professional development and quality improvement.

The PNA is a new and fundamental leadership and advocacy role and designed to facilitate the A-EQUIP model..

Emotional and physiological stress on the NHS workforce, can be reduced by investing in resilience and is a cost-effective, positive step towards supporting all staff.

RCS can encourage staff at all levels to contribute to quality improvement projects and quality assurance, by embedding lessons learnt from incidents. This will help to support and produce positivity within the workplace, and improve patient care and outcomes.

## Background

During the Covid 19 pandemic the NHS as a whole has been under significant pressure, within general practice this has involved the implementation of the Covid 19 vaccination programme. This required 7 day a week working across the multi professional team. This has lead to burnout, moral distress and lead to a significant reason for nurses leaving general practice. This was also further supported and recognised by an increase in GPN's leaving the profession, during the Covid 19 pandemic.

By introducing RCS, with a trained professional nurse advocate (PNA), ensuring protected time for the nursing workforce, encouraging reflective practice therefore leading to and encouraging a learning rather than a blame culture environment.

This will give the staff opportunity for quality improvement and promote a more collaborative culture which enhance teamworking, encourage resilience and improve workforce retention.

## Conclusion

Good communication and engagement with all staff should reduce barriers for implementation. The PNA will earn and retain confidence in others. Within small teams in general practice you can engage all staff and develop a receptive culture to RCS. Sharing good practice and celebrating success can lead to quality improvements and also develop a valued, positive and resilient workforce, This can be measured in staff feeling of well being.

