



NNNG
NATIONAL NURSES NUTRITION GROUP

Reflect, Restore and Regain

A Programme Using Clinical Supervision
Models to Care for Nutrition Nurses
Caring for Patients



Reflecting, Restoring and Regaining a Programme Using Clinical Supervision Models to Care for Nutrition Nurses Caring for Patients

Aim

To build a community of support for nutrition nurses (NHS and Industry), using restorative clinical supervision (RCS) methods and models to:

- promote wellbeing
- safe spaces for reflection and learning
- quality improvement initiatives
- compassionate care giving by compassionate leaders in nutrition nursing

Background

The NHS Long Term Plan (2019) discussed the importance of strengthening and supporting leaders to support staff to do their jobs effectively – recognising that nurses in leadership roles provide a strong vehicle to ensure that staff have the opportunity to create and deliver the changes that are required throughout the hierarchy. In March 2021 NHS England and Health Education England responded at the critical point of the Covid-19 recovery with the Professional Nurse Advocate (PNA) programme. Nursing as a profession has for many years struggled with the retention of nurses in the NHS and more recently in industry and the private sector. Models such as RCS and PNA (A-EQUIP model) are required to ensure that nurses are supported, and wellbeing is central to promote retention of a compassionate nursing workforce.

Clinical Supervision has been described as a model designed to support professionals working within roles where there is a significant emotional demand (Wallbank, 2007). Nurses are repeatedly exposed to complex clinical work that can produce anxiety, stress and fear responses and would therefore fit into this model. Wallbank and Woods (2012) implemented the RCS model, they found substantial reductions in the stress and burnout levels of over 2500 staff while also supporting their compassion satisfaction and increasing the attachment they have to their workplace.



Reflecting, Restoring and Regaining a Programme Using Clinical Supervision Models to Care for Nutrition Nurses Caring for Patients

The Foundation of Nursing Studies use a Resilience-based Clinical Supervision (RBCS) model of clinical supervision which focuses the 'emotional systems motivating the response to a situation'.

RBCS is a facilitated reflective discussion, characterised by:

- Co-creating a safe space
- Integrating mindfulness-based stress-reduction exercises
- Focusing on the emotional systems motivating our response to a situation
- Considering the role of our internal critic in sustaining or underpinning our response to a situation
- Maintaining a compassionate flow to self and consequently to others

Assessing the impact of RBCS suggests that it can help to develop an increased awareness of the importance of self-care and question organisational practices which impact negatively on staff (including their own) and patient wellbeing.

The A-EQUIP model positions RCS at its heart as an integral part of the ever evolving cycle, promoting a continuous improvement process. RCS provides a safe confidential space for the nurse to reflect and explore personal practice as well as team and organisations practice and procedures, the RCS facilitator will develop the toolkit to allow for the nurse to physically and mentally slow down enabling an awareness of our emotional systems that motivate our and others response to a situation (Stacey, Aubeeluck and Cook, 2018). Pettit and Stephen cited in A-EQUIP – a model of clinical midwifery supervision (2015) report the benefits of RCS for the nurse as:

- improvement in overall wellbeing of nurses
- significant reduction in stress and burnout
- improve working dynamics within their team
- supports staff to manage work/life balance more effectively
- increased enjoyment and satisfaction at work

For the organisation:

- staff feeling valued
- improved staff retention
- increased compassionate care



Reflecting, Restoring and Regaining a Programme Using Clinical Supervision Models to Care for Nutrition Nurses Caring for Patients

Through reflection and techniques that promote self-guided problem solving through discussion and exploring external factors, the nurse and facilitator can evaluate and learn to promote the personal and professional accountability of the individual and that of the organisation to the individual. Over a period of time formulating a personal action plan and quality improvement projects to enhance continued professional development and patient care.

Programme Outline

A pilot programme designed and delivered by NNNG committee member PNA's using a combination of RCS models ; incorporate the skills of mindfulness, positive re-framing and recognising the inner critic to support personal and professional fulfilment. Six sessions will be delivered over a 6-9 month period in the Southeast of England. It is hoped that sessions 1,4 and 6 will be held as face to face and the remainder on a virtual platform. The virtual sessions will be 2 -3 hours in length and the face to face slightly longer at 3-6 hours. The sessions will provide a safe space for sharing experiences, listening and creative conversations to enable the development of personal action to build skills for quality improvement projects – reflecting on experiences for learning that lasts and enhances compassionate care.

Each participating nurse will be encouraged as part of the last session to describe/discuss a quality improvement project that they have recognised during the programme or a change in practice that has enhanced compassionate care giving or wellbeing in their team. They will have the opportunity to present their quality improvement project as a poster for the next NNNG conference.

Evaluation

The programme will be evaluated by using an anonymous professional quality of life questionnaire at the beginning and the end of the programme. Each session as well as the overall programme will be evaluated anonymously. Each participating nurse will be asked to discuss identified and discuss their quality improvement project.



Reflecting, Restoring and Regaining a Programme Using Clinical Supervision
Models to Care for Nutrition Nurses Caring for Patients

**Scan the QR to complete the
applications**



References

A-EQUIP a model of clinical nursing supervision. (2021) NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/12/B0799-national-professional-nurse-advocate-implementation-guide-with-links.pdf>

A-EQUIP a model of clinical midwifery supervision. (2017). NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf>

Stacey, Aubeeluck and Cook. (2018). Resilience-based clinical supervision: a course companion. London: FoNS.

Health Education England. (2018) Reducing pre registration attrition and improving retention. <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>.

NHS long term plan (2019). Department of Health.

Stacey, Aubeeluck and Cook. (2018). Resilience-based clinical supervision: a programme companion. London: FoNS. pp14-15.

Wallbank, S. (2007). Restorative supervision manual. Restorative clinical supervision manual. www.restorativesupervision.org.uk

Wallbank, S., and Woods, G. (2012). A healthier health visiting workforce: findings from restorative supervision programme. Community Practice. 85(11), pp20-23.