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Development of Nightingale Frontline: a leadership support service for nurses and midwives during the COVID-19 crisis

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ABSTRACT

Background As COVID-19 hit the UK, it was apparent that frontline healthcare workers would be faced with challenges they had never encountered before. The longer-term leadership support needs of nurses and midwives were considered central to how they would psychologically emerge from the COVID-19 response. In response, a national leadership support service for nurse and midwife leaders at all levels, was rapidly established.

Methods A collaborative approach was used, drawing from an established community of healthcare leadership development consultants and senior healthcare leaders. Practical plans for how the service would run were formulated via online meetings, held between February and March 2020. An internal questionnaire was distributed to attendees, requesting demographic data and feedback to capture the perceived impact of the service on leadership.

Results Overall, confidence in leadership ability/skills increased after attending the service; 68.8% of those who completed post-attendance questionnaires reported having learnt new leadership skills and a motivation to facilitate co-consulting sessions for their teams. The service was positively appraised and there were reports of a degree of influence on leadership, and improved confidence after attending.

Conclusion Leadership and well-being support provided by an independent and external organisation can offer a unique and safe forum for reflection and for healthcare leaders to decompress. This requires a sustainable investment to mitigate the predicted impact of the pandemic.

INTRODUCTION

In this article, we discuss the creation of Nightingale Frontline (NF), a national leadership support service for nurses and midwives during the COVID-19 pandemic. Leadership is essential for supporting the additional challenges and extraordinary responsibilities during a crisis.¹ Such issues can be suitably managed by leaders who are closest to the concerns raised by staff^{2 3} and possess the essential skills and values to effectively manage crisis situations. For instance, flexible, critical thinking can facilitate change and support well-being.⁴ While nurse and midwife leaders were in a position to make decisions to effectively manage and support teams,

the UK's top-down approach failed to draw on the combined intelligence and leadership talent of frontline nurses and midwives.⁵ To enable the continued guidance and well-being of healthcare teams after this crisis, ongoing leadership would be critical.⁶⁻⁹

The Florence Nightingale Foundation (FNF) (the FNF is a UK-based charity organisation that exists to support the leadership development of nurses and midwives)¹⁰ believed that how nurses and midwives would psychologically emerge from the COVID-19 response would be dependent on the support they received. Support via external organisations is thought to offer a psychologically safe space for individuals to speak openly and honestly.^{11 12} However, existing interventions (examples of well-being interventions include reflective practice,¹³ critical incident stress debriefing¹⁴ and mindfulness stress reduction¹⁵), involving peer support,¹⁶ are often not available to all staff or lack continuity.^{14 17} An argument existed for a virtual service that could offer support in real time. With this knowledge, FNF refocused its activity on creating NF. The objectives were to provide a safe space to deliver leadership support, allow attendees to identify strategies for self-care and explore current and future leadership challenges.

SETTING UP NF

FNF formed a workforce of highly skilled facilitators from an established community of healthcare leadership development consultants and senior healthcare leaders. The structure, process and guidance for sessions were devised collaboratively. Weekly meetings provided the basis for facilitators to reflect on session content and continually adjust and improve the process. Facilitators were required to have a recognised postgraduate coaching qualification. Onboarding involved providing facilitators with information and minutes of previous meetings, in relation to NF. Non-participatory observations of existing sessions were undertaken, and (based on personal characteristics) facilitators were given the option to choose sessions they felt comfortable running. For example, a male facilitator may have chosen to run a session of all male attendees. The number of sessions was split equally between the number of facilitators on a monthly rota. Debriefing sessions were provided to support facilitator well-being.



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National Health Service (NHS) organisations used funds distributed by NHS Charities Together.¹⁸ NHS Charities Together is a national, independent, network of over 240 charities across the UK, providing funds to support NHS staff and projects offering well-being support for NHS staff.¹⁹ The service was advertised via social media and promoted through FNF’s networks. The NHS England People Directorate (The NHS England People Directorate provide a focal point for the delivery of the NHS People Plan 2020/21. Part of this plan is to support the well-being of NHS staff at national level)²⁰ and Chief Nursing Officer for England (The Chief Nursing Officer works strategically to deliver workforce priorities for nursing and midwifery) endorsed the service. Once established, FNF disseminated a video (online supplemental material) describing the service, to share the themes of the sessions and influence continuous investment in forums which support psychological safety.

Session structure

Each session is held for 3 hours with a maximum of six attendees per group. Each attendee has the opportunity to take up the role of ‘client’ or ‘consultant’. The client presents a real and current work problem/situation that is not neatly defined. The consultant role is to establish a supportive and challenging consultancy relationship to help the client develop their understanding of what is going on and to think about what they might do to improve things.

The consultant monitors time and session structure (table 1). Open questions are used to: establish what is problematic; widen the description of the issue raised; establish connections between people and events; understand any power dynamics; explore how meaning is being constructed and refine potential work-based solutions. After one session, attendees are encouraged to self-organise subsequent sessions. It was not possible (ethically or practically) to record NF sessions.

Conceptual framework

Each group is guided through a structured process known as co-consulting, which combines peer coaching with action learning. Co-consulting is a methodology that enables leaders to develop coaching skills through a process of double-loop learning.²¹ Double-loop learning allows the

person attending the session to engage in a ‘continual process of in depth learning’²² (p26) about their own and others experiences. Transformative learning was introduced by Mezirow,²³ who suggested that individuals can be transformed through a process of critical reflection. Influences on the theory include the work of Paulo Freire (1921–1997) and constructivist thought. Freire describes what he calls the process of conscientisation, by which individuals ‘achieve a deepening awareness of both the sociocultural reality which shapes their lives and... their capacity to transform that reality through action on it’²⁴ (p27). For Mezirow,²³ the role of the educator is to help the learner focus on and examine the assumptions that underlie their beliefs, feelings and actions; to assess the consequences of these assumptions; to identify and explore alternative sets of assumptions and to test the validity of assumptions through effective participation in reflective dialogue. Hence, transformative learning involves developing reflective and critical thinking, being open to the perspectives of others and less defensive (and accepting) of new ideas. This is considered to bring about strategic changes within teams, enabling growth and positive relationships. Problems can be explored and solved without telling people what to do.

Evaluation methods

NF commenced on 6 April 2020. Over the first 6 months, 37 NHS organisations and 1374 individuals attended; 21 facilitators ran 332 sessions. Internally prepared post-service questionnaires were used to capture demographic data and feedback from attendees (tables 2 and 3, figure 1). With permission, attendees provided self-assessment data regarding perceived impact of the service on leadership. We followed FNF’s policy on ethical conduct for evaluation and research. Personal information was considered confidential and maintained on FNF’s secure information security management compliant service, observing the UK guide to general data protection regulation.²⁵ Data were deidentified prior to commencing the analysis and qualitative comments examined (CB & JM) to ensure respondents could not be inadvertently identified via the content.

Those who completed (n=64) (completion rate=4.7%) questionnaires were predominantly female (87.5%) and aged 44.84 years (SD=8.53). Overall, NF was rated 8.39/10. Overall, 88.6% of survey respondents said they would recommend the service.

DISCUSSION

It has been our intention, through this brief report, to share insights concerning how NF was set up, the underpinning concepts and insights from those who attended. Previous evidence indicated that well-being support would be critical for the healthcare workforce through the pandemic.^{6–8} The data we obtained indicated that receiving support had the biggest personal impact on those who attended NF. However, in terms of well-being and in the absence of any measure, it is not possible to ascertain whether NF had a direct effect on well-being by itself.

It was anticipated that the educational concepts, employed in the design of NF, would offer nurse and midwife leaders the opportunity to share, reflect and solve the problem of some of the dilemmas they encountered.²³ The data we received showed that NF was positively evaluated, and

Table 1 Nightingale Frontline session structure

Time (min)	Activity
5	The client sets out the problem without interruptions.
4	When they have finished, the consultant summarises what they have heard without evaluation. The consultant then describes (briefly) their initial emotional/feeling response to the client’s situation without entering into a conversation.
5	The consultant asks clarifying questions to ensure their own understanding of the situation.
15	The consultant asks open questions that deepen the client’s description of what is going on.
6	The consultant develops their explanation of what is going on and ideas about behaving differently. The client listens, trying to notice how they are responding in terms of their thoughts and feelings. (The client might write these down).
5	The client summarise how they are thinking and feeling about the issue. If possible, the client says something about how they might now behave.

Table 2 Summary of post-attendance evaluations (n=64)

Questions/ information requested	Response options	Results		
		N	%	
Role/area of practice	Student	–	–	
	Healthcare assistant/support worker	1	1.6	
	Registered nurse—adult	49	76.6	
	Registered nurse—children	5	7.8	
	Registered nurse—mental health	1	1.6	
	Registered nurse—learning disability	1	1.6	
	Registered midwife	6	9.4	
	Nursing associate	1	1.6	
Nursing/midwifery band*	Student	–	–	
	2–4	1	1.6	
	5	7	10.9	
	6	10	15.6	
	7	23	35.9	
	8a	12	18.8	
	8b	4	6.3	
	8c	7	10.9	
Geographical areas	Wales	1	1.6	
	Scotland	–	–	
	Northern Ireland	–	–	
	London	12	18.8	
	South East	10	15.6	
	South West	7	10.9	
	East Anglia	6	9.4	
	East Midlands	6	9.4	
	West Midlands	2	3.1	
	North East	8	12.5	
	North West	12	18.8	
	Clinical specialty	Critical care	7	10.9
		Emergency department	5	7.8
Operating theatres		2	3.1	
Midwifery		–	–	
Acute medicine		9	14.1	
Acute surgery		6	9.4	
Community/primary care		5	7.8	
Research		3	4.7	
Outpatients		2	3.1	
Education		4	6.3	
Mental health		–	–	
Elderly care		–	–	
Palliative care		2	3.1	
Care/nursing home		–	–	
Bank/agency		–	–	
Other		19	29.7	
On a scale 1–10, how much did the Nightingale Frontline (NF) Leadership Course help you with the leadership challenges you were facing?		1–10	Mean score=7.7	

Continued

Table 2 Continued

Questions/ information requested	Response options	Results	
		N	%
How much has the NF service influenced your leadership style?	Not influenced	4	6.3
	Slightly influenced	6	9.4
	Somewhat influenced	27	42.2
	Really influenced	19	29.7
	Totally influenced	8	12.5
How much has the COVID-19 pandemic had an impact on your career/career development as a leader?	No effect	–	–
	Minor effect	4	6.3
	Neutral	7	10.9
	Moderate effect	27	42.2
	Major effect	26	40.6
Has this experience changed how you are planning your clinical career?	Not changed	14	21.9
	Slightly changed	4	6.3
	Somewhat changed	10	15.6
	Moderately changed	24	37.5
	Totally changed	12	18.8
What was the biggest impact for you personally from attending NF service?	Receiving support	18	37.5
	Gaining confidence	13	27
	Developing leadership skills	9	18.8
	Being able to share experiences	8	16.7

*According to Agenda for Change Pay Scales, applicable in the UK.

there was some influence on leadership. Overall, confidence in leadership ability was perceived to have increased as a result of attending a NF session—68.8% of those who completed a post-attendance questionnaire (n=64) reported having learnt new leadership skills through engaging with the service. Attendees described having used co-consulting methodology among their own teams, which demonstrates the potential influence of NF on healthcare personnel more broadly. We believe that reported satisfaction may be the result of having felt invested in at a time when there was a need for increased support. Thus, we will continue to offer NF as a resource to sustain the support required, which is necessary to enable nurses and midwives to continue to lead and care for their patients, staff and the NHS.

The data presented in this report are from our initial assessment, which is limited owing to a low response rate. This makes it difficult to generalise the effect(s) on leadership. Nevertheless, qualitative feedback highlights the value of NF for building self-confidence. The comments we have presented also show how NF provided an environment that supported individuals emotionally, prompted reflection and problem solving and improved communication in teams. Opportunities for improvement include offering more than one session and designing future questionnaires such that they are able to capture both pre-attendance and post-attendance data—paired so that any effects of attending NF can be accurately appraised. Accepting that well-being is a multidimensional concept,²⁶ future questionnaires should also incorporate a more robust measure of well-being. This approach will expand understanding regarding the impact of NF on leadership, and well-being.

CONCLUSION

Leadership support provided by an independent and external organisation can offer a unique and safe forum for reflection

Table 3 Qualitative feedback comments after attending Nightingale Frontline (NF)

Questions/items surveyed	Examples of attendee(s) comments	Theme(s)—subject of comment
Did you learn new leadership skills through engaging with the NF Course?	'Yes. I was able to be more confident and learned how to present myself forward'. 'Yes, through questions and discussion this session helped go back to the primary focus and how this should be channelled as part of my QI work'. 'I have now decided what I would like my future to be. It has given me direction to my future. Not to be afraid to enter a role in management/leadership'. 'I have done a short session which I find very motivating and stimulating'.	Increased self-confidence
What was the biggest impact for you personally from attending the programme?	'I have to be more confident in everything that I do, be open minded and learn how to express my own thoughts to others'. 'Co-consultancy Strategy (Client-Consultant exercise) Models discussed'. 'I have learned a lot from this program and now I am confident'. 'Emotional support'. 'It allowed me to focus on my goals and aspirations I would like to achieve. It also gave me tools I can use to influence my growth in my profession'. 'Realising that other face very similar issues in their role, this made me feel able to believe I was doing a good job'. 'Helped to solve a problem and a useful tool to use in the future'. 'I was able to deeply reflect on my practice and have been able to use some of the strategies in my leadership role'. 'Knowing that you weren't alone in how you were feeling'. 'The open and honest discussion'. 'Validated my thoughts & feelings on a challenge faced at work'.	Increased self-confidence Supportive environment
Please provide one example of success arising from attending NF Leadership Course	'I have tried to relax my leadership style and trust my staff more while improving communication'. 'I have had better conversations with my team members since attending'. 'Assertive delegation. Being able to ask some nurses to complete tasks. This was difficult before'. 'I feel it has help me think about my existing leadership style and how I can build on it and improve to become more of an inspiration to my team and the junior nursing workforce'. 'I have spoken with my manager about clinical supervision, and this is now in the pipeline to happen in my workplace'. 'Feel more confident in my leadership capabilities'. 'Increased my self-belief'. 'Improved sense of worth to the organisation whilst NOT being redeployed this time round'. 'It's too soon after course to give an example'.	Being a better leader Increased self-confidence Too soon to comment on impact
What improvements/areas would you like to see in future programmes?	'The session focused specifically on the skill of co-consulting, it was clear that the facilitator had many other skills and that there were other opportunities for my learning, and it would have been nice to have more time to explore these'. 'Only one session - be good to have follow up session'. 'More than a one off - continued development and support free at the point of access for the frontline nursing and AHP's'. 'Follow up course'. 'More sessions as it was difficult to book on'. 'The session to be longer and have a follow to review skills that has been improve'. 'To please continue these types of program and if possible, to provide e-certificate for participants'. 'It would be good to see something on resilience and health and wellbeing for nurses'.	Would like more time/sessions Include well-being strategies in future

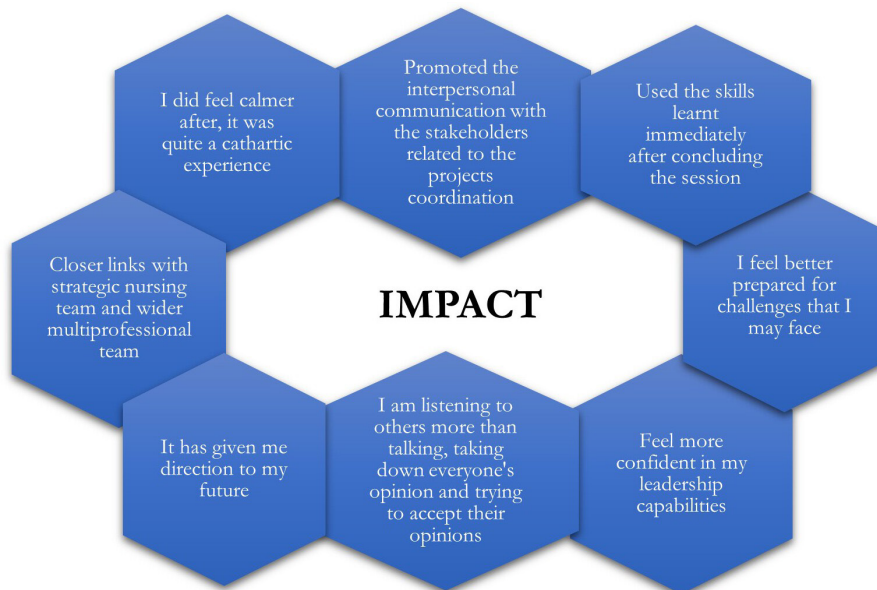


Figure 1 Feedback relating to personal impact after attending Nightingale Frontline session.

and for healthcare leaders to decompress. This requires a sustainable investment to mitigate the predicted impact of the pandemic on compassion fatigue, burnout and workforce attrition.

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Author note Professor Greta Westwood is CEO of the Florence Nightingale Foundation (FNF), she was awarded a CBE in the New Year Honours List 2021 for services to Nursing and Midwifery.

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Supplementary Material

The disseminated output of the Nightingale Frontline Leadership Support Service can be viewed here:

<https://www.bing.com/videos/search?q=nightigale+frountline+you+tube&docid=608049545359068280&mid=68EFBDD77E009D79526F68EFBDD77E009D79526F&view=detail&FORM=VIRE>

*At the time of writing, the Nightingale Frontline Support Service is pending UK Trademark.