



Opinion Article

The Importance of Implementing Role of Professional Nurse Advocator (PNA) and Use of A-EQUIP Model in Clinical Area Post COVID-19 Pandemic

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Citation: Kont Ideh (2022) The Importance of Implementing Role of Professional Nurse Advocator (PNA) and Use of A-EQUIP Model in Clinical Area Post COVID-19 Pandemic. Int J Nurs Health Care Res 5: 1318. DOI: 10.29011/2688-9501.101318

Received Date: 08 July, 2022; **Accepted Date:** 20 July, 2022; **Published Date:** 27 July, 2022

Introduction

The purpose of this paper is to discuss the importance and benefits of introducing the role of professional nurse advocator to clinical areas following COVID-19 pandemic.

Professional Nurse Advocators Promote Wellbeing of Care Providers

COVID-19 pandemic has had significant impacts not only on the patients and their relative also on the health care professionals. Following easing the restriction all the NHS trusts and health care providers identifies the impacts of pandemic on work force such as burnout, fatigue, exhaustion, work related stress, retention, and sickness rate. Facing a national pandemic of COVID -19 in 2019 was challenging and hard for all the health care providers as all had to face lots of uncertainty, difficult decision making in addition to personal and professional health related concerns. Every day was different, and all health care providers have to learn new lessons daily [1]. The staff sickness and absent level was another factor which added the existing pressure as the other member of team had to work extra and the moral was very low. All these factors emphasized the need for changes and improvement in order to support the healthcare forces and maintain staff retention. The NHS survey (2017) showed 40.3% of the staff reported feeling exhausted and unwell due to work-associated stress. However, the result of survey during the pandemic revealed that 44% of the staff were not feeling well due to stress and 46.4% attended work despite feeling unable to fulfil their responsibilities (NHS survey, 2021) [2,3]. The King's fund (2020) suggested that NHS staff

are 50% more at risk of being affected by work-associated stress compared to the rest of work force [4].

All these factors have direct influence on our physical and psychological health, care quality and patient's satisfaction, absent and sickness rate and finally retention rate and organizational performance. Therefore, after easing the restriction as a nurse, I feel there is a strong need to change the culture and philosophy of work force and implement established and recognized support for our colleagues and team members to make them valued and supported. In my clinical area we identified the lack of support for our staff's wellbeing and mental health therefore, we proposed the role of professional nurse advocator (PNA's) in our workplace which has been approved and supported by management team. I think implementing PNA role and A-EQUIP model in clinical area can be the most effective path to follow.

PNA role is well established in midwifery fields (PMA) however it is not well recognized in nursing despite the history of the advocacy in nursing. Patient advocacy and nurse's role as advocator is initiated in Florence Nightingale's time [5] as nurses were considered as the first supporters of the patients and the link between the patients and the health care system [6]. I feel to achieve the appropriate changes and improvement A-EQUIP (Advocating and Education for Quality Improvement) model should be use in all clinical areas. A-EQUIP model was designed to enhance the physical and emotional wellbeing of the care providers through restorative supervision and in turn the quality of care provided for the patients and their families [7]. One aspect of the A-EQUIP model is the clinical restorative supervision, that can be used to

improve the staff wellbeing and resilience in clinical area. Rouse (2019) explained that the aim of restorative supervision is to provide one to one support for staff to promote their resilience in order to reduce their stress and burnout level and improve their wellbeing which consequently improve the quality of work and decision making. Restorative supervision aim is to empower the staff to understand what they can do to help themselves to overcome stress and burnout [8].

I believe that implementing PNA's role and feeling supported and valued at work empower the nurses and empower their resilience and encourage the advocacy role of nurse. I feel when the health care providers know that their voice heard and they are valued, it will improve absence and retention rate and enhance staff's wellbeing by reducing stress and burnout and improve job satisfaction rate. However, like any other new ideas and proposal, introducing the role of PNA's has its own challenges and difficulties. The challenges are mainly including lack of time to establish and utilize the role effectively and challenges with changing the nurse culture as the staff are not familiar with the benefit of the support and team leaders and managers needs to be familiarize with the benefits of the role and A-EQUIP model. Also, we found funding for providing the course is quiet challenging as trusts most prioritize their budget sensibly after pandemic.

Conclusion

I feel despite all challenges and difficulties still our clinical area will benefit from the PAN's role, and we can support our

staff wellbeing and improve their quality of work and their job satisfaction level.

References

1. Guedes dos Santos JL, Balsanelli AP, Freitas ADO, Antunes Menegon FH, Carneiro IA et al. (2021) Work environment of hospital nurses during the COVID-19 pandemic in Brazil. *Int Nurs Rev* 68: 228-237.
2. NHS England (2017) A-EQUIP: A model of clinical midwifery supervision. London: NHS England; 2017.
3. NHS (2021) Professional nurse advocate A-EQUIP model. A model of clinical supervision for nurses. Version 1.
4. The King's Fund (2020) Written evidence submitted by The King's Fund (WBR0017).
5. Selanders LC, Crane PC (2012) The voice of Florence Nightingale on advocacy. *Online J Issues Nurs* 17: 1.
6. Maryland MA, Gonzalez RI (2012) Patient advocacy in the community and legislative arena. *Online J Issues Nurs* 17: 2.
7. Rouse S (2019) The role of the PMA and barriers to the successful implementation of restorative clinical supervision. *BR J MIDWIFERY* 27: 381-386.
8. Edmonstone J (2013) Personal resilience for healthcare staff, when the going gets tough. London: Radcliffe Publishing Ltd.