A journey of self-discovery and transformation: a theoretical and comprehensive evaluation of the Queen's Nursing Institute Scotland community development programme.

GRANT, A., MACIVER, E., ADAMS, N., TEODOROWSKI, P. and KENNEDY, C.

2023

Received: 23 May 2022 | Revised: 29 November 2022 | Accepted: 11 December 2022

DOI: 10.1111/jan.15552

EMPIRICAL RESEARCH - QUALITATIVE

JAN Leading Global Nursing Research WILEY

'A journey of self-discovery and transformation': A theoretical and comprehensive evaluation of the Queen's nursing institute Scotland community development programme

Aileen Grant[1] | Emma Maciver[1] | Nick Adams[1] | Piotr Teodorowski[2] | Catriona Kennedy[1]

[1]School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University, Aberdeen, UK

[2]Institute of Population Health, University of Liverpool, Liverpool, UK

Correspondence
Aileen Grant, School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University, Garthdee Road, Aberdeen AB10 7QB, UK.
Email: a.grant17@rgu.ac.uk

Funding information
Queen's Nursing Institute Scotland

Abstract

Aim: To evaluate adoption, implementation and maintenance of the Queen's Nursing Institute Scotland development programme.

Design: A comprehensive, longitudinal, qualitative evaluation.

Method: Participants from the first two cohorts were interviewed at different stages to explore adoption, implementation and maintenance. Managers of participants engaged in interviews to explore service changes. Facilitators took part in a focus group exploring delivery. A member-checking event was held. Data collection was between March 2017 and October 2019. Data analysis was thematically followed by the application of Normalization Process Theory.

Result: Ninety-four interviews, two focus groups and a member-checking event were conducted. Prior to the programme most participants were burnt-out and considering leaving. Engaging led to a journey of self-discovery and transformation. The programme was perceived to change their way of thinking, personally and professionally, unlike any training and development previously experienced. Participants were rejuvenated and reinvigorated, sharing their learning with colleagues, service users and family, implementing new working practices and furthering their careers. They developed communities of practice amongst their cohorts with strong bonds; enabling them to build and sustain learnings.

Conclusion: Participants experienced a journey of self-discovery and transformation unlike anything before due to the personal investment in them. Participants were rejuvenated and reinvigorated with many moving into new roles. The programme equipped them with a range of leadership and resilience skills.

Impact: The Queen's Nursing Institute Scotland Development Programme had a profound impact on participants, personally and professionally, which was perceived as

Reporting method: Adhered to COREQ reporting guidelines. No patient or public contribution as this was an evaluation of a programme targeting professionals.

lifelong. These findings and programmes are transferable beyond Scotland and to different professions.

KEYWORDS
burnout, community nurses, evaluation, growth, qualitative, resilience, transformational leadership

1 | INTRODUCTION

Globally, community nursing is facing unparalleled challenges from workforce shortages, escalating prevalence of multiple long-term conditions and health inequalities. These problems are exacerbated by a staffing shortage crisis which poses a significant risk to patient safety and burnout for nurses (UK Parliament, 2022, Dall'Ora et al., 2020). With the international policy focus on keeping people at home, early discharge and improving safety, care delivered in the community is increasingly more complex and diverse (World Health Organisation, 2018).

Community nursing delivers complex care focussing on well-being, self-care, prevention and health promotion. This work is integral to the delivery of services across diverse sectors, caring across the lifespan and influencing and transforming communities (World Health Organisation, 2020).

In 2017, the QNIS introduced a development programme aimed at equipping community nurses with transformational leadership and resilience skills to transform their teams and communities to address contemporary workforce and societal challenges, such as reducing burnout and health inequalities. An independent, comprehensive, theoretical qualitative evaluation was conducted with the first two cohorts to receive the programme, to explore adoption, implementation and maintenance and to optimize the programme for the future. If the programme achieved its aims, the evaluation also aimed to inform transferability to other professions, national and international contexts. This is rare as there are few comprehensive, independent evaluations of nursing leadership and resilience programmes which detail the programme components to enable replicability and transferability.

What does this paper contribute to the wider global community?

What is already known?
Nursing workforce shortage crisis, which poses a risk for patient safety and burnout for nurses.

What this paper adds?
An independent, theoretical, real-time and comprehensive evaluation of the Queen's Nursing Institute Scotland Community Development Programme (QNDP). This paper details the structure of the programme and components to improve replicability but also aid a more robust evaluation, and potential framework to guide further qualitative evaluations of nursing leadership programmes.

Implications for policy and practice?
A potential programme to aid the staffing crisis by retaining skilled and experienced nurses.

2 | BACKGROUND

Community nursing needs agility to address the pace of change in contemporary health and social care. As community nursing care has increased in complexity and diversity, in parallel, community nurses face increasing demands, workload and stress. Effective, strong nursing leadership is fundamental for quality and safety, reducing staff burnout and the community development (McKinless, 2020).

Workforce issues are challenging contemporary global health care, with the shortages most pronounced in nursing – the World Health Organization reporting 50% of the shortage of workers in nursing (World Health Organisation, 2020), in Scotland the NHS has 8% of positions vacant with 6.3% in nursing (Scottish Government, 2019), and 10.5% of vacancies in NHS England are in nursing (NHS Digital, 2021). Nurses are the largest professional group providing frontline health care and make up 59% of the global health workforce and 42% of the total NHS workforce (Scottish Government, 2020). Workforce shortages have implications for patient safety, staff burnout and stress. Supporting staff well-being is important to the safety and sustainability of health systems (Hall et al., 2016).

Unprecedented challenges from the Covid-19 pandemic have exacerbated the nursing workforce crisis. There are substantial increases in burnout and stress (Couper et al., 2022). If not addressed the Health Foundation predict vacancies will double in the next 5 years.

Leadership is essential for developing community nursing and advanced practice, for the clarification of roles, successful models of working, improving quality and safety and reducing staff burnout (Wei et al., 2020). There is an extensive field of nurse leadership (Cummings et al., 2021) yet a paucity of community nursing leadership literature. Community nurse perceptions of leadership are

associated with grade, however, leadership operates at all levels across and within teams (Cameron et al., 2012).

The Queen's Nursing Institute Scotland Development Programme (QNDP) aimed to equip community nurses with leadership skills to enable them to transform their teams and communities and deal with the rapid pace of change in contemporary health care and address workforce and societal challenges, such as burnout and inequalities. Transformational leadership is one of the most enduring nurse leadership styles which enables leaders to empower others and generate positive change by inspiring and motivating others (Fischer, 2016).

Nurse leadership has a significant role in reducing burnout, in particular, transformational leadership (Bosak et al., 2021; Wei et al., 2020); however, there is little evidence on the association between transformational leadership and resilience. Investigations into nurse resilience tend to focus on individual factors highlighting the need to explore how leadership styles such as transformational leadership affect resilience (Cooper et al., 2021).

Educational-based interventions are effective at developing leadership in nurses, however, due to the variability in the intervention and organizational characteristics and the tools used there is little known about the nurse characteristics or interventions which best contribute to effective leadership (Cummings et al., 2021).

Despite extensive literature on nurse leadership, little evidence exists on effectiveness of nurse or health care leadership development programmes beyond feedback from participants themselves (Fennell, 2021). A systematic review concluded due to the mixed methodological quality and variability between the programmes recommendations could not be made and emphasized the need for high-quality longitudinal studies using rigorous evaluation methods (McGowan et al., 2020).

Given QNDP was conceptualized by QNIS as a journey and the traditional focus of evaluations is on outcomes this study was conceptualized as a process evaluation. We used Grant et al.'s process evaluation design framework to guide the study design (Grant et al., 2013) and Normalization Process Theory to inform how QNDP learnings were implemented and normalized into practice. Theory-based process evaluations can identify factors which influence implementation. Normalization Process Theory (NPT) is a theoretical framework for understanding how new technologies or work practices are implemented and embedded into complex health care settings by focusing on social processes (May & Finch, 2009). NPT has been used in several qualitative evaluations and complements the Grant et al. framework well (Grant et al., 2017).

3 | THE STUDY

3.1 | Aim

Examine how the Queen's Nurse Development Programme (QNDP) learnings were adopted, implemented and maintained in everyday community nursing in Scotland.

4 | METHODS

4.1 | Design

A comprehensive, longitudinal, real-time qualitative evaluation of the experiences of the first two cohorts to partake in the QNDP.

4.2 | Theoretical framework

Given the lack of qualitative evaluation frameworks, this study was designed using a process evaluation framework to explore adoption, implementation and maintenance (Grant et al., 2013). This framework has been widely used in qualitative programme evaluations (Grant et al., 2017; Heggdal et al., 2021; Lorthios-Guilledroit et al., 2020; Wynters et al., 2021).

4.3 | Population and sample in the evaluation

All participants of cohorts one and two to receive the QNDP took part in the evaluation, as a requirement of QNDP participation. A purposive sample of participants managers were invited to undertake a telephone interview to explore any impacts and changes in the participants and their service as a result of the QNDP. All course facilitators participated in a focus group to explore delivery (Table 1).

4.4 | Data collection

Forty-one participants, representing all QNDP participants from cohorts one and two, took part in at least two interviews. They were

TABLE 1 Excellence profile

Queen's Nurses… inspiring others by making a difference They find opportunities (or circumstances find them) for changing how things are currently done, recognizing how things should and could be, making things better for individuals, families and communities, and/or helping others to make a significant impact.
Queen's Nurses… inspiring others with tenacity and resilience They find their way across boundaries, around obstacles, through bureaucracy and successfully challenge 'but we don't have control over that' or 'that will never work here' attitudes. They just keep bouncing back, finding new doors to open each time one closes.
Queen's Nurses… inspiring others by bringing people with them Through 'coming from the heart', their enthusiasm and persuasive nature, they create a groundswell of support and recognition that 'carries the day', getting others to commit and get things done.
Queen's Nurses… inspiring others with humility and reflection They listen deeply, seeking to understand what really matters. They approach life reflectively, always learning, and are kind to themselves. They will sometimes be surprised by personal recognition for their achievements and are quick to attribute success to the contributions of others.

TABLE 2 Demographics of participants in QNDP by nursing role

Type of community nursing role	
Expert generalist roles (District Nursing, General Practice Nurse, Advanced Nurse Practitioner, Parish Nurse).	15
Public health roles (Health Visitor, School Nurse, Occupational Health, Family Nurse Practitioner).	9
Mental health roles including specialists (Community Mental Health Nurse, Dementia Care, Substance Misuse)	6
Specialist roles with children and families (Diana Children's Nurse, Child protection, Attention Deficit Hyperactivity Disorder)	4
Specialist roles with adults (Cardiac Care, Dermatology, Multiple Sclerosis)	4
Care home nurses	2
Midwifery	1

TABLE 3 Demographics of participants in QNDP: Employer

Employer	
NHS	37
Independent and the third sectors	4

from a range of community nursing roles, with the majority employed by the NHS (Tables 2 and 3). Twenty from cohort one and 21 from cohort two. Twelve managers were interviewed via telephone. Course participants were interviewed via telephone pre and post the 9-month programme and were invited to engage in face-to-face focus groups a year or two later (depending on whether they were cohort one or two) to explore their maintenance and perceived sustainability of the learnings. A further member-checking event was held face-to-face in Autumn 2019. The three-course facilitators participated in a face-to-face focus group. Data collection was from March 2017 until October 2019.

Semi-structured telephone interviews and focus groups lasted approximately an hour and were digitally recorded and transcribed verbatim.

4.5 | Ethical considerations

Ethical approval was obtained from the School of Nursing, Midwifery and Paramedic Practices research ethics committee (ref: 17-08; 18-03; 18-10; 18-22; 18-23).

4.6 | Data analysis

Transcripts were analysed iteratively in NVivo 12, with emerging issues informing subsequent data gathering. Data were analysed inductively and deductively. Firstly, data were analysed thematically (Clarke et al., 2015) and explored for negative cases. The second phase applied the data and themes to NPT and its four constructs: *coherence*; how learning from QNDP is understood, *cognitive participation*; the work involved in putting learning into practice, *collective action*; how people operationalize learning and *reflexive monitoring*; how people evaluate new learning (May & Finch, 2009).

4.7 | Rigour

A number of measures ensured credibility and trustworthiness of the findings: (1) double coding and independent analysis across each phase; (2) triangulation of data from manager interviews and facilitator focus group strongly cohered with the emerging analysis and themes and (3) respondent validation through a feedback event of emergent issues and themes carried out with both cohorts and the facilitators (Lincoln & Guba, 1985).

5 | FINDINGS

Ninety-four interviews, two focus groups and a member-checking event explored the longitudinal experiences of the first (2017) and second (2018) cohorts, and the experiences of managers and QNDP facilitators. Findings are presented under the four NPT constructs (May & Finch, 2009). Pseudonyms are used to maintain anonymity (Figure 1).

5.1 | Coherence

Coherence is about how participants understood and valued the QNDP. They did not know either what to expect or anticipated a leadership or clinical development programme. However, almost all participants were surprised and delighted the focus was on their personal development:

> ...I thought we were going to get workshops and presentations on leadership and management skills ...but it was...mindfulness, creativity, openness, a willingness just to go, go with it, to trust the process. it seemed odd and indulgent and...a bit bonkers, but the impact of it was much greater than had we...been told do A, B and C. (Penny, Cohort 2, post-QNDP)

A few participants had used the QNIS website and booklets and conversed with managers to gain information about the QNDP. Some participants in cohort two spoke with cohort one about their experiences, this, however, did not prepare them for the QNDP:

> It's [the QNDP] a really difficult thing to try and explain to people what it's all about. You have to actually be part of it and be involved with it, for

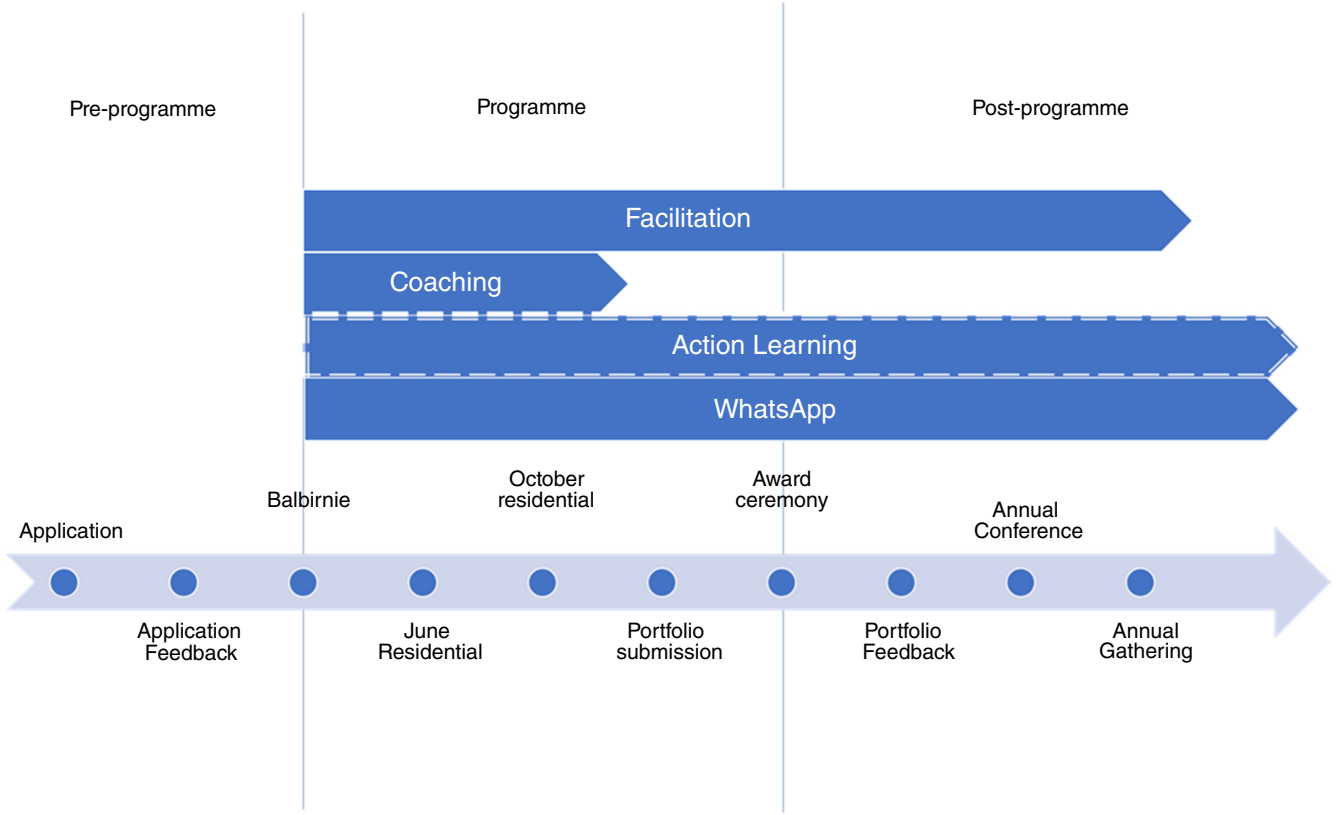

FIGURE 1 Timeline and principal components of QNDP.

> people to understand what it's like… (Ellie, Cohort 2, post-QNDP)

Understanding the programme was best achieved through participation. The QNDP was perceived to be different from previous development courses, in its style of learning, residentials, duration, creative approaches and investment. The programme provided space for collective and individual sensemaking, through opportunities to share experiences and through individual practices, including meditation. This created time for participants to process the learning of the QNDP.

5.2 | Cognitive participation

Cognitive participation is about the cognitive and relational work of engagement with the QNDP. The QNDP explored a collection of creative tools in the residentials, including mindfulness, one-to-one coaching, action learning and relaxation. These aimed to offer a selection of approaches to utilize and share in practice and in their personal lives. The programme aimed to transform participants through heightened communication and listening skills, through being *'present'* and *'authentic'*.

The residential workshops were instrumental to becoming familiar with and practicing these new approaches and tools in a safe and trusting environment through *'safe space'*, time, facilitation, support and connections with peers. Participants had time to discover which approaches were right for them.

Some participants had early hesitations about some approaches and tools:

> …initially, I thought it was absolutely bonkers…but further into…it kind of made sense…. (Trudy, Cohort 2, post-QNDP)

The relationships developed amongst the Queens Nurses in each cohort were intense, close bonds that developed swiftly and were described as unique:

> …that chemistry, which was almost immediate, which I have never experienced with a bunch of strangers before …. (Marcus, Cohort 1, 1 year later)

Support these new relationships were key to development throughout the programme:

> …the intensity and strength of the friendships…has been absolutely instrumental in all of this. We had to trust one another. (Charlotte, Cohort 1, 1 year later)

Essential to these relationships was 'risk and investment', in sharing and trusting with others and exposing one's real self:

> ...there was a certain respect for what we were doing and real, it was really meaningful, and it was a different learning. (Mary, Cohort 1, post-QNDP)

The QNIS enabled the continuance of these relationships, through encouraging participants to converse through *'Whatsapp'*, QNIS events and conferences.

A small number were less positive about a session on communication in cohort one (2 people), an action learning set activity in cohort two (1) and a case study activity in cohort one (1). The reasons included their perceived irrelevance of these activities to their needs.

For virtually all participants, coaching was valued and well-received. They reported coaching to positively impact their work and personal life. For the majority, coaching was perceived to be the most beneficial part of the programme, appreciating having someone *'neutral'* to talk to. adding perceived their coach facilitated consideration of issues *'differently'*, empowering them to achieve a new level of understanding, solve problems or shed the weight of responsibility for others' problems:

> ...each time I felt everything was just getting all too much, I couldn't cope, couldn't carry on...I'd have my chat with my life coach, and it would kind of get me back on track, get me back believing in myself. (Megan, Cohort 1, post-QNDP)

Nonetheless, some cohort one participants found their coaching experience less transformational:

> I'm not wanting to criticise the coach particularly, I don't think she did anything wrong, I just think, for me, at that point in time, it just, I didn't find it particularly useful, for whatever reason. (William, Cohort 1, post-QNDP)

The QNDP empowered them to approach their life and work differently, reflect, develop resilience and problem-solve. Participants developed as a person and practitioner through self-exploration and self-reflection.

> I think presencing, presencing and deep reflection, was very key for me...to begin to rethink who I am, to find who I am and to find the enthusiasm that I've always had but to, to reinvigorate it. (Penny, Cohort 2, 1 year later)

By the time of their Queens Nurse graduation, they all highly legitimized the QNDP where they viewed the course to be life-changing personally and professionally, despite some components of the programme not resonating personally. The cohort developed a community of practice enabling them to build and sustain these learnings. All felt the QNDP changed their way of thinking and perspective which they perceived as life-long.

5.3 | Collective action

Collective action is about how learning from the QNDP was operationalized. A lot of data was coded under this constructs so unlike the other NPT constructs this one has sub-themes to present the rich data. These themes are rejuvenation and reinvigoration for work; sharing the learning; implementing new ways of working; and career development post-QNDP.

5.3.1 | Rejuvenation and reinvigoration for work

Everyone was re-invigorated; with renewed *'enthusiasm'* for their job. This was cultivated through a growing self-belief and self-awareness about themselves and their contribution:

> I was doing my job and I was doing it well but, I wasn't exactly really enjoying it but, er, but certainly the magic that QNIS programme has given me has given me a whole new lease of life, it's energised me.... (John, Cohort 2, post-QNDP)

Managers also recognized the value of this renewed energy for work, both in the impact on service delivery and within individuals themselves.

5.3.2 | Sharing learning

Participants shared some of the tools and approaches with service users, colleagues and family. For some, mindfulness became implemented within their teams. For others sharing tools, such as action learning, was a way of empowering colleagues to find solutions to their problems:

> ...I tend to butt in and give advice or tell them what to do, whereas I was allowing them I think through my action learning sets ... I now have that ability to question, and you can see them coming up with the ideas. (Isabel, Cohort 1, post-QNDP)

Promoting a culture of openness, honesty, good communication and sharing enabled colleagues to *'say how [they] feel about work'*. This *'understanding'* and determination to motivate others to do their best changed their teams' outlooks. The QNDP impact on the wider team was so transformational, a participant felt this was "*not my journey, but our journey*" (Susan, Cohort 1, post-QNDP).

5.3.3 | Implementing new ways of working

All participants implemented new ways of working, through implementing novel service delivery ideas.

For many, this focused initially on the practice-based 'project' undertaken as part of the QNDP relating to a need or *'gap'* in practice. The QNDP was instrumental in shaping and driving the development of the project.

Some managers and participants felt having a timescale helped prioritize the project. Several managers expected to *'…see outcomes at the end of a project'* directly impacting service delivery, including positive feedback from staff and service users; for example, a project delivering multi-sensory input to dementia patients had positive effects:

> So, it has a huge impact on the residents, it's got an impact on our staff in having another skill. (Matthew, Manager)

Most participants felt this work enabled them to improve an area of service delivery. For three participants the project work was less useful. Their reasons ranged from limited time, lack of managerial support or perceptions as less useful than other components of the QNDP:

> …the QNIS is so much …more than…about the project…it was much more about the learning and reflection and self-development …. (Alexis, Cohort 2, post-QNDP)

For those who engaged with their project, many experienced making an important contribution to their field, evidenced through awards and publications.

Through the QNDP, participants developed creative solutions to problems, challenged colleagues and peers to promote service users' needs and *'network with other fellow community professionals'* and outside agencies. They found confidence and courage to *'speak up'* and challenge people about care-provision, constantly striving towards improvements in service delivery:

> …before I might've just muttered under my breath about, not done anything about but, now I'm actually saying…why is that being asked of us, or what's this for or, I think we could maybe do this a little bit differently…. (Charlotte, Cohort 1, 1 year later)

Furthermore, participants implemented their learning in practice with service users and colleagues through sharing the tools that they developed during the QNDP.

5.3.4 | Career developments post-QNDP

Several participants had career changes because of QNDP including embarking on higher education programmes and promotion. Nonetheless, career advancement was constrained by a lack of appropriate opportunities:

> …they [employees] are looking for new roles [post-QNDP] because they're ready for new challenges and they've grown in confidence and things but, the issue for the boards is there's not always those opportunities available. (Kelly, Manager)

For many, the most valuable learning encompassed not taking responsibility for everything, through 'letting go of control' and empowering and enabling service users and colleagues to find their own solutions to challenges and problems.

5.4 | Reflexive monitoring

Reflexive monitoring is about appraisal of the QNDP. Another data-rich construct was organized under the following themes: impact of the QNDP on participants; personal process of change; the influence of the programme on others; the development of a community of practice and aspirations towards developing a social movement.

5.4.1 | Impact of the QNDP on participants

Many participants felt stagnated at work (and personally), prior to undertaking the QNDP. They described various challenges including fatigue, stress and burnout; low morale, feeling undervalued, organizational constraints (including insufficient resources) and/or lack of managerial support. For several participants, the accumulation of these challenges resulted in contemplating early retirement or resigning.

The QNDP was described by participants as a process of *'transformation'* and *'growth'*. They commonly used language such as *'blown away'*, *'life-changing'* and *'amazing'* to describe its effects. Participants described *'self-awareness'*, *'self-confidence'* and *'empowerment'*. All participants had new *'courage'* to initiate change.

> …you bring your whole self to whatever it might be, …I used to maybe think that was my work and this was homelife and that was my social life…I had like put them into all compartments whereas now, I'm much more looking at people as a whole. (Mary, Cohort 1, post-QNDP)

5.4.2 | Personal process of change

The process of change was described by some participants as evolving gradually through ongoing self-reflection. For others, from 'epiphanies':

> … I suppose it kind of created a space for growth that I maybe thought I hadn't needed…. (Shelley, Cohort 1, post-QNDP)

and:

> I used to carry a lot on my own shoulders at work, being a team leader and, one of the coaching sessions I had…it was one of those lightbulb moments…a lot of things are shared more evenly. I don't carry that weight now …. (Mary, Cohort 1, post-QNDP)

Most participants felt effects of the QNDP were likely to further evolve over time.

5.4.3 | The influence of the programme on others

Relationships transformed through utilizing and sharing some of the tools and approaches, and empowering others to find their own solutions to problems and challenges.

Through the QNDP participants re-focussed on person-centredness. Although familiar with the concept, greater understanding, prioritization and meaningful implementation in practice resulted from the QNDP:

> …(The programme) deepen my understanding of, not just how I do person-centred care but…how I evidence in my work and also it's probably had an effect on the types of conversations that I have…with my colleagues…about service users. (Michael, Cohort 2, post-QNDP)

Service delivery improved post-QNDP through introducing positive change in others. Several managers reported improved team working, participants showing a greater *'willingness to support other people'*, more *'constructive'* engagement with their teams and being more motivated. Participants also reported positive feedback from colleagues about improved morale and a *'changing culture'*:

> Everyone was feeling quite devalued and that but, the spirit in the team is just amazing again…there's things that I did on the Queen's Nursing course has inspired the girls and it's pulled us all forward a bit. (Sharon, Cohort 1, post-QNDP)

These improvements to team dynamics impacted upon service-delivery resulting in better patient care:

> …if you have a well, established team and the morale is good, you were always going to get a better service for the patient…. (Ruby, Cohort 2, post-QNDP)

Participants newfound resilience skills improved service delivery:

> …when things don't quite go the way, she hopes they'll go, she sees the potential of, oh, that's actually going to give me the opportunity to do X, Y and Z now, and if that had gone straight forwardly, I wouldn't have been able to do that…. (Alison, Manager)

The QNDP impacted on personal relationships too. Participants described *'connecting better'* with family members and friends due to a changed outlook and approach, being a *'better listener'*, *'more motivated'*, *'happier'*, *'calmer' and 'positive'*:

> I think my family have benefitted from me doing the programme…I'm a different person…my husband said I'm much calmer, much more positive …the ripples are huge. (Kara, Cohort 2, post-QNDP)

5.4.4 | The development of a community of practice and aspirations to move towards developing a social movement

Participants within cohorts developed strong bonds but there was also the sense of being part of a larger community as a Queen's Nurse.

The close bonds developed within cohorts supported participants self-development and confidence in driving change. They expected these close bonds to endure, referring to them as *'life-long'*. A few participants did query whether these relationships would last, due to the geographical distance between some participants and difficulties in meeting face-to-face regularly (these data were collected pre-pandemic).

Becoming a Queen's Nurse had a sense of pride and prestige attached to the QNIS and title. This was recognized by both participants and managers. The title gave them a status in their professional role and sense of greater credibility. The QNIS commissioned an exclusive QNIS tartan and pin badge, as well as hosting a prestigious awards ceremony for participants on completion of the QNDP, which added to the sense of prestige as illustrated below:

> …because you're seen to be a Queen's Nurse that [and] you can use that. Shine…and it's, wearing my badge, which I do frequently. It just gives me that wee bit of courage to take things a wee bit further. (Isabel, Cohort 1, 1 year later)

Feeling part of a wider community as a Queen's nurse, affiliations with the QNIS and the prestige attached was important for participants in a sense of belonging. They belonged to a community of practice within their cohort but also as part of the wider Queen's nurse community. The QNIS and QNDP participants aspired to creating a *'social movement'* of Queen's Nurses, *'to create waves, positive waves'* (John, Cohort 2, post-QNDP), as a means to developing and promoting community nursing, *to "…speak up for the most marginalised"* (Shelley, Cohort 1, 1 year later). We cannot conclude from cohorts one and two

there was a social movement but, the foundations from which to build upon were clearly there.

6 | DISCUSSION

These findings illustrate the QNDP took participants on a journey of self-discovery and transformation. The programme was unlike anything they had experienced before, focusing on longitudinal investment in them as a person. The QNDP introduced creative and novel approaches facilitating time for engagement. Close bonds were formed. These reinforced learning and helped build confidence and courage. Participants learned to be present and authentic, positively transforming relationships.

They were rejuvenated, with many moving into new roles despite being burned out and considering leaving prior to the programme. They implemented improvements at work and shared their learning with colleagues, family and in some cases, service users. Within and across the cohorts a community of practice was created with potential to become a social movement as intended by QNIS (Wenger, 1998). This close network was important for maintaining learning and support, which participants perceived as life-long.

The programme aimed to address contemporary workforce and societal challenges. Our findings suggest the programme was able to reduce burnout and improve resilience for participants who were able to adapt, and deal with work-based pressures and demands. As leaders they were equipping other team members with some of the skills learned.

The QNDP was a unique programme, and there appear not to be other programmes directly comparable in the literature. The Florence Nightingale leadership programme (FNLP) seems closest in design and focus where the FNLP select the best talent and aims to equip participants with a greater understanding of self and others. However, it has different courses depending on the career stage and a focus on leadership style. We identified one published evaluation of FNLP which found it impacted on participants careers (promotion and/or changing roles), impacted on colleagues, improved patient care and provided networking opportunities but was unclear how these occurred. The FNLP evaluation was a mixed methods evaluation and did not appear to be as well-resourced and did not include all participants. With the methodological differences and differences between the programmes it was difficult to draw meaningful comparisons (Rose et al., 2016).

The QNDP can be conceptualized as a transformational leadership programme. However, little has been written around leadership from a community nursing perspective so, again, there is little comparable in wider literature.

QNDP also focused on improving resilience amongst participants. Resilience is a concept which is gaining academic attention, particularly in nursing (Aburn et al., 2016; Cooper et al., 2020). Improving resilience is seen as a solution to improving organizational issues such as staff shortages and retention. The evidence on effective resilience interventions too, is limited (Cleary et al., 2018).

The findings of the QNDP are likely to be transferable to other health and social care professionals as the programme transformed participants and was a 'person-centred' intervention rather than a traditional professional behaviour change intervention designed to address specific clinical problems and the implementation of evidence-based practice (Michie et al., 2021; Wieringa et al., 2017). It is also highly likely the QNDP, and evaluation findings are transferable beyond the Scottish context.

6.1 | Strength and limitations of the work

This was a comprehensive, longitudinal, real-time qualitative evaluation of the QNIS development programme. We gathered data from everyone participating in the programme from the first two cohorts, all facilitators and a sample of participants' managers. There are few robust theoretically informed evaluations of nursing leadership programmes. A systematic review identified the need for rigorous longitudinal evaluations of healthcare leadership programmes (McGowan et al., 2020). We conceptualized this as a process evaluation which provided robust guidance and theoretical frameworks with which to rigorously guide evaluation. Normalization Process Theory was utilized to understand and evaluate the adoption, implementation and maintenance of the QNDP. Our paper details the structure of the programme and components to improve replicability and also aid a more robust evaluation. We propose that by using process evaluation, theoretical guidance and frameworks will improve the transferability of the findings and inform nursing leadership evaluation literature.

Although we interviewed every participant longitudinally, this study did not explore the perspectives and experiences of participants colleagues within their team (however, we did capture manager perspectives), or service users' perspectives of changes to service delivery and we did not speak to family members about personal impact.

6.2 | Recommendations for further research

This paper has provided sufficient information to enable replication of the programme and a framework with which to guide robust evaluation of nursing leadership programmes.

7 | CONCLUSIONS

The Covid-19 pandemic highlighted and exacerbated the global health care workforce crisis, particularly in nursing, given that nurses make up nearly half of the workforce. Research on the impact of Covid-19 on the well-being of nurses is emerging and shows the need to support nurses to avoid a mass nursing exodus and to retain skilled and experienced staff to avoid the deepening of the global workforce crisis (Maben et al., 2022).

As the Queens' Nursing Institute Scotland Development Programme transformed participants, reduced burnout and motivated them to improve relationships and service provision.

We believe this programme should be rolled out to more skilled and experienced staff to address the workforce crisis. Our findings suggest this programme is transferable to other health professionals and contexts. It is unclear if the programme is greater than the sum of its parts or whether components can be used by practitioners and policymakers to redress the workforce crisis. Conceptualizing this as a process evaluation provided robust guidance and theoretical frameworks with which to rigorously guide evaluation.

AUTHOR CONTRIBUTIONS

Aileen Grant and Catriona Kennedy conceptualized the evaluation and led the team. All authors contributed to data collection. Emma Maciver and Nick Adams carried out the analysis supported by Aileen Grant and Catriona Kennedy. Aileen Grant wrote the first draft of the manuscript and all authors commented and approved the final manuscript.

ACKNOWLEDGEMENTS

We would like to thank the Queen's Nurses for their continued engagement with this evaluation and Dr Sally Kilburn and Dr Audrey Stephen for assistance with data gathering.

FUNDING INFORMATION

This study was funded by the Queen's Nursing Institute Scotland. The views expressed in this publication are those of the authors and not necessarily those of the Queen's Nursing Institute Scotland.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

PEER REVIEW

The peer review history for this article is available at https://publons.com/publon/10.1111/jan.15552.

DATA AVAILABILITY STATEMENT

Data not publicly available, but the corresponding author can be contacted directly to discuss limited access.

ORCID

Aileen Grant https://orcid.org/0000-0001-6146-101X
Catriona Kennedy https://orcid.org/0000-0003-3510-9113

TWITTER

Aileen Grant @aileenmgrant
Emma Maciver @EmmaMacIver2
Piotr Teodorowski @PTeodorowski
Catriona Kennedy @Kenned4Catriona

REFERENCES

Aburn, G., Gott, M., & Hoare, K. (2016). What is resilience? An integrative review of the empirical literature. *Journal of Advanced Nursing*, *72*(5), 980–1000.

Bosak, J., Kilroy, S., Chênevert, D., Flood, P. (2021). Examining the role of transformational leadership and mission valence on burnout among hospital staff. *Journal of Organizational Effectiveness People and Performance*, *8*(2), 208–227.

Cameron, S., Harbison, J., Lambert, V., & Dickson, C. (2012). Exploring leadership in community nursing teams. *Journal of Advanced Nursing*, *68*(7), 1469–1481.

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 222–248). SAGE Publications.

Cleary, M., Kornhaber, R., Thapa, D. K., West, S., & Visentin, D. (2018). The effectiveness of interventions to improve resilience among health professionals: A systematic review. *Nurse Education Today*, *71*, 247–263.

Cooper, A. L., Brown, J. A., & Leslie, G. D. (2021). Nurse resilience for clinical practice: An integrative review. *Journal of Advanced Nursing*, *77*(6), 2623–2640.

Cooper, A. L., Brown, J. A., Rees, C. S., & Leslie, G. D. (2020). Nurse resilience: A concept analysis. *International Journal of Mental Health Nursing*, *29*(4), 553–575.

Couper, K., Murrells, T., Sanders, J., Anderson, J. E., Blake, H., Kelly, D., Kent, B., Maben, J., Rafferty, A. M., Taylor, R. M., & Harris, R. (2022). The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study. *International Journal of Nursing Studies*, *127*, 104155.

Cummings, G. G., Lee, S., Tate, K., Penconek, T., Micaroni, S. P. M., Paananen, T., & Chatterjee, G. E. (2021). The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *International Journal of Nursing Studies*, *115*, 103842.

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health*, *18*(1), 41.

Fennell, K. (2021). Conceptualisations of leadership and relevance to health and human service workforce development: A scoping review. *Journal of Multidisciplinary Healthcare*, *14*, 3035–3051.

Fischer, S. A. (2016). Transformational leadership in nursing: A concept analysis. *Journal of Advanced Nursing*, *72*(11), 2644–2653.

Grant, A., Dreischulte, T., & Guthrie, B. (2017). Process evaluation of the data-driven quality improvement in primary care (DQIP) trial: Case study evaluation of adoption and maintenance of a complex intervention to reduce high-risk primary care prescribing. *BMJ Open*, *7*(3), e015281.

Grant, A., Treweek, S., Dreischulte, T., Foy, R., & Guthrie, B. (2013). Process evaluations for cluster-randomised trials of complex interventions: A proposed framework for design and reporting. *Trials*, *14*(1), 15.

Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS One*, *11*(7), e0159015.

Heggdal, K., Mendelsohn, J. B., Stepanian, N., Oftedal, B. F., & Larsen, M. H. (2021). Health-care professionals' assessment of a person-centred intervention to empower self-management and health across chronic illness: Qualitative findings from a process evaluation study. *Health Expectations*, *24*(4), 1367–1377.

Lincoln, Y. S., & Guba, G. E. (1985). *Naturalistic inquiry*. Sage Publications Ltd.

Lorthios-Guilledroit, A., Parisien, M., Nour, K., Fournier, B., Guay, D., & Bier, N. (2020). Cognitive health promotion program for

community-dwelling seniors: Who are we reaching? *Journal of Applied Gerontology*, *39*(6), 588–600.

Maben, J., Conolly, A., Abrams, R., Rowland, E., Harris, R., Kelly, D., Kent, B., & Couper, K. (2022). 'You can't walk through water without getting wet' UK nurses' distress and psychological health needs during the Covid-19 pandemic: A longitudinal interview study. *International Journal of Nursing Studies*, *131*, 104242.

May, C., & Finch, T. (2009). Implementing, embedding, and integrating practices: An outline of normalisation process theory. *Sociology*, *43*, 535–554.

McGowan, E., Hale, J., Bezner, J., Harwood, K., Green-Wilson, J., & Stokes, E. (2020). Leadership development of health and social care professionals: A systematic review. *BMJ Leader*, *4*(4), 231–238.

McKinless, E. (2020). Impact of stress on nurses working in the district nursing service. *British Journal of Community Nursing*, *25*, 11.

Michie, S., West, R., Finnerty, A. N., Norris, E., Wright, A. J., Marques, M. M., Johnston, M., Kelly, M. P., Thomas, J., & Hastings, J. (2021). Representation of behaviour change interventions and their evaluation: Development of the Upper Level of the Behaviour Change Intervention Ontology. *Wellcome open research*, *5*, 123.

NHS Digital. (2021). NHS Vacancy Statistics England April 2015 – September 2021 Experiment. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---september-2021-experimental-statistics

Rose, M., Tod, A., McCabe, C., & Giordano, R. (2016). *Making a difference to professionals and practice: An evaluation of the Florence Nightingale Foundation leadership, research and travel scholarships*. Nursing Standard. https://doi.org/10.7748/ns.2017.e10706

Scottish Government. (2019). Shortage occupations list 2018: call for evidence. https://www.gov.scot/publications/shortage-occupations-list-2018-9-call-evidence-scottish-government-response-health-social-care/pages/5/

Scottish Government. (2020). NHS Scotland Workforce 30 September 2020. https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/publications/01-december-2020/

UK Parliament. (2022). Persistent understaffing of NHS a serious risk to patient safety, warn MPs. https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/172310/persistent-understaffing-of-nhs-a-serious-risk-to-patient-safety-warn-mps/

Wei, H., King, A., Jiang, Y., Sewell, K. A., & Lake, D. M. (2020). The impact of nurse leadership styles on nurse burnout: A systematic literature review. *Nurse Leader*, *18*(5), 439–450.

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press.

Wieringa, S., Engebretsen, E., Heggen, K., & Greenhalgh, T. (2017). Has evidence-based medicine ever been modern? A Latour-inspired understanding of a changing EBM. *Journal of Evaluation in Clinical Practice*, *23*(5), 964–970.

World Health Organisation. (2018). A vision for primary health care in the 21st century: Towards universal health coverage and the sustainable development goals. https://apps.who.int/iris/handle/10665/328065

World Health Organisation. (2020). Nursing and Midwifery fact sheet. https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery

Wynters, R., Liddle, S. K., Swann, C., Schweickle, M. J., & Vella, S. A. (2021). Qualitative evaluation of a sports-based mental health literacy program for adolescent males. *Psychology of Sport and Exercise*, *56*, 101989.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Grant, A., Maciver, E., Adams, N., Teodorowski, P., & Kennedy, C. (2023). 'A journey of self-discovery and transformation': A theoretical and comprehensive evaluation of the Queen's nursing institute Scotland community development programme. *Journal of Advanced Nursing*, *79*, 2200–2210. https://doi.org/10.1111/jan.15552

Appendix A

The selection process for the QNDP

The selection process aimed to capture a diverse sample of nursing and midwifery roles, and a diverse geographic spread of these roles. Managers nominated candidates. Candidates of different ages, with diverse roles in physical and mental health across the lifespan, from each of the fourteen Scottish Health Boards and independent and third sector representation were encouraged. Nominated candidates were invited to complete a written application in which they were asked to describe their leadership journey to date and provides examples of where they had dealt with situations with tenacity and resilience. Shortlisted applicants were invited to attend selection events, which included small group discussions and multiple mini-interviews. Final selection decisions were made by a panel of community nursing leaders, based on performance at the events, geographical spread and diversity of roles. Successful applicants were informed by QNIS of the expectation around participation in the independent evaluation.

QNDP structure and delivery

The QNDP programme was primarily delivered through three residential workshops: one lasted five days; followed by two weekend residentials lasting two days.

Residential workshops

The first residential lasted five days. Upon arrival at the residential, participants were met with a welcome from course facilitators and given a chance to meet other participants. The aim of this introduction was to connect participants and foster a psychologically safe space where participants may let their guard down, be comfortable in revealing their true self, and relax and converse with others. This residential included activities such as: mindfulness; Capacitar Tai Chi (Stone, 1996); 'masterclasses' (participatory events which involved expert speakers from a range of disciplines sharing their knowledge and experiences of professional nursing, leadership, empowerment and positive change); active learning events (that linked participants into small groups of six to eight for open dialogue, active listening and participatory conversations were encouraged using several established group conversational methods, such as Dewing's moments of movement[1] (Dewing, 2010; McCormack et al., 2008).Participants were also asked to engage with creative art or poetry, and to create a mandala[2] (Titchen & McCormack, 2020). Opportunities for relaxation, fresh-air and exercise were built-in to the timetable. Evening sessions were an informal fireside conversation, with a variety of speakers from different backgrounds and experience including public service, legal, and a range of diverse leadership and nursing roles.

Second residential workshop

Participants were encouraged primarily to think about and develop a narrative for their professional and personal journey since the first residential. Participants took part in a range of reflective practices to develop a storyboard of their personal-professional leadership journey. They were

[1] Moments of movement refers to the development of an active learning context where participants and facilitators work together.

[2] Refers to a geometric, and symbolic pattern, sometimes with spiritual or meditative connotations.

encouraged to think reflexively about how far they have come, and where their journey could take them.

Third residential workshop

This weekend workshop placed emphasis on participants *finding their voice* and comprised masterclasses on media skills, storytelling, and the practice of using the breath to promote relaxation, coping, and stress relief. Participants had the opportunity to communicate what the programme had personally meant to them and to allow time for participants to give thanks to fellow attendees.

Ongoing coaching, support and communication

Between the initial five-day, and further two weekend residential workshops, participants had access to independent co-active coaching (Kimsey-House et al., 2018). This comprised of seven sessions over six months. Independent coaches met with participants - at times agreed between participants and coaches - via phone or online 'face-to-face' meetings - to discuss participants' thoughts, feelings, and motivations. Participants were asked to identify individual goals, and coaches discussed these with participants.

Throughout participants' journey, peer support, knowledge sharing and active learning from fellow participants was strongly encouraged. The course aimed to facilitate mutual respect, support and the fostering of trust – interlinking with the core principles of person-centred thinking. Closed WhatsApp and Facebook groups were active for all course participants, and participation and engagement in these were encouraged. Such platforms aimed to represent an open, and collaborative discussion forum for all QNDP participants.

Final submissions

QNDP participants concluded their journey with a final submission. For cohort one, this was defined as a final project focussing on a specific issue each participant wanted to address. For cohort two, this project explored how any existing knowledge had been complemented or reframed by learnings from the course.

APPENDIX

Queen's Nursing Institute Scotland Development Programme.

An important first step in an evaluation is to define the intervention, here we provide a brief description QNDP, and its components as delivered to cohorts one and two (detailed descriptions can be found in appendix A).

The vision of community nursing in Scotland was set out in an excellence profile established by leaders and educators across the public sector.

Table 1: *Excellence Profile*

Queen's Nurses… inspiring others by making a difference They find opportunities (or circumstances find them) for changing how things are currently done, recognising how things should and could be, making things better for individuals, families and communities, and/or helping others to make a significant impact.
Queen's Nurses… inspiring others with tenacity and resilience They find their way across boundaries, around obstacles, through bureaucracy and successfully challenge 'but we don't have control over that' or 'that will never work here' attitudes. They just keep bouncing back, finding new doors to open each time one closes.
Queen's Nurses… inspiring others by bringing people with them Through 'coming from the heart', their enthusiasm and persuasive nature, they create a groundswell of support and recognition that 'carries the day', getting others to commit and get things done.
Queen's Nurses… inspiring others with humility and reflection They listen deeply, seeking to understand what really matters. They approach life reflectively, always learning, and are kind to themselves. They will sometimes be surprised by personal recognition for their achievements and are quick to attribute success to the contributions of others.

Theoretical framework underpinning the QNDP

The QNDP is underpinned by two theoretical frameworks: Theory U and Person-centred Practice Framework (PCPF).(Scharmer 2018, McCormack and McCance 2017) Briefly, Theory U emphasises leaders need to be focussed on their internal world in order to engage unreservedly with the external world.(Scharmer 2018) The Person-centredness has been defined as a relationships between health care providers, service users and their significant others which are underpinned principles of services user autonomy and reciprocated understanding and respect.(McCormack and McCance 2017)

Recruitment process to QNDP

All candidates from the first two cohorts of the QNDP participated in this evaluation. Expectations they would participate were explained to them by QNIS when they secured a place on the QNDP. Recruitment by QNIS to the programme aimed to include diversity in geographic spread and nursing and midwifery roles. Managers nominated candidates. Candidates varying in age, roles in physical and mental health, and employer (Scottish Health Boards, independent and third sector) were encouraged. Nominated candidates were requested to complete an application describing their leadership journey to date. and provide examples of where they had dealt with situations with tenacity and resilience. Shortlisted applicants attended a selection event, which included group discussions and multiple mini-interviews. The final decisions were made by a board of community nursing leaders, based on performance at the events, geographical spread, and diversity of roles.

Components of the QNDP

The QNDP took place over a nine-month period, initially candidates undertook a five-day residential workshop followed by further two-day residential workshops. These included several interconnected, interactive, reflective holistic and contemplative exercises, delivered by facilitators, to promote self-worth, recognition, mindfulness, and personal wellness and serve as a 'toolbox' of different approaches and methods to utilise (and share with others, service users, colleagues, and family). Such as mindfulness; Tai Chi; 'masterclasses' (participatory events involving speakers from a range of disciplines sharing their knowledge and experiences of leadership, empowerment and positive change within nursing); active learning events; creative art or poetry; and informal fireplace conversation, with an assortment of speakers from diverse backgrounds and experience in public service. Candidates in each QNDP cohort were supported through once-monthly coaching sessions for six months. They also had access to cohort-specific closed WhatsApp and Facebook groups where discussions with fellow participants regarding the course itself was encouraged, in the hope of fostering lasting connections.

Figure 1: Timeline and principal components of QNDP