ROBERT GORDON UNIVERSITY ABERDEEN

SCHOOL OF NURSING, MIDWIFERY AND PARAMEDIC PRACTICE 2020

A real time, longitudinal, qualitative evaluation of the first two cohorts to participate in the Queen's Nurse Development Programme.

Research Team:

Professor Catriona Kennedy, QNIS Professor of Community Nursing

Dr Emma MacIver, Research Fellow

Mr Piotr Teodorowski, Research Assistant

Dr Nick Adams, Research Fellow

Dr Aileen Grant, Senior Research Fellow

Foreword

Six years on from our initial consideration of a Queen's Nurse programme for Scotland, we now have a growing community of 110 Queen's Nurses in Scotland making ripples across the country, acting as role models and passionate catalysts for change. Writing this foreword in the summer of 2021 I am deeply grateful to those who have enabled and shaped the programme. First and foremost, to my two co-facilitators Prof. Brendan McCormack and Jane Cantrell who have brought their expertise, wisdom and kindness to co-producing a programme that makes an extraordinary difference. We work in collaboration with a team of coaches, an expert advisory group, chaired by Prof. Fiona Coutts, and charismatic external speakers, ably supported by the wider QNIS team providing coordination, administration and communications expertise. All this underpinned by the excellent governance of the QNIS Trustees.

Collaboration is the hallmark of the Queen's Nurse Programme. There is an alchemy in the melding of faculty, speakers and participants. Each year of the programme has brought participants with varied gifts, personalities and immense professional knowledge, creating an experience that although familiar is utterly unique. We have created brave spaces in which each participant can find their voice and begin to understand what they need to flourish as a motivational clinical leader.

All of us who have experienced the Queen's Nurse Programme have found something very special and that applies to everyone involved, facilitators, coaches, speakers, and participants alike. By sharing this unique experience, we risk creating a bubble of mutual appreciation, so from the planning stages we were committed to being robust and objective in our evaluation. This independent evaluation was planned from the outset and the first interviews happened as soon as the pioneer 2017 candidates were selected. The quantity and richness of the data have demanded considerable analysis and we are grateful to the team at RGU, led by QNIS Professor of Community Nursing, Catriona Kennedy, for their commitment to this work.

For many this programme has been life changing and as a result, Queen's Nurses have stepped into roles within Scottish Government, education and leadership. Those who participated in the programme in 2017, 2018 who are the subject of this evaluation continue to stay engaged with one another and QNIS. Some have taken their development issues from the programme and nurtured initiatives which have grown and spread with national impact. Their support of each other through the COVID-19 global pandemic was extraordinary to witness and speaks of the deep bonds established through the programme.

The programme itself has evolved and developed over the last five years. Though the foundations remain the same, we have enhanced the synergy between each of the elements. In 2020/21 we learned how to create brave spaces online to support transformational development in a digital world.

As a charity we are committed to the sustainability of the programme. We have proof of concept, and we are working hard to ensure we have ongoing funding that will allow the programme to continue and thrive. We could not have come this far without our funders over the last five years: The Burdett Trust for Nursing, The Dunhill Medical Trust, The Charles Gordon Foundation, The Edinburgh and Lothians Foundation, The RCN Foundation, NHS Education for Scotland, Scotland's Gardens Scheme.

Our vision is to grow a social movement of changemakers. Equipping nurses and midwives across Scotland's communities to advance health equity, partnering those that have lived experience, with colleagues from across professions and sectors, to co-produce a healthier, fairer, greener Scotland.

Clare Cable, Chief Executive and Nurse Director QNIS, July 2021

Executive Summary

Background

The Queens Nurse Development Programme (QNDP) has been delivered to community nurses in Scotland since 2017, born out of a commitment to reintroduce the Queen's Nurse title in Scotland after 50 years.

The aim of the QNDP was to connect individuals with a shared passion for delivering high-quality nursing throughout Scotland's communities, to create a safe space where participants could develop and grow on a personal level to become change makers, to inspire others, help those most in need and champion community nursing. As such, the participants selected were employed in a wide-range of diverse roles, from throughout Scotland. The programme takes place over a nine-months, during which participants engaged with a varied programme involving residential workshops, where they experienced a range of creative and contemplative awareness based change practices, the development of a practice issue, and individual coaching.

This report presents an independent evaluation of the QNDP based on the first two cohorts of participants to engage with the programme (2017 & 2018). Evaluating the QNDP is important to optimise the programme for subsequent cohorts of Queen's nurses and to inform the transferability of the programme to other professions and contexts.

Methods

A comprehensive, longitudinal, qualitative evaluation, where data was collected at various time points, using interviews, focus groups and a 'member-checking' event with all 41 QNDP participants (20 from cohort 1 and 21 from cohort 2), as well as 12 community nursing managers and the 3 QNDP facilitators. The purpose was to uncover and explore perceptions and experiences of the QNDP: what was learned; how this was implemented into everyday practice; as well as the impacts and sustainability of changes. The data was analysed using Braun and Clarke's six-point framework of analysis; familiarisation, coding, generating themes, reviewing themes, defining and naming themes and writing up (Clarke et al., 2015). Double coding and independent analysis ensured trustworthy, rigorous and valid findings.

Findings

The findings highlighted participants experienced a 'journey of self-discovery and transformation', as both people and professionals, spanning the period prior to starting the QNDP through to post-completion. The findings are structured by the three main themes as follows:

1. **Pre-QNDP - professional and personal challenges and early expectations of the programme**

Individual, interpersonal and practical challenges were experienced by participants prior to the programme, particularly in feeling 'stuck' or stagnated at work with stress, fatigue and frustrations commonplace, leading some to consider early retirement. Also, initial reflections on the purpose and delivery of the QNDP revealed vague or unfounded beliefs and expectations, specifically that this wasn't the 'taught' leadership or clinical skills-based programme that they had expected or had previously experienced. Instead, most were pleasantly surprised that the key focus was on them and their personal development.

2. **During and Post-QNDP – personal and professional growth, flourishing and transformation**

Self-development and transformation were evident at three inter-related levels: as an individual; as a professional; and as initiating positive change in others. These changes were appraised positively, perceived as life-changing and life-long.

The process of transformation involved deep self-exploration and self-reflection, as well as revisiting and re-focusing on person-centredness. Various elements of the programme facilitated this, in particular in-built residential stays and a smorgasbord of creative approaches and tools. The residential stays offered the blend of *'safe space'*, environment, ambience, facilitation, support and connections with peers instrumental to self-development and growth, often referred to as *'Queenie Magic'*. Practical tools and approaches introduced and developed during the QNDP were also key, and included one-to-one coaching, mindfulness, action learning, storyboarding, evoke cards, art, as well as exercise, relaxation and general self-care. These served to develop skills in reflection, critical thinking, problem-solving and resilience. These were generally very well-received, though a small minority had some reservations about particular tools. All, however, had continued to use at least some of these in their professional and personal lives beyond the QNDP.

The QNDP had a very positive impact on personal and professional relationships with family, friends, colleagues, service users and inter-disciplinary and inter-agency peers. The new relationships developed amongst peers in each cohort were very positively appraised, as supportive, with close bonds expected to endure.

3. **Beyond the QNDP: The continuation of the journey of development and transformation - impacts and positive changes**

Post-QNDP, these new-found tools and qualities, like self-belief, confidence, courage and drive, were expressed through a widespread rejuvenation and reinvigoration at work, evident in terms of self-fulfilment, promotions, new roles, a desire to continue work despite previous consideration of retirement, and embedding new, creative and improved ways of working. Changes and new ways of being and working had positive implications in terms of both service-delivery and team functioning, as well as personal relationships.

A further area of impact related to the pride, prestige and widespread recognition attached to the QNIS and QNDP, was the development of a community of practice within cohorts and across the two cohorts. The QNIS aspires to creating a social movement of Queen's Nurses to positively promote and undertake community nursing in a new and creative way with maximum benefit for communities.

Summary and Conclusions

Participants were overwhelmingly positive about the programme, and appreciated its design, facilitation, approach and methods utilised, as well as the resulting impacts and outcomes.

Engaging with the QNDP led to an unexpected 'journey of self-discovery and transformation', with notable self-development, growth and positive change. Essentially, the programme enabled participants to see through a new lens, re-position themselves and embody new (person-centred) ways of being and doing, which transcended both their personal and professional lives as community nurses, colleagues, 'leaders', service providers, networkers, family members and friends.

The participants perceptions of this work and learning was that as it was personal, changing their thinking and identity and therefore, the impact of the programme and the personal and professional transformation and changes introduced were perceived to be sustainable for the rest of their professional life and beyond.

The programme facilitated the building of close bonds with their peers which enabled them to confidently share problems and challenges, reinforce their learnings and new thinking, and engage them in a journey of transformation. As such, a community of practice has been created within and across the cohorts which has the potential to become a social movement as intended by QNIS. The programme also equipped them with novel, creative approaches, skills and tools that they were able to share with colleagues, friends and family. Thus, the programme achieved a key aim of connecting individuals and equipping QNDP participants with a range of new skills.

The findings of this evaluation and the QNDP are likely to be transferable to other health and social care professionals and beyond the Scottish context.

.

Table of Contents

1 Introduction

The Queens Nurse Development Programme (QNDP) has been delivered to community nurses in Scotland since 2017. Here we report an independent evaluation of the QNDP, for cohorts one and two of QNDP participants (2017 & 2018). We first describe the Queen's Nursing Institute Scotland (QNIS) and the Queen's Nurse Development Programme. Then follows the methods used to evaluate the QNDP. The findings are presented under the key themes which emerged from the analysis. In the discussion we use Normalisation Process Theory (NPT) - a sociological theory for the evaluation of implementation - to provide greater conceptual understanding of the programme and its implementation, to improve transferability and discussion of the implications of the findings, before presenting our conclusions.

1.1 Queen's Nursing Institute Scotland

In 2015 the QNIS developed a new forward plan which included a commitment to reintroduce the Queen's Nurse title to Scotland after 50 years, since the original title disappeared when district nurse training changed in 1969. In England, Wales and Northern Ireland the Queen's Nurse title was reintroduced in 2007 by the Queen's Nursing Institute (a separate charity with common heritage) and there was an opportunity for QNIS to learn from this work and yet create something which was right for Scotland. Since 2017, the Queen's Nurse status is awarded following successful completion of the Queen's Nurse Development Programme.

1.2 Queens Nurse Development Programme - design and development

The QNIS planned the QNDP by convening a group of expert nurses to provide oversight, and by holding a summit of public sector leadership experts in order to share innovation and lessons learned from the other institutes. As a result of the learning from this summit, an excellence profile was developed (Table 1) which sets out the role of a Queen's Nurse to inspire others. Three nursing leaders in Scotland worked together, supported by the task and finish group of expert nurses and other clinical and academic leaders, to design a programme which would enable nurses' development towards the qualities identified in the excellence profile. In 2016 QNIS launched the QNDP and applications were invited for the first time. The new programme aimed to develop twenty community expert nursing practitioners each year as role models for the profession.

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.

1.3   QNDP Participant Selection

The selection process aimed to capture the diversity of nursing and midwifery roles and by geographical spread (selecting participants from each of the fourteen Scottish Health Boards). Employers were encouraged to nominate candidates with diverse roles, in terms of supporting people across the age span (midwifery to care of older people) or the continuum of physical and mental health, as well as those with highly specialised roles. In addition, places were set aside for those from the independent and third sector to illustrate the range of employment settings of contemporary community practitioners. Given the strong roots of QNIS in social justice, the charity was keen to ensure that the programme was capable of highlighting the roles of nurses who support some of Scotland's most marginalised communities.

Having been nominated by their employers, candidates were invited to complete a written application which asked them to describe their journey to date under the headings of the excellence profile. Shortlisted applicants were invited to attend one of three regional selection events which included small group discussions and multiple mini-interviews.

A panel of community nursing leaders made the final selection based on performance at the regional events, considering the need for geographical spread and diversity of roles. Figure 1 and 2 below, highlights the demographics of QNDP participants.

Figure 1: 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

Figure 2: Demographics of participants in QNDP: employer

Employer	
NHS	37
Independent and the third sectors	4

1.4   Aims, goals and brief description of the Queen's Nurse Development Programme

A full description of the QNDP can be found in Appendix 1. In brief, the primary aim of the QNDP was to connect individuals who share a passion for delivering high-quality nursing throughout Scotland's communities, with an emphasis on social justice. The QNDP aims to equip nurses with confidence, understanding, empathy, and to foster the skills and support nurses require to be the best they can be; and to inspire and help those most in need, be that individuals, families, or communities. Queen's Nurses should champion community nursing, and actively enhance and promote contributions to quality improvement.

2 Methods

A comprehensive, longitudinal qualitative evaluation of the first two cohorts to participate in the QNDP, exploring the experiences and perceptions of all participants from cohorts one and two, and a purposive sample of the managers and the facilitators delivering the programme and their experiences. Ethical approval for this research was sought and secured from Robert Gordon University's School of Nursing, Midwifery and Paramedic Practice (SNMP) School Ethical Review Panel (SERP) on the 14th of February 2017. We used a mix of telephone interviews and face to face focus groups to explore perceptions and experiences of QNDP; what was learned, how participants were able to implement this into their everyday work and how sustainable participants perceived these changes to be. In the focus groups with facilitators, we asked these individuals to discuss the impacts of the programme and how they felt participants reacted to the programme. In the interviews with managers, we sought to understand how the QNDP matched-up to their prior expectations of the programme, and to understand any impacts and changes in the participants, and how these were represented.

2.1 Data collection

Forty-one participants, which represented <u>all</u> of the QNDP participants from cohorts one and two participated in at least two interviews over six time points. Twenty participants came from cohort one and twenty-one came from cohort two. Additionally, twelve managers were interviewed by telephone in quarter one of 2018 and quarter two of 2019 based on a convenience sample. Managers responded to an invitation to be interviewed sent by the QNIS in 2018. One focus group with three programme facilitators was conducted face-to-face in quarter three 2018. Two additional focus groups were conducted with participants face-to-face at the QNIS conference which took place in Edinburgh in Spring 2019 with a member-checking[1] session held with a group of participants from cohorts one and two in Autumn 2019.

In total, ninety-four interviews, two focus groups and a member checking event were conducted exploring the experiences of the first (2017) and second (2018) cohorts over time, and the experiences of managers and QNDP facilitators. Interviews were conducted via telephone and focus groups were conducted in person; discussions were recorded and later transcribed verbatim by a professional typist. The following section elaborates on the process of data collection.

2.2 Timeline for data collection

For participants in the QNDP, longitudinal data collection took place over a total period of two years and eight months to capture change over time. These data collection were at the following points: (a) the first telephone interview was before QNDP participants received the

---

[1] Member-checking refers to the process of summarising key findings currently emerging from analysis during discussions with participants. The process allows the researcher to validate and cross-check with participants that findings are accurate and adds an additional layer of accuracy to the study.

programme but after selection to explore their experiences of the recruitment and selection process and their perceptions and expectations of the programme; (b) post-programme interviews were conducted after the residential workshops and coaching were complete to explore experiences; (c) managers and facilitators were interviewed to provide insights into how the QNDP compared to their prior expectations of the programme, and to understand any impacts and changes in the participants, and how these were represented; and (d) focus groups and telephone interviews to explore sustainability of any changes as a result of the programme were conducted as a final step of data collection at just over the two-year point from first attendance at the QNDP.

Figure 2 below, shows a breakdown of when this data was collected.

Figure 2: *Timeline for data collection*

Data collected	Number of participants	Time data collected
Pre-programme telephone Interviews with cohort one	n=19	Quarter One 2017
Post-programme telephone Interviews with cohort one	n=20	Quarter Four 2017
Pre-programme telephone interviews with cohort two	n=21	Quarter One 2018
Post-programme telephone interviews with cohort two	n=18	Quarter Four 2018
Individual telephone interviews with managers	n=12	Quarter Four 2018 and Quarter One 2019
Focus group (face to face) with course facilitators	n=3	Quarter Three 2018
Follow up focus group (face to face) and individual telephone interviews with cohort one As above	Focus group n=2 Individual interviews n=3	Quarter Two 2019 As Above
Member-checking session (face to face) with cohorts one and two	n=16	Quarter Four 2019
Total Number of Interviews **Total Number of Focus Groups** **Total Number Member-checking events**	**n=109** **n=2** **n=1**	

2.3 Data analysis

Analysis was iterative, with data gathered to allow emerging issues and themes to inform subsequent data gathering and facilitate deeper exploration. A coding frame was developed from initial interviews and a topic guide created, and was revised through analysis based on the constant comparison method. Member-checking of emergent issues and themes was carried out during the member-checking session with cohorts one and two during quarter four 2019). Audio recordings of interviews and focus groups were transcribed verbatim by a professional typist. Data were imported into NVivo 12[2], and analysed iteratively. Two phases of qualitative data coding took place. Firstly, data were coded using Braun and Clarke's six- point framework of analysis; familiarisation, coding, generating themes, reviewing themes, defining and naming themes and writing up (Clarke et al., 2015). Double coding and independent analysis ensured trustworthy, rigorous and valid findings. Throughout all coding and familiarisation, data were routinely explored for negative cases. This detailed analysis was conducted by Piotr Teodorowski, Dr Emma MacIver, Dr Nick Adams, with Professor Catriona Kennedy and Dr Aileen Grant contributing through regular discussion. The research team have backgrounds in Nursing, Sociology, Psychology and past experience in evaluation; representing a complementary blend of skills from which to collectively process and draw conclusions from collected data.

---

[2] NVivo is a software programme for aiding in the analysis of qualitative data. It allows themes to be selected and marked, and compared with other transcribed written data to help draw conclusions regarding findings.

3   Findings

The findings presented in this section are interpretations and verbatim quotes (assigned a pseudonym to maintain anonymity) drawn from the accounts and perceptions of the individuals that participated in cohorts one and two of the QNDP, as well as the key stakeholders (managers) and the QNDP course facilitators. These were captured at various timepoints which allowed us to uncover the unfolding of individual journeys over time. At the core of these findings is the notion of a 'journey of self-discovery and transformation', relating to participants as both people and professionals and spanning the period prior to starting the QNDP, through to post-completion.

To explore this journey as experienced by participants, the findings will be presented under three themes: **1. pre-QNDP descriptions of professional and personal challenges, as well as early expectations of the programme.** This will include the individual, interpersonal and practical challenges recounted by participants prior to the programme, as well as initial reflections on the purpose and delivery of the QNDP; **2. emerging and post-QNDP personal and professional growth, flourishing and transformation**. This theme will examine the characteristics and prerequisites of and practical tools facilitating positive change and transformation; and **3. The continuation of the journey of development and transformation, with reference to a range of impacts and positive changes.** This will include evidence of rejuvenation in the workplace and career, new ways of working with improvements to service-delivery and the growth of Queen's Nurses as a community of practice. The concept map included as **Appendix 3**, captures the connections across this journey. Participants were overwhelmingly positive about (and to some extent, *'astounded'* by) the programme, and appreciated its design, facilitation, approach and methods utilised, as well as the resulting impacts and outcomes. The presentation of these findings encapsulates this positive appraisal, however, gives a voice to all participants and all elements of the programme which includes critical opinion and feedback.

3.1   Pre-QNDP: The identification of various conflicts, dilemmas and challenges and early expectations of the programme

In theme one, various individual, interpersonal and practical conflicts, dilemmas and challenges as identified by participants across both cohorts will be outlined, before moving on to describe participants early (yet largely unfounded) expectations and understanding of the programme.

3.1.1   Pre-QNDP professional and personal challenges

Prior to undertaking the QNDP, many participants described feeling 'stuck' or stagnated at work (and in some cases, their personal lives). In terms of this, various conflicts, dilemmas and challenges were discussed including: low morale; professional fatigue and stress; feeling undervalued; as well as organisational constraints (including a lack of pressures of time or lack of resources) or a lack of managerial support.

Professional fatigue and stress pre-QNDP were commonly described by participants, often articulated as feeling *'burnt out'* and thus, *'less engaged with their role and function'* and was also recognised as a concern by some managers.

Further, a number of participants expressed frustration that their professional role and

contribution was undervalued or misunderstood by senior management within their organisation. One participant articulated their struggle with this:

"I didn't feel I was having the impact that I wanted…the team managers immediately above me have no community background, have struggled to see the value of district nursing…I tried to be very eloquent and vocal with them about what district nursing is…I just felt that I was really struggling". (Charlotte, Cohort 1, post-QNDP)

For several participants, the accumulation of this stress, fatigue and frustrations, resulted in consideration of resigning or taking early retirement. The QNDP was viewed as a potential means of addressing some of these challenges which thus, fuelled their interest in undertaking the programme. For others, recognition by their line manager (as part of the nomination process) of their *'potential'*, or position as an *'achiever'* in their organisation was viewed by some as humbling and for others, it bolstered their esteem, drove their interest in pursuing the QNDP and their career development and/ or the promotion of community nursing. As illustration, one individual described feeling *'honoured'* to be nominated and promoting the QNIS and community nursing, yet had reservations about sharing this news with others:

" …I've been quite embarrassed about it, I've not told anybody that I'm doing it because it's…as if you're blowing your own trumpet but, I would like to think that, you know, undertaking the course…that I'll have that kind of confidence at the end of it to say, no, this is about promoting the good nurses that out there and the Queen's Nursing Institute and what it stands for…and why we have a community nursing services". (Jenny, Cohort 2, pre-QNDP).

As well as considering various challenges experienced prior to undertaking the QNDP, (including burnout, stress and fatigue), participants early expectations of the QNDP were explored. As explored in the following subtheme, this revealed vague or (what later transpired to be) unfounded beliefs and expectations. Specifically, this wasn't the 'taught' leadership or clinical skills-based programme that they had expected or had previously experienced during more traditional training courses.

3.1.2 Vague expectations of the QNDP

Participants across both cohorts discussed either not knowing what to expect of the programme (in terms of its focus, impact and delivery methods) or had expected an emphasis on leadership or clinical development. On reflection, the overwhelming majority were surprised, yet delighted that the key focus of the programme was on them and their personal development, as illustrated in the statement below:

"…I thought we were going to get workshops and presentations on leadership and management skills and these things…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)

Some others, however, were clear about what they strived to achieve through their participation in the programme, including promoting community nursing, their service and the needs of service users, as illustrated in the following:

"…even quite high up managers in the NHS still don't want to admit that we have a drug problem here and, by doing that they're not getting the services in place that we need so, by getting

through this programme I'm hoping that it will give me more of a voice to let people know what's going on, erm, and look at how we're addressing it as well and getting community on board with supporting individuals". (Trudy, Cohort 2, pre-QNDP)

In terms of accessing information about the QNDP at an early stage, some participants had utilised sources such as the QNIS website and written materials, as well as discussions with their line manager. Additionally, a few participants from cohort two had spoken to their peers from the previous cohort about the programme and their experiences, but this did not (and perhaps could not) fully prepare them for the enormity of what the QNDP offered, as illustrated below:

"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 people to understand what it's like, (be)cause people don't understand when you try and tell them what it is (be)cause they do, they just don't grasp it. So, I didn't know what it was going to be about...". (Ellie, Cohort 2, post-QNDP)

As evident in these findings, there was a sense of vagueness and uncertainty around the expectations of the QNDP prior to participation, particularly amongst participants in the first cohort. Nevertheless, as evident amongst participants in the second cohort, truly understanding the programme and its significance and impact is best gained through first- hand experience of actually engaging with the programme. The process of self-development and transformation as it presented during and beyond the QNDP, how this was facilitated, and the significance and impact of change will now be explored.

3.2   During and Post-programme – Self-development and Transformation

In theme two, change and transformation will be further explored, including the factors leading to transformation (mainly critical self-reflection and self-awareness), the role of various tools and approaches developed during the QNDP in facilitating positive change and the impact of change and growth on practice and relationships.

Self-development and transformation were evident at three inter-related levels: (i.) as an individual (growing as a person); (ii.) as a professional (growing as a practitioner, manager and colleague); and in turn, (iii.) facilitating and initiating positive change in others and their relationships. It was neither practical nor desirable to fully separate the impact of the QNDP on individual's personal and professional development in their analysis, as these were so closely intertwined and reciprocal and considered in a holistic sense, as articulated below:

"…you bring your whole self to whatever it might be and I guess that 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)

Thus, these concepts are considered simultaneously within the following subtheme.

3.2.1 The Nature of Change – Self-development and Transformation

Self-development was expressed by participants in terms such as *'transformation' 'change', 'growth' and 'flourishing'*. In its simplest form, transformation indeed indicates the process of change, a process described by participants in this context as highly positive with them reflecting on their marked development over the course of the programme and beyond. These changes were discussed extensively by participants across both cohorts during the post- QNDP interviews and the later focus groups, as developing both during the programme and beyond. This process of change was marked by the use of language such as *'life changing'*, *'life-affirming'*, *'amazing'* and *'blown away'* which were commonly used to describe the effects of the QNDP. It is also important to highlight that this positive change was seeded during the selection process in being identified by their manager as a potential candidate for the prestigious QNDP, reflecting on their strengths and experience in both the written application and the selection day, then given a place on the programme. Cumulatively, whilst many expressed surprise at being selected, they later reflected on how this had boosted their self-confidence and self-belief.

Self-development and change were depicted by some participants as evolving gradually through a process of deep and ongoing self-reflection and in other cases, as resulting from 'epiphanies' or 'lightbulb moments' during which a new level of understanding was borne. The following statement illustrates this notion of more gradual development, and the key factors facilitating this – mainly space and time:

"…it [the duration of the QNDP] really was time for really reflecting on my practice, how I operate, how I am as, you know, as a manager in a team and I thought it was, you know, it really, I suppose it kind of created a space for growth that I maybe thought I hadn't needed…". (Shelley, Cohort 1, post-QNDP)

Further, the following statement illustrates an instance of a more sudden, yet particularly significant realisation, leading to a new way of being and working:

"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 and like, I guess now, a lot of things are shared more evenly. I don't carry that weight now and people at work have embraced that…more of a team pulling together because I've let go a little bit…".

(Mary, Cohort 1, post-QNDP)

As evident in participant descriptions, '*change', 'growth'* and '*transformation'* unfolded in different ways, rates and times for different people. Additionally, there was much reflection on the processes and factors leading to this self-development, including critical self-reflection, growing self-awareness, belief and confidence, as well as some practical aspects such as time and space to enable this development process, as explored below.

3.2.2 Critical self-reflection and exploration: growing as a person and a practitioner

As expressed by the majority of participants across both cohorts, growth and development as both a person and a practitioner involved deep self-exploration and self-reflection, as articulated in the following account:

"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)

As a result, many participants described a new level of *'self-awareness'*, *'self-confidence'*, *'self-belief'*, and a new sense of *'empowerment'*.

As part of this critical self-reflection, the majority of participants discussed revisiting and re-focusing on person-centredness. This was a concept all were familiar with through previous training and as a feature of their daily professional practice, but had reconsidered and re-prioritised as a result of the QNDP, in which all aspects of the programme were centred around this philosophy (from the very ethos to the delivery of all content). Some reflected a confidence that they had embraced person-centredness in their practice, yet later reassessed the real meaning of person-centredness and how this could be more meaningfully implemented in practice, as illustrated in the following:

"I thought I probably worked in a person centred way and probably did but, actually…doing the course, probably was able to kind of improve that and…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)

Moreover, the residential workshops were instrumental in terms of self-development and growth. These were viewed by participants as offering the blend of time, *'safe space'*, environment, ambience, excellent facilitation, support and connections with peers, to aid deep reflection and sow the seeds of self-development. Indeed, the careful and well-planned design, approach and selection of critical, creative methods (and what this created in terms of self-development and close relationships amongst participants) was regarded as so special and unique, it was very often referred to as *'Queenie Magic'* by both participants and facilitators.

Whilst the residential stays were very well-received amongst participants in both cohorts, there were however, a few (3) from the second cohort that found the two-day residential following their initial 5-day stay at Balbirnie too short, stating that they would have valued more time with QNDP peers. For some, the actual environment and ambience of the second hotel was not as conducive to learning - compared to the tranquil, rural surroundings of Balbirnie, the second stay was in an inner-city hotel deemed *'too noisy'*.

The participants described their self-development - in terms of their growing self-awareness and reflection and re-focusing on person-centredness - and the importance of the residential stays to this. As well as the physical space, the support received and connections made during the residentials, a range of tools, approaches and methods introduced during the first residential stay were key in developing critical self-awareness and reflection for all participants. These practical aids encouraged introspection and offered new and creative ways to develop and support them as people and practitioners, as will be expanded on in the following subtheme.

3.2.3 New and creative tools and approaches to work and life

The QNDP utilised an assortment of creative and novel approaches and tools, including one-to-one coaching, mindfulness, action learning, storyboarding, evoke cards, art, as well as exercise, relaxation and general self-care, underpinned by critical and ongoing reflection and a person-centred philosophy.

These were introduced and explored during the QNDP and thereafter, served to provide a 'toolbox' of different methods and approaches for participants to utilise (and share with colleagues) in practice and in their personal lives. Essentially, these enabled them to approach elements of their work and life differently, to reflect and think critically '*outside the box*', to problem-solve and develop resilience – recognised and appraised by both participants themselves, and in some cases, line managers. Participants experiences, perceptions and reflections of these methods and approaches are now reported.

Coaching

Of the learning tools and approaches utilised, coaching was most often discussed by participants. This was elaborated on by all participants and indeed was a completely new experience for all. For almost all participants, this was incredibly well-received, highly valued, and viewed as having clear benefits in both a personal and work capacity. Very often, participants expressed that they felt their coach was a good *'match'* and appreciated having someone *'neutral'* or *'non-judgemental'* to talk to. In terms of the benefits and outcomes, participants commonly stated that their coach helped them to consider issues *'differently'* or *'more abstractly'*, enabling them to reach a new level of understanding, solve problems or shed the weight of blame or responsibility for other people's problems. The following quote encapsulates some of these key elements:

"…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, believing that actually…this isn't my doing but, I can work through this and solve problems and, you know, come out the other end…just, having that neutral person to speak to that was non-judgemental, that was looking for ways of making you think a little bit differently or look at things a little bit more abstractly and also just stopped me from being really hard on myself and blaming myself". (Megan, Cohort 1, post-QNDP).

Nevertheless, a very small number of participants from cohort one, were more critical about their coaching experience, to varying extents. Whilst, one person initially failed to understand or see the value of coaching, their perspective changed markedly over time as a result of developing a positive relationship with their coach in which they felt enabled to explore them and their practice in a safe environment. A further participant found the usefulness of coaching varied depending on whether they actually had any particular issues to discuss. The final individual, however, found the entire coaching experience unhelpful, yet the reasons for this were difficult to articulate, as expressed below:

"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)

This participant and one other, went on to suggest that prior to coaching, some preparatory work could be undertaken as part of the QNDP, to enable participants to get the best out of the experience.

Critique of other tools

In addition to coaching, a small number of participants had initial reservations about particular tools and approaches introduced during the QNDP, feeling uncomfortable in trying-out more unorthodox methods such as art, acting or relaxation, as illustrated below:

"…initially, I thought it was absolutely bonkers. Erm, erm, I hadn't done much relaxation or mindfulness, so that was a bit of a, a shock to the system. I was sitting thinking they were a bunch of tree huggers and what on earth am I doing there, but further into…it kind of made sense…I think because none of us knew each other and we were sitting round in a circle and we're doing relaxation and, it felt very uncomfortable and, I couldn't see the purpose of it". (Trudy, Cohort 2, post-QNDP)

A very small number of others participants were less positive about certain approaches or elements of the programme, namely 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). In broad terms, the reasons cited related to the perceived irrelevance of these particular aspects, to their learning needs. For instance, one articulated that as they had *'done advanced communication skills'* training already, so this session on the QNDP was less useful for them and indeed, this session was discontinued following feedback from cohort one.

Sharing the Tools

As well as utilising the tools themselves, several participants discussed sharing and exploring particular tools and approaches, particularly mindfulness and relaxation, as well as action learning with colleagues, service-users, and in a few cases, family members. In many cases, for instance, regular mindfulness practice had become implemented within their teams and well-received by colleagues, promoting time-out and *'self-care'*.

Further, in some cases sharing tools such as action learning was recognised as a means of empowering others to find solutions to their problems, as indicated in the example below:

"…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 at, in the programme, that I now have that ability to question and you can see them coming up with the ideas". (Isabel, Cohort 1, post-QNDP)

As evident, there was much discussion amongst participants around the range of methods and tools introduced during the QNDP. As well as continuing to use these in their own personal and professional lives, the majority had shared at least some of the approaches with family, colleagues and service users to positive effect. The impact of this change and transformation on different relationships will now be explored.

3.2.4 Facilitating positive change in others and in relationships with colleagues, service users and family

The positive impact that the QNDP had on both professional and personal relationships was very frequently discussed across participants. This was articulated in terms of both existing relationships with colleagues, service users and family, as well as new relationships with peers on the QNDP. Existing personal and professional relationships with colleagues and service users were described as being transformed through the development of enhanced listening and communication skills, being *'present'*, available and *'authentic'*, as well as utilising and sharing some of the key tools and approaches, in particular empowering others to find their own solutions to problems and challenges (as already described).

Further, new relationships developed amongst the QNs in each cohort were discussed and appraised positively by the majority of participants. These were characterised by profound, close and intense bonds that developed rapidly, a quality of relationship never before experienced by the majority of participants, as articulated in the following:

"…that chemistry, which was almost immediate, which I have never experienced with a bunch of strangers before, erm, knew no one and suddenly, and it was sudden, it was this almost instant chemistry between us all…". (Marcus, Cohort 1, 1 year later)

These qualities embedded within these new relationships and the support that these offered, was seen as key to individual development and growth throughout the programme, as illustrated below:

"…the intensity and strength of the friendships…has been absolutely instrumental in all of this. We had to trust one another, we had to be very open with one another but, that actually felt very easy to do because of the people you were with". (Charlotte, Cohort 1, 1 year later)

Fundamental to these new relationships was the notion of 'risk and investment', in trusting and sharing with others, being brave and bold and exposing one's real self, as reflected in the following:

"…everyone was so respectful, no one was judging, I guess if I was to do it at home here with the kids they'd be laughing at me, do you know, and things but 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)

Generally, these close bonds were expected to endure over time, some referring to these relationships as *'life-long'*. The QNIS supported and facilitated the continuation of these relationships between residential stays and beyond completion of the QNDP, through encouraging participants to engage with each other through a mobile messaging application, *'Whatsapp'*, as well as official QNIS conferences and events. A few participants, however, queried whether they would last given the geographical distance between individuals and their resulting inability to meet-up face-to-face or on a regular basis.

As well as professional relationships, many of the participants also discussed the positive impacts of engaging with the QNDP on their personal relationships. This was described as *'connecting better'* with family members and friends due to a changed outlook and approach, being *'calmer'*, *'positive'*, *'happier'*, *'more motivated'* and a *'better listener'*, as commonly cited. In

some cases, family members had also observed these changes in the participant and the impact on their personal relationships. Some of these elements are illustrated in the following:

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

As evident throughout this theme, self-development and transformation are at the very heart of the findings, with the concepts of change, growth and flourishing evident at the levels of the participant as a person, a professional and a social being across their home-life, work-life and relationships with others. Evidence suggests that the QNDP facilitated this development and transformation, through offering the right blend of conditions, approaches, tools and excellent facilitation. Self-development will be further explored in the following theme looking-at early indications of various embedded impacts of participating in the programme, in relation to the individual in their career development and satisfaction at work, as well as effects on those around them – mainly colleagues and service users. In a broader sense, impact will be considered in terms of service-provision and finally, the advancement of Queen's Nurses as a community of practice.

3.3 The continuation of the journey of self-development – evidencing the impacts

In theme 3, some early indications around sustained impacts of engaging with the QNDP will be presented. As already described in theme 2, this can be understood according to development and transformation of self, as both an individual and a professional. Key to this was having new-found or enhanced qualities, described by participants to include self-belief, self-confidence, courage and risk-taking, as well as a range of practical skills and tools. These were translated into a range of observable outcomes across various areas, including career development post-QNDP, with the seeking-out of new roles, promotions and opportunities, developing and implementing new ways of working, as well as a renewed sense of enthusiasm for their role and career. Additionally, these positive personal changes had a knock-on effect on others – namely family, colleagues, service users and more broadly, service-provision.

The QNIS was highly regarded by participants, with the prestige and influence attached to being a Queen's Nurse. These various areas of impact are examined below. It must, however, be acknowledged that these were early indications of impact and that the effects of the QNDP were likely to further evolve over time. One participant acknowledged this, one-year post- completion of the QNDP, as *"I'm still a work in progress".* (Shelley, Cohort 1, post-QNDP)

3.3.1 Rejuvenation and Reinvigoration for Work

Amongst all participants, there was an evident sense of re-invigoration or rejuvenation in terms of work. This was described as a renewed *'energy'*, *'motivation'*, sense of *'satisfaction'*, as well as *'enthusiasm'* or *'love'* for their job or in some cases, more broadly the nursing profession. This was underpinned by a growing self-awareness or self-belief about them and their contribution.

In illustration, the following participant described their work, prior to the QNDP, as merely going through the motions, but over the course of and following the programme had experienced a renewed sense of energy, drive and enthusiasm for their role, as below:

"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, it's got me motivated and firing about at a hundred miles an hour, in a hundred different directions… I really felt like I was being held down by nuts and bolts and day by day, exercise by exercise, and every little experience of QNIS, those little bolts were, were sort of unscrewed and released and all that kind of stuff that had been holding me (back) has gone". (John, Cohort 2, post-QNDP)

The value and importance of this renewed energy for work, was also recognised by some of the managers, both in relation to the individual themselves and the resulting impact on service-delivery:

"…she's now looking forward to the next ten years of her career, you know, which, I think before that she was probably not so much, you know. So, I do think it's, it's a real amazing way of, of supporting nurses just to, to, you know, erm, be, enjoy their role, as the role they're in better and therefore, they're going to do a better job for their patients". (Alison, Manager)

The QNDP acted as a catalyst to various career developments, including new roles and promotions.

3.3.2   Career Developments post-QNDP

One very evident way in which this rejuvenation and reinvigoration for work was evident was in terms of career development post-QNDP. Several participants across both cohorts discussed career changes post-QNDP, which included promotion within their own workplace, new roles in other organisations and embarking on higher education programmes. Specifically, these included moves from clinical roles to new roles as team leaders, a teaching role in nurse education, a specialist nurse role and starting-up as an independent consultant. Another participant had embarked on a Masters' degree in 'leadership in nursing practice', despite having considered herself close to retirement prior to the QNDP.

All attributed these moves to the QNDP, specifically in term of having new-found *'drive'*, *'confidence'* and *'courage'* to instigate a move or *"take that jump off the edge of the cliff and go for it"* (Jilly, Cohort 2, post-QNDP). A number of participants also highlighted the role of their ability to now *"look at things differently",* (Jenny, Cohort 2, pre-QNDP) *"think outside the box"*, (Lucy, Cohort 1, 1 year later) or *'value own knowledge and skills'* (Kara, Cohort 2, post- QNDP). The following participant summarises several key elements:

"…I suspect that actually the programme, it was an unexpected outcome but, I actually think that because it does build confidence and it probably gives you a wider vision and makes you think about things differently…it makes us more nomadic. I think we're actually able and willing to, to go further afield that we might've done otherwise, because of the programme". (William, Cohort 1, 1 year later)

In addition to these elements, one participant also highlighted her new *'belief in leadership'* resulting from the QNDP, in supporting her move to a new position as a team leader. Whilst the QNDP was not named specifically as a leadership programme, several participants had moved into leadership roles and the impact of the programme on developing leadership skills was recognised by both participants and line managers alike, with one manager commenting: *"I think that's [QNDP] had quite an impact on her leadership skills".* (Grace, Manager) Further, the

facilitators also discussed the impact of the QNDP in developing leadership skills, enabling participants *"…to become excellent leaders…"*. (Jimmy, Manager).

For one individual, her move from a clinical role to a teaching position in nurse education was instigated by her enthusiasm and drive to share her key learning from the QNDP, in particular to build confidence and self-belief in students and reinforce the importance and potential of community nursing, summarised as follows:

"…giving people the confidence to know who they are and what they're able to achieve and what's possible for them…enthusing them about community nursing…helping them understand what they can achieve for their communities…nothing is really impossible and, helping them to find that voice so that they can, they can be really clear about what they want to achieve and what their vision is". (Charlotte, Cohort 1, 1 year later)

Nevertheless, as acknowledged by one manager below, career advancement post-QNDP may be constrained by a lack of existing opportunities in the organisation:

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

Moreover, this reinvigoration and rejuvenation for work was also evidenced through implementing novel and improved ways of working, with clear benefits to service-delivery, as explored below.

3.3.3 Implementing New Ways of Working – extension of 'project' work

All participants reflected on implementing new ways of working, putting novel ideas into practice to address an aspect of their service-delivery. Many of these were centred on the practice-based assignment - termed 'project' by participants - undertaken as part of the QNDP, across both cohorts. These projects were appraised favourably by the vast majority of participants in enabling them to develop, drive forward and ultimately address or improve an area pertaining to delivery of their service. A few (3) individuals, however, found some aspects of the project less useful.

In two cases, this was due to an unrealistic time frame to complete the project which in turn, created additional pressures and in a one case, the original project idea was unsupported by management and thus, the participant had to select a different project topic area. For a further individual, whilst her project proved useful, she assessed this as less important than other elements of the QNDP, as illustrated in the following:

"…the QNIS is so much more than, than about the project. It was more, for me, it was much more about the learning and reflection and self-development that took place on the course, rather than so much about the project, if that makes sense…". (Alexis, Cohort 2, post-QNDP)

The projects were based on an identified need or *'gap'*, as an area that required addressing to improve service-delivery. Whilst in some cases, these areas were identified prior to commencing the QNDP or some early work had already been undertaken, the instrumental role that the QNDP had in shaping and driving the development of the project was very apparent. Indeed, many participants reflected that their projects had *'evolved'* or *'morphed'* in response to their learning and thinking during the QNDP and in particular, through discussions with their coach, peers, course facilitators and colleagues, as illustrated in the following:

"I'd actually started it before the programme had actually really got going but, I made that into my project for the QNIS programme and it obviously made a really big difference to how I did it and how I approached it and what the outcomes were". (William, Cohort 1, post-QNDP).

In many cases, work following on from the projects was ongoing or had developed into offshoots. In illustration, this included: extending training sessions on best practice around tissue viability to different professional groups and across geographical locations; adjusting clinic times to encourage the uptake of cervical screening amongst vulnerable young women; extending training sessions to police officers on appropriately managing offenders with mental health problems to a wider area and setting-up a 'triage' service to allow police access to specialist advice; extending a staff training programme on delivering a multi-sensory programme for dementia patients, to colleagues in other sectors and locations.

Some participants and managers reflected that having a timescale imposed to complete the project encouraged them to focus on, prioritise and drive forward this work, which they may not have otherwise done. Several managers also reflected that they expected to *'…see outcomes at the end of a project'*, in terms of service-delivery. This was evidenced in several ways, including positive feedback from staff and service users. In illustration, one manager reflected how a project around delivering multisensory input to dementia patients had positive effects on the service users and the wider staff team too:

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

The success of their chosen project and the important contribution of this to their field of practice, was also evidenced through various publications and awards. One participant had published their project introducing a clinical supervision model for nurses in a nursing journal, another was preparing to publish her project work on the role of the advanced nurse practitioner in general practice and a further participant voiced some interest in developing her work for publication. A further participant had won an award for their project work from a national body for mental health nursing in Scotland.

As well as the development of new services and recognition of the positive impact of these, there were various other clear indicators of improved service-delivery post-QNDP. Mainly positive feedback from others on the impact of various changes, to team functioning and service-delivery, as will now be examined.

3.3.4 Other Positive Impacts of the QNDP – reflections on team functioning and service delivery

These included positive responses from participants and managers, as well as their reflections on colleague feedback. Firstly, in terms of initiating positive change in others, a number of managers reflected on improved team functioning, referring to participants as being more motivated and showing *'more sophisticated'* and *'constructive'* engagement with their teams and a greater *'willingness to support other people'* than previously. Participants themselves reflected on positive feedback from colleagues about improved morale and a *'changing culture'* within their team, as illustrated below:

"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)

The importance of these team-level improvements to service-delivery was recognised, as articulated by one participant:

"…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 linked this change in the team outlook and functioning to their efforts to promote a culture of open-ness and honesty, enabling colleagues to 'say how [they] feel about work', 'understanding' and 'nurturing' others and striving to inspire those around them to push forward and do their best. This was underpinned by good communication, attempts to reduce pressure and stress on colleagues and sharing the tools practised during the QNDP with those around them. Indeed, the impact of the QNDP on the wider team was so fundamental, one participant referred to this as "not my journey, but our journey". (Susan, Cohort 1, post-QNDP)

Further, many managers also discussed the impact of more discreet indications of improvement to service-delivery. This included their observations around the participant's new mindset and in particular being 'able to take a much wider view on things', as well as a growing self-confidence and resilience, linked to an improved ability to develop creative solutions to problems, challenge other professionals to promote the needs of service users and 'network with other fellow community professionals' and outside agencies.

In illustration, a manager reflected on an incident demonstrating the link between the individual's new resilience and improved ability to challenge as having a positive impact on service-delivery, as follows:

"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…there was one situation where…she went to see a family and the family were keen for her and [a voluntary agency] to be involved…another two doctors said 'oh no, we don't think it is the right thing' and she initially was quite worried about that…but she went and spoke to these two doctors…she was able to help them understand better what we did and, and they said, actually, I think we've got other children that I think we could refer to you so, from that point of view, I was able to see that the service was benefitting from the, the changes in [her] through the development programme". (Alison, Manager)

Similarly, several participants also spoke about having both new-found confidence and courage to 'speak up' and challenge others around aspects of care-provision, to strive to make improvements and deliver the best service, as illustrated below:

"…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 whereas before I might've just accepted that we've been asked to do x so we'll just do x whereas now, I'm a bit more challenging but, in a positive way". (Charlotte, Cohort 1, 1 year later)

Whilst reflections on the impact of these changes on service-delivery are evident from the perspective of the programme participants and their managers, with some discussion of feedback from colleagues, there is very limited service user feedback on their experience and observations around their care. In part, this is because many participants were team leaders and

line-managers with limited patient-facing roles. A few of the participants managers commented in broad terms that participation in the QNDP had positive impacts on service users, but detail around this was sketchy. One participant did, however, reflect on the findings of an independent service evaluation that had been conducted post-QNDP, after various changes to the service had been implemented. This included very positive service user feedback as described below:

"she [independent assessor] said how the feedback from the clients was…how much they valued [the service] and the respectful relationships that the nurses have with them and that's been a real vehicle for change for them…". (Shelley, Cohort 1, post-QNDP)

This participant was, however, cautious about attributing this solely to the impacts of the QNDP.

The final area of impact, as described below, relates to the lasting influence of the QNIS and in particular, development of a community of practice with aspirations of creating a social movement of Queen's Nurses, to positively promote and undertake community nursing in a new and creative way with maximum benefit for communities.

3.3.5 Pride, Prestige and the Influence of the QNIS – a community of practice with the potential to move towards developing a social movement

There was a definite sense of pride and prestige attached to the QNIS and becoming a Queen's Nurse, as recognised by both participants and their managers. Some participants articulated this as initially not feeling *'worthy of being a Queen's Nurse',* yet the title ultimately gave them a sense of greater credibility and status in their professional role, 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)

There was also recognition of the prestige and influence attached to this title, this *'very strong brand name',* by others including managers, colleagues, service users and the wider community. This was evidenced through, for example, the publication of the profiles of several Queen's Nurses in local or national press or social media attracting much attention, as illustrated in the following:

…particularly with [him] having been the first mental health nurse, there was extensive coverage of that within the…area plus, there was some national coverage and we actively pursed that for him and, for us, to be honest". (Kenneth, Manager)

As well as the Queen's Nurse title, the QNIS further emphasised this sense of prestige and 'belonging' to the QNIS, by commissioning an exclusive QNIS tartan and pin badge, as well as hosting a prestigious awards ceremony for participants on completion of the QNDP.

Further, there was discussion and enthusiasm amongst both participants and facilitators around utilising this influence to develop a community of practice with aspirations of creating a *'social movement'* of Queen's Nurses, '*to create waves, positive waves',* (John, Cohort 2, post-QNDP) as means of developing and promoting community nursing, to *"…speak up for the most marginalised".* (Shelley, Cohort 1, 1 year later)

This was described akin to the original Queen's Nurses, as generating a growing band of *'change makers'* who can make meaningful difference within communities, equipped with *"…the skills and the confidence to think differently…the self-assurance to be able to bring an objectivity*

to what they do but, also to be able to see the bigger picture". (Marianne, QNDP- facilitator)

A few managers, however, were reluctant to label this a 'social movement' so early in its infancy, referring instead to this as a *'social network'* with definite potential, as illustrated below:

"it is still pretty small numbers at the moment so, obviously, we would want to see that ripple effect from these individuals but, it's too early to say they're a social movement but, one should aspire". (Nicola, Manager)

As evident throughout, the embedded impacts of the QNDP were wide-ranging. Rejuvenation and reinvigoration at work was widespread, variously expressed in terms of a renewed sense of self-fulfilment, promotions, new roles, a desire to continue work despite previous consideration of retirement and embedding new, creative and improved ways of working. Whilst there were clear benefits for the individuals themselves, the positive impacts were perceived by the participants and their managers to extend to colleagues and service users too. The prestige and recognition attached to the QNIS by the individual themselves, as well as their colleagues, manager and the wider public served to reinforce a sense of pride in being selected for, engaging with the programme and then achieving the QNDP award. This was carried through to their engagement at work and a desire to contribute to the development of a community of practice or even a social movement of Queen's Nurses, striving towards doing the very best within and for their communities.

4   Discussion

This study evaluated implementation of QNDP for cohorts one and two by examining all programme participant perspectives and experiences over time and the perspectives and views of their managers and the facilitators who designed and delivered the programme. Our findings show all participants found the programme took them on a journey of self-discovery and transformation which impacted on their professional and personal lives and resulted in them building a close bond with the other Queen's nurses in their cohort. These changes and relationships were perceived by the QNDP participants to be life-long. A community of practice has been created within and across the cohorts which has the potential to become a social movement as intended by QNIS (Wenger, 1998). Therefore, the programme can be seen as achieving its aim of connecting individuals and equipping QNDP participants with a range of new skills. An attractive theoretical lens to examine this programme is Normalisation Process Theory (NPT), which has four constructs to help explain a dynamic process of social action. We will now describe NPT, these constructs and discuss the findings of this evaluation in more detail through this theoretical lens.

The NPT construct of *coherence* refers to participants understanding of QNDP. All Queen's nurses from cohorts one and two of the programme perceived the QNDP to be unlike any of the other training and development courses they have previously engaged with in terms of its learning, residentials, duration, creative approaches and investment. The programme transformed them personally and professionally bolstering their confidence and belief in their own capabilities, and reinvigorating their passion for their job and a desire to drive change. The programme provided space on the residentials for collective and individual sense-making of the learnings of the course, by providing time and space for hearing other people's stories and individual practices, such as mindful walks, mindful movement, and meditation. These processes helped the participants come to understand and appreciate the values and learning the QNDP was trying to instil.

Cognitive participation relates to the cognitive receptiveness and engagement to the QNDP overall, and to different components within it. The QNDP used a smorgasbord of creative, engaging and novel approaches and tools. Participants varied in their initial openness and receptiveness to these practices and in their preferences. Furthermore, participants varied in the time they took to buy into these more creative practices and the learning of the programme. As the programme was longitudinal participants had time to try different techniques during the week long residential and at home and work, between stays, to find what fitted best for them and in their professional and personal contexts.

There were components which did not engage all participants, such as mindfulness or coaching but for others these were fundamental to their journey of transformation. However, the programme was specifically designed to introduce participants to a range of practices and acknowledged that people are different. This allowed participants to select those practices which they found most personally fitting. Early in their enrolment some participants questioned whether they were 'worthy' of being on the programme but through engagement all participants grew in confidence and courage. By their graduation as a Queens Nurse there was high legitimacy of the programme, where, although not all components resonated with them, they viewed the whole course to be life changing, personally and professionally. The participants concluded the course had changed their perspective and way of thinking which they perceived to be life-long.

Collective action is about what the Queen's nurses did to enact their discoveries or learning from

QNDP. It transformed their thinking, enabling them to look at problems and situations differently and making them more resilient in the face of challenge, and transformed their existing personal and professional relationships with colleagues, service users, friends and family through their enhanced listening and communication skills, where they were *'present'*, available and *'authentic'* in their engagement. This reflects an enhanced understanding of person-centred culture. In addition, these actions connect with the intertwined narratives of presencing and openness core to the core elements of Theory U thinking imparted on participants by facilitators. Whilst Theory U was used by the facilitators to inform their approach to the design and delivery of the programme, including a specific workshop introducing this, it is noteworthy that none of the participants made explicit reference to Theory U. Many, however, described experiencing elements fundamental to this approach, such as *'seeing with fresh eyes'* and *'presencing'*, and thus clearly expressed the impact on them and their practice.

For some the most valuable learning was in 'letting go of control' by not taking responsibility for everything and enabling and empowering their team members and, in some cases, service users to find their own solutions to problems and challenges. The QNs also formed new relationships with QNDP participants, where they were being brave and bold and exposing one's real self. Furthermore, through this confidence and courage they learned how to speak up and speak out in challenging conversations. All participants had a renewed sense of energy, drive and enthusiasm for their role and were actively driving change, many through their QNDP 'project work' or improvements in service delivery, and where some applied for promotion or a new job or role.

Reflective monitoring is about how QNDP participants reflected on their learning, their journey and the changes they were making. The participants reflections were informal, they did not engage in any formal evaluation or reflection of their activities, however, this informal reflection was both individual and communal, where they reflected on their learning and changes on their own and with the other participants of QNDP, their colleagues, friends and family. All participants perceived a changing culture, in particular at work, where the changes they were bringing had been positively received, improving openness and honesty between their team members and nurturing and inspiring change, reducing stress and pressure and enabling change. Furthermore, the new relationships with other QNs, where they were trusting and sharing, being brave and bold and exposing one's real self, was perceived as both a risk and investment. As participants grew they were able to take a wider or different view on things

and/or perceiving the programme had inspired them and given them the confidence to take a leap of faith and try new opportunities as well as refining and modifying existing work practices or even aspects of home life. The findings from the manager interviews also reinforce these changes, in particular their observed changes in team functioning. Limitations to the achievements of the new Queen's nurses were due structural factors rather than the QNs.

Overall, NPT has enabled us to highlight the work that participants engaged with during their journey of transformation as a result of the QNDP. The participants perceptions of this work and learning was that as it was personal, changing their thinking and identity and therefore perceived to be sustained for the rest of their professional life and beyond. The programme also equipped them with skills and tools they were able to share with colleagues, friends and family. Furthermore, through QNDP they became part of a community of practice with strong bonds which enabled them to confidently share problems and challenges, reinforce their learnings and new thinking, and engage them in a potential lifelong journey of transformation. As a result, the

programme was perceived to be greater than the sum of its parts.

An important part of concluding an evaluation is to embed the programme in the wider literature. The QNDP is not explicitly badged as a leadership programme, although throughout these interviews' participants alluded to leadership and many were in leadership roles. From a community nursing perspective, little has been written about leadership. Relevant to this evaluation is the qualitative case study research by Cameron et al (2012). This study explored how leadership was perceived in community nursing teams (public health and long-term conditions focus), translated into the working practices of team leaders and how leadership operated in community nursing teams. The authors describe a 'quasi-family' model of leadership where personal relationships and support amongst team members were important. Although no clear fit to any existing leadership model emerged, more experienced nurses in the higher-grade bandings demonstrated practices which were akin to transformational leadership.

The theory of transformational leadership (Burns 1978) espouses that transformational leaders are able to work to change the system, solve challenges and maximise their team's performance. They do so through inspiring, motivating, encouraging and supporting others with clear goals and high expectations. QNDP participants reported elements of transformational leadership in their efforts to improve team working and inspire others. However, they also reported elements of leadership more akin to democratic leadership which encourages team members to communicate their thoughts, feelings and ideas to inform decision making (Pullen, 2016). In this approach (which may also be described as participative leadership), communication is viewed as two way and participants described using some of the creative approaches they learned such as mindfulness and action learning sets in teambuilding.

The concept of 'team' in community nursing is complex and ill-defined. Nurses in the community are likely to work alone with people, groups and communities. QNDP participants represented a hugely diverse population who worked in a range of contexts covering physical and mental health across the lifespan and settings carrying varying levels of responsibility from being newly qualified to those who were very experienced and in senior clinical and manager positions. Consequently, it is unlikely one theory or approach will help explain the impact of the QNDP on leadership. However, considering the attributes of transformational or democratic leaders links can be made with key elements of the excellence profile (Table 1) which sets out expectations of QNs in inspiring others and bringing them alongside to make things better for people, groups and communities.

The findings of this evaluation and the QNDP are likely to be transferable to other health and social care professionals as the QNDP transformed the individuals and was a personal 'person centred' intervention rather than the more traditional professional behaviour change interventions to address specific clinical problems and the implementation of evidence-based practice (Wieringa, 2017; Michie et al, 2021). Others programmes, such as the Florence Nightingale Foundation Leadership Development Programme, are similar to the QNDP and demonstrate transferability to a range of health and social care roles and contexts. Therefore, it is also likely the evaluation findings and QNDP are transferable beyond the Scottish context as our findings show there was not anything Scotland or community nursing specific to the success of the programme.

4.1 Trustworthiness, strengths and limitations of this evaluation

Prior to concluding this report, it is important to consider the strengths and limitations of this

longitudinal qualitative evaluation and the overall trustworthiness of these findings. The exploration of the QNDP was challenging given its core aim to take participants, with diverse backgrounds and experience of community nursing, on a journey of transformation. From the outset, we strived to capture this journey as it unfolded interviewing all participants at key time points and other key stakeholders generating a large and comprehensive dataset. However, we did not capture the voices of service users or the colleagues of the QNDP participants (apart from some participants line managers). Going forward, we recommend uncovering the wider impacts of the QNDP as an important area for further exploration.

Our evaluation team combined expertise in community nursing, social work, evaluation and qualitative research, medical sociology and psychology. We conducted a rigorous and detailed analysis of the dataset over several rounds of coding, theming and discussing the emerging findings. Key to ensuring the trustworthiness of these findings was searching for relevant, contrasting and corroborating evidence across this data set and to ensure the presentation of quotes was not selective. NPT was used as a theoretical lens to highlight and understand the work involved in participation in the QNDP and implementing their learning and understanding from their journey of transformation. The use of verbatim quotes throughout this report allows the reader to judge the interpretation presented in this evaluation.

5   Conclusions

As evident, engaging with the QNDP led to an unexpected 'journey of self-discovery and transformation' for the participants. Each individual journey varied in terms of starting point, route and destination, yet all involved notable self-development, growth and positive change, which transcended both their personal and professional lives as community nurses, colleagues, 'leaders', service providers, networkers, family members and friends.

Essentially, this journey revitalised individuals, enabling them to see through a new lens, re-position themselves and embody new (person-centred) ways of being and doing. Participants increased their skills in reflection, understanding of person-centeredness, approaches to listening, communication and working with others as well as problem-solving, whilst developing their self-confidence, esteem and resilience. In turn, they became more self-aware, efficient, effective, enthusiastic, motivated, self-fulfilled, authentic versions of themselves, better able to look after their own wellbeing, whilst more effectively engaging with, supporting and empowering those around them.

Whilst the intentional blend of novel, creative tools and approaches introduced in the programme served to facilitate self-development, the context of the QNDP was also of fundamental importance to this journey of self-discovery and transformation. Being and feeling valued was integral to this, achieved through: being nominated and selected to undertake the QNDP; the investment of the programme in them (in terms of the environment, time and space and facilitation); a sense of pride, prestige, recognition and 'belonging' to the QNIS; and the connections shared with and between the Queen's Nurses.

The impact of the programme and the changes introduced were perceived to be sustainable beyond completion of the QNDP, with the personal and professional transformation facilitated by the programme viewed as 'life-long'. In terms of this, the experience of being and becoming a Queen's Nurse led many to report a rejuvenated sense of energy and empowerment in relation to their work. This encouraged some to stay longer in employment and not take intended earlier retirement, seek and embrace new roles and challenges and develop new creative ways of working. Upon completion of the programme, Queen's Nurses became more proactive and were recognised both within and outside nursing as inspiring leaders, allowing them to share their experiences and new skills with others.

Their identity as a Queen's Nurse was important and reinforced by the sense of investment in them - the residential elements of the QNDP, the prestigious awards ceremony and badge of honour/pride, as well as an ongoing commitment by the QNIS to keep participants together. Thus, the impact of the programme was reported to extend beyond participants to influence many within their personal and professional networks, and at the very heart of their communities.

Appendix

1.   Detailed description of the structure and components of the QNDP as delivered to cohorts one and two

This section provides more detailed information about the structure of the QNDP; the aims, goals and selection process, and covers the residential workshops participants attended, and some of the methods of teaching and learning used.

The QNDP

The QNDP represented a new transformational development programme designed for delivery to community nurses in Scotland since 2017. The aim of the QNDP was to connect individuals who share a passion for delivering high-quality nursing throughout Scotland's communities. By providing a safe space for learning and development, the QNDP aimed to equip nurses with confidence, understanding, and empathy, and aimed to carefully develop and foster relevant skills and support opportunities for nurses so they can grow to be the best they can be in their professional role, and provide future inspiration and support to others.

Selection process

The QNDP selection process aimed to capture a diverse sample of nursing and midwifery roles, and a diverse geographic spread of these roles. To achieve this, participants were selected from each of the fourteen Scottish Health Boards. Employers were encouraged to nominate candidates to the QNDP from diverse roles and specialisms. Candidates of different ages, and candidates with diverse roles in physical and mental health across the lifespan were also factored in the selection process. Additionally, some QNDP places were reserved to allow participants from the independent and third sector representation.

The first stage of application involved candidates being nominated by their employers, or – in some cases – self-nominating. Following nomination, candidates were invited to complete a written application. The application process asked candidates to describe their journey to date under the headings of the excellence profile. Applicants were then shortlisted, and these candidates were invited to attend one of three regional selection events. These events were structured to focus on small group discussions and multiple mini-interviews. Final selection decisions were made by a panel of community nursing leaders. Selection to attend the QNDP was based on candidate performance at the regional events, and requirements for geographical spread and diversity of roles.

QNDP structure and delivery

The QNDP programme was primarily delivered through a set of three community workshops, each representing a residential stay of different length. The first residential stay lasted five days. This was followed by two shorter weekend residential stays each lasting two days. The sections below explain the content of these residential stays and the QNDP delivery process in more detail.

Residential workshops

The residential workshops took place in a country house hotel. 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.

Each day in the five-day residential began with a focussed practice such as mindfulness or Capacitar Tai Chi (Stone, 1996). Participants were encouraged to engage with all practices and to prioritise the ones they connected with most, and which may be most beneficial to their own wellness routines. Mornings at the residential workshops were spent in 'masterclasses'. These involved expert speakers from a range of disciplines sharing their knowledge and experiences of professional nursing, and a range of other practices involving leadership, empowerment and positive change. Masterclasses were structured as participative events and contained activities to encourage attendees to be present in the learning environment and to absorb new knowledge. Participants were also asked to engage with creative art or poetry, and to create a mandala[3] (Titchen & McCormack, 2020). The use of such strategies has been documented to enhance participative learning and personal connection to newly acquired contextual knowledge (Lim et al., 2020; Spagnol et al., 2018). As participants were asked to absorb a significant amount of new knowledge during this time, opportunities for relaxation, fresh-air and exercise were built-in to the timetable. The image below provides an example of a mandala.

---

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

Example of a mandala display

Note: image taken from the U.lab Scotland online blog (U.lab Scotland, 2020)

Each of the residential workshop lunchtimes were structured to promote new connections in new spaces. For example, participants were actively encouraged to share their personal and professional experiences with others, and to reflect on the course content and structure, and to share these thoughts with their peers through discussions.

Afternoon learning sessions during the five-day residential comprised of active learning events that linked participants into small groups of six to eight, based on pairing participants from similar geographic practice locations together. Open dialogue, active listening and participatory conversations were encouraged using several established group conversational methods, such as Dewing's moments of movement[4] (Dewing, 2010; McCormack et al., 2008). Circle conversations (Winter, 2008), Social Presencing Theatre (Peschl and Fundneider, 2014), and the use of Action Learning cards (McGill & Beaty, 2001).

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. Participants were invited to ask questions and to discuss topics raised over dinner. At each course, participants rotated around the tables to ensure they had an opportunity to interact with all present.

---

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

Second residential workshop

The second residential workshop was a weekend event. At this residential, 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 encouraged to think reflexively about how far they have come, and where their journey could take them.

Third residential workshop

The third and final residential 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. The final day encompassed a closing ritual. This was positioned as allowing participants 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 was framed as a broader confirmation of existing knowledge, and explored how any existing knowledge had been complemented or reframed by learnings from the course. Participants were encouraged to present their project in a format of their choosing.

2. Concept map:

Factors facilitating positive change **1. QNDP/ QNIS** (Excellent facilitation, coaching, environment, sense of being valued, time/ space, new tools and connections,pride, prestige and recognition. 2. **Supportive management/ organisation** (support to undertake programme, time, support resources, trust and space to implement ideas, sense of being valued).

Pre-programme/ pre-transformation - 'stuck' or 'stagnated' - identification of various conflicts, dilemmas and challenges AND/ OR high achiever/ potential.

Transformation/ Change/ Flourishing (as a gradual process and/ or rapid)

Self: Growing as a person

new creative tools/ creativity/ thinking outside the box

new deep and significant relationships

risk & investment - trusting, sharing, exposing self

greater self-reflection, & self-awareness - arriving a new sense of self

new-found or enhanced confidence. self-belief, open-ness, authenticity,, communication & problem-solving skills, prioritising self-care.

Professional: Growing as a professional

positive impact on professional relationships

implementing new ideas and continuation of project work

revisiting and re-focusing on person-centred practice

professional fulfilment and development (promotion, new roles, new sense of enthusiasm and motivation)

recognition as a Queen's Nurse and developing a Social Movement of Queen's Nurses

Facilitating/ initiating positive change in others and in relationships

colleagues

service users

family

using and sharing new tools and approaches and empowering others to find their own solutions.

References

Boomer, C. & McCormack, B. (2010). Creating the conditions for growth: a collaborative practice development programme for clinical nurse leaders, *Journal of Nursing Management. 18* (6), 633-644.

Burns, J.M. (1978) *Leadership*. New York: Harper & Row

Cameron, S., Harbison J., Lambert V. & Dickson C. (2012) Exploring leadership in community nursing teams. *Journal of Advanced Nursing* 68(7), 1469–1481. doi: 10.1111/j.1365-2648.2011.05869.x

Cable, C. (2018). The Queen's Nurse Excellence Profile: A framework for expert practice in our communities, *International Practice Development Journal*, *8* (1).

Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. *Qualitative psychology: A practical guide to research methods*, 222-248.

Dewing, J. (2010). Moments of movement: active learning and practice development. *Nurse education in practice*, *10*(1), 22-26.

Florence Nightingale Fellowship. (2020) *Leadership Development Opportunities*. Retrieved December 9, 2020, from https://florence-nightingale-foundation.org.uk/wp-content/uploads/2019/06/20190618-FNF-Leadership-Development-Opportunities-Brochure-FINAL.pdf

Ford, P., Wynne, M., Rice, M., & Grogan, C. (2008). A partnership approach to leadership development for Directors of Nursing in Older People's services in Ireland – articulating the impact, *Journal of Nursing Management, 16*(2), 159-166.

Kimsey-House, H., Kimsey-House, K., Sandahl, P., & Whitworth, L. (2018). *Co-Active Coaching: The proven framework for transformative conversations at work and in life*. Hachette UK.

Laird, E., McCance, T., McCormack, B., & Gribben, B. (2015). Patients' experiences of in-hospital care when nursing staff were engaged in a practice development programme to promote person-centredness: a narrative analysis study, *International Journal of Nursing Studies. 52*, 1454- 1462.

Lim, S., Kim, Y., & Kim, K. (2020). A Study on Puzzle Game-based Learning Content for Understanding Mandala. *International Journal of Advanced Culture Technology*, *8*(2), 34-41.

Lynch, B,M., McCance, T., McCormack, B., & Brown, D. (2018). The development of the person-centred situational leadership framework: revealing the being of person-centredness in nursing homes, *Journal of Clinical Nursing*, *27*(1-2), 427-440, doi: 10.1111/jocn.13949

McCance, T., Gribben, B., McCormack, B., & Laird, E.A. (2013). Promoting person-centred practice within acute care: the impact of culture and context on a facilitated practice development programme, *International Practice Development Journal*, 3(1).

McCance, T., & McCormack, B. (2017). The person-centred practice framework. *Person-centred practice in nursing and health care. Theory and practice*, 36-64.

McCormack, B., & McCance, T. V. (2006). Development of a framework for person-centred nursing. *Journal of advanced nursing*, *56*(5), 472-479.

McCormack, B., & McCance, T. (2017). United Kingdom: The Person-centred Nursing Model. In *Conceptual Models of Nursing: Global Perspectives*. Anspear.

McCormack, B., McCance, T., Slater, P., McCormick, J., McArdle, C., & Dewing, J. (2008). 10. Person-Centred Outcomes and Cultural Change. *International practice development in nursing and healthcare*, 189.

McGill, I., & Beaty, L. (2001). *Action Learning: a guide for professional, management & educational development*. Psychology Press.

Michie, S, Johnston M, Rothman AJ, De Bruin M, Kelly MP, Carey RN, et al. Developing an evidence-based online method of linking behaviour change techniques and theoretical mechanisms of action: a multiple methods study. Health Serv Deliv Res 2021;9(1)

Murphy, N. (2016). A leadership and management development programme for a physiotherapy department, *Physiotherapy*, *102*(1), doi:org/10.1016/j.physio.2016.10.280

Peschl, M. F., & Fundneider, T. (2014). Theory U and emergent innovation: Presencing as a method of bringing forth profoundly new knowledge and realities. In *Perspectives on Theory U: Insights from the field* (pp. 207-233). IGI Global.

Price, B. (2006). Exploring person-centred care. *Nursing Standard*, *20*(50).

Pullen Jr, R. L. (2016). Leadership in nursing practice. *Nursing made Incredibly Easy*, *14*(3), 26-31.

Ross, H., Tod, A. M., & Clarke, A. (2015). Understanding and achieving person-centred care: the nurse perspective. *Journal of clinical nursing*, *24*(9-10), 1223-1233.

Santana, M. J., Manalili, K., Jolley, R. J., Zelinsky, S., Quan, H., & Lu, M. (2018). How to practice person-centred care: A conceptual framework. *Health Expectations*, *21*(2), 429-440.

Spagnol, G. S., Ling, L. H., & Min, L. L. (2018). Mandalas of Emotions as Add-on Therapy for Self-Healing and Resolution of Internal Conflicts in Cancer Treatment. In *The Patient-Doctor Dynamics* (pp. 39-49). Brill Rodopi.

Stone, Justin. (1996) *Tai Chi Chih!: Joy Thru Movement*. Good Karma Pub.

Scharmer, C. O. (2009). *Theory U: Learning from the future as it emerges*. Berrett-Koehler Publishers.

Titchen, A., & McCormack, B. (2020) Dancing the mandalas of critical creativity. *Angie Titchen*, 15.

Tucci, G. (2001). *The theory and practice of the mandala*. Courier Corporation.

U.Lab Scotland (2020) *Theory U in practice.* Accessed from: https://ulabscot.com/2018/07/11/theory-u-in-practice/

Wenger, E. (1998). Communities of practice: Learning as a social system. *Systems thinker*, *9*(5), 2-3.

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.

Winter, M. T. (2008). 2 Doing Effective Dialogue-And Loving It. *Journal of ecumenical studies*, *43*(2), 2.