Palliative Care Senior Nurses Network (PCSNN)

Evaluation of PCSNN Development Programme 2013-2014
The PCSNN Development Programme 2013/2014 was funded by All Ireland Institute of Hospice and Palliative Care with support from the Office of the Nursing and Midwifery Services Director and the National Leadership and Innovation Centre for Nursing and Midwifery, Health Services Executive, Republic of Ireland and the Nursing and Allied Health Professionals Directorate, Public Health Agency, Northern Ireland.
Contents

Preface .................................................................................................................. 3
Section 1................................................................................................................. 4
   Introduction and background ........................................................................... 4
   Rationale ........................................................................................................... 4
   Aim of establishing the all island Palliative Care Senior Nurse Network .......... 5
   Approach and Objectives of the Network Development Programme ............ 5
   Network Development Programme Oversight Group .................................. 6
   Network Membership ....................................................................................... 6
   Resources ......................................................................................................... 7
   Network Development Teams and Initiatives ............................................... 7
   Development Programme: Day Evaluations ................................................. 8
   End of Program Evaluation ............................................................................. 8
Section 2.................................................................................................................. 9
   Part 1: Overall Experience ........................................................................... 10
   Part 2: Specific Components ......................................................................... 11
   Part 3: Views on Expected Outputs ............................................................. 15
   Part 4: Leadership Characteristics Self-Assessment Tool ......................... 18
       Baseline Leadership Characteristics Self-Assessment Results ............... 19
       End of Programme Evaluation survey Leadership Characteristics Self-Assessment Results .................................................................................................................. 19
   Part 5: Short Personal Statements ............................................................... 20
Conclusion............................................................................................................ 21
Acknowledgements ............................................................................................. 21
Annexe 1: PCSNN Development Programme Oversight Group ....................... 22
Annexe 2: Development Programme Day Evaluations .................................. 23
Annexe 3: Outline Structure of End of Programme Survey ............................. 25
Annexe 4: Excerpts from some of the members personal statements .............. 26
Preface

The importance of nursing to the historical and contemporary development of palliative care across the island of Ireland and indeed, internationally, cannot be underestimated. Many countries can identify nurse leaders whose vision shaped the development of services which cared for people at the end-of-life. Dame Cicely Saunders own nursing background is clearly identified as a motivating factor in the early development of her work which led to the phenomenon that has today become palliative care.

As a professional discipline, nursing has grown exponentially in recent years and opportunities for nurses to advance to key leadership posts are increasingly evident. It is no surprise that many senior positions up to CEO level within our health systems are held by nurses, given the eclectic nature of the profession which embraces both art and science in the delivery of its craft. Such leaders drive the vision of what nursing and healthcare should be; competent expertise underpinned by compassionate care.

The development of the Palliative Care Senior Nurses Network acknowledges the place of nursing in the delivery of the future of palliative care. We have learnt that this future is dependent on developing common goals, collaborative efforts and cohesive messages to the wider community to explain who we are and what we do. That requires us to examine our own skill-base, motivations and aptitudes which govern our capacity to lead and guide the next generation of practitioners and leaders.

The results of this evaluation are commendable, not only because they present a robust examination of a well-run project but because they offer a sustainable model of North-South collaboration which can be replicated. Notwithstanding the challenges that this poses, the evidence from the participants of their growth and learning and opportunity for future engagement, suggests that we have a healthy and vibrant future for the leadership of palliative nursing.

As Chair of the All-Ireland Institute of Hospice and Palliative Care, I would like to commend the authors of the report for their work but particularly, a note of thanks to Ms Paddie Blaney, Director of the Institute, whose previous experience in global nursing leadership inspired the work that is presented in this document. There is a challenge now to ensure that this network can grow. Challenge is inherent to a nurse’s lifeworld and I have little doubt that the network’s future will be assured.

Chair, All-Ireland Institute of Hospice and Palliative Care
Section 1

Introduction and background

All Ireland Institute of Hospice and Palliative Care (AIIHPC) was formally established in 2011 with the aim of improving the experience of care for the populations of both the Republic of Ireland and Northern Ireland. AIIHPC is a collaborative of seventeen health care and academic institutions working across research, education, policy and practice programmes. Included in AIIHPC’s Strategic Plan\(^1\) was the identification of leadership and capacity building as well as requirements for setting up collaborative networks. The PCSNN is one of the initiatives aimed at meeting those requirements.

In order to help establish the Network an eighteen month Development Programme was designed and delivered by AIIHPC and funding support secured from both the Health Services Executive (HSE) in Republic of Ireland and the Public Health Agency (PHA) in Northern Ireland.

The Development Programme commenced in 2013 and was completed in September 2014. This report details the evaluation of the PCSNN Development Programme and assesses to what extent objectives were achieved.

Rationale

Palliative care needs are increasingly recognised as being widespread among the populations of both the Republic of Ireland and Northern Ireland. It is now better understood that care of people with condition(s) where there is little or no likelihood of cure, present opportunities for palliative care. A greater relationship is developing between the specialist palliative care and the wider health and care service. These dynamics are signalling a changing pattern of care delivery requiring better integration of specialist and general palliative care.

Palliative care senior nurses are key players in the provision of hospice and palliative care services across the health and social care systems. They range from senior nurses carrying a wide general management portfolio part of which includes palliative care, to those involved in leading palliative care community teams, to Directors of Nursing over hospice services, to those leading palliative care nursing teams in acute hospitals.

The very diversity of settings and scope of responsibilities as well as crossing the two jurisdictions was what provided a unique context and scope for the development of the Palliative Care Senior Nurse Network.

\(^1\) [http://www.aiihpc.org/upload/about/files/1348492077_AIIHPC_Strategy.pdf](http://www.aiihpc.org/upload/about/files/1348492077_AIIHPC_Strategy.pdf)
Aim of establishing the all island Palliative Care Senior Nurse Network

The aim of establishing all island Palliative Care Senior Nurse Network (PCSNN) was for members to:

- improve standards of palliative care practice
- increase their capacity to manage change and to impact policy development and implementation
- increase their knowledge and awareness of palliative care across both jurisdictions and to share expertise
- help increase palliative care capacity across wider healthcare settings
- increased personal self-awareness and leadership capacity
- improve succession planning

PCSNN members agreed an over-arching vision for their network:

*The vision for the all island PCSNN is that it will help improve the quality of and access to palliative care relevant to need for the populations of the Republic of Ireland and Northern Ireland*

Approach and Objectives of the Network Development Programme

In order for members to realise the aim of the Network, AIIHPC proposed delivering a dedicated Development Programme aimed at ensuring the Network became an effective and sustainable vehicle for the development and delivery of palliative care services across the Republic of Ireland and Northern Ireland.

An action learning approach was incorporated into the PCSNN Development Programme. Toegel and Conger\(^2\) commented that research on how adults learn confirms the power of action learning experiences when it comes to complex skills such as leadership. They cite Clark who explains that knowledge is developed in two forms; procedural (that can be learnt through step by step learning) and declarative knowledge which is much more complex to learn. The ability to develop principles and concepts to explain complex events is at the heart of learning declarative knowledge. We need to use declarative knowledge in a leadership capacity – for example leading people through major change or formulating a strategic vision. Rather one must detect patterns, make creative connections and formulate actions therefore Toegel and Conger\(^3\) argue that the more frequently individuals can successfully link events that are seemingly unrelated – but actually similar- to the new problems they are addressing, the more they are able to produce creative solutions.


Membership was drawn from a diversity of settings across the two jurisdictions which provided an ideal context for developing such knowledge.

The expectation was that completing the Development Programme would enable PCSNN members to:

- Be better equipped to build strategic alliances
- Be able to identify their own leadership strengths and areas for improvement
- Acquire a deeper understanding of global palliative care challenges
- Be better positioned to effect positive policy change
- Be better equipped with strategic planning and thinking skills
- Be able to take on higher leadership roles
- Develop lasting networks and create a sustainable PCSNN

Development Programme components included:

- Network Development Teams (NDT) - up to five teams involving members with a diversity of backgrounds across both jurisdictions working together on improving/implementing relevant palliative care service aspects (action learning)
- Personal leadership characteristics assessment including a Neo-Personality Assessment⁴ exercise
- Engaging in various activities to; increase external awareness, improve strategic influencing and presentation skills and undertake succession planning

**Network Development Programme Oversight Group**

AIIHPC established an Oversight Group to oversee and support the eighteen month Network Development Programme involving members from the key funding agencies. The group was convened on a number of occasions both face-to-face and virtually. The Group helped to oversee the progress of the work, suggesting and agreeing initiative topics, ensuring relevance and contributing to review and feedback processes. Terms of Reference and Membership of Network Development Programme Oversight Group is given in Annexe 1.

**Network Membership**

AIIHPC envisaged a network of around 35 senior nurses from a range of levels across all relevant settings and sectors with one network member per relevant organisation.

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⁴The NEO PI-R is recognized internationally as a gold standard for personality assessment providing a rich understanding of personality traits and how they influence behaviour. It is a psychological personality inventory; a 240-item measure of the Big Five personality traits: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience. Additionally, the test measures six subordinate dimensions (known as facets). The test was developed by Paul T. Costa JR. and Robert R. McCrae for use with adult (17+) men and women without overt psychopathology.
To identify members, AIIHPC facilitated an initial development day to test consensus on the need and appetite for an all island Palliative Care Senior Nurse Network. There was a strong indication of the need for, and the value of, such a proposal.

Initially 29 participants planned to participate in the programme of which 18 completed. The most frequently quoted reason for withdrawal was pressure of work and lack of employer support. In addition, personal reasons were also cited. All withdrawals were from senior nurses in the Republic of Ireland. As a result the five planned initiatives were reduced to three.

**Resources**

AIIHPC committed to providing a senior nurse leadership experience whilst developing the all island PCSNN. AIIHPC’s Director had previous experience of establishing and facilitating the Global Nursing Leadership Institute and led the design and delivery of the Development Programme.

Support was also sought and received from other sources including: Public Health Agency (NI), Health Service Executive (RoI), employing organisations and individual Network members themselves who were required to contribute significant personal time to the Network. There was a total of six Network Development Programme days over an eighteen month period, this involved a number of different activities and experiences which aimed to provide opportunities for leadership development. Network members also engaged in work between development days and within their Network Development Teams.

**Network Development Teams and Initiatives**

Network members were divided into three Network Development Teams (NDT’s) comprising a diversity of members from across both jurisdictions and different settings. Each team had approximately 14 months to undertake an initiative. Teams presented the progress of their initiatives at dedicated ‘peer-review’ sessions on Development Programme days receiving valuable feedback from their peers and members of the Oversight Group. A budget of up to €10,000 was provided to each team to assist with delivering their initiative.

All three NDT’s produced a report on their initiative and provided a presentation at the Graduation event in October 2014. See AIIHPC website for links to all presentations, reports and video material where relevant for these projects: [http://www.aiihpc.org/policy-practice/656/pcsnn-phase-i.html](http://www.aiihpc.org/policy-practice/656/pcsnn-phase-i.html)

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The NDT initiatives provide evidence not only of senior nurses working to improve aspects of palliative care across the island of Ireland but also are testament to the value of an all island and cross setting collaboration. These represent remarkable achievements given that all members contributed to their initiatives in addition to busy full-time obligations.

**Development Programme: Day Evaluations**

Evaluations conducted at the end of each Development Programme day provided an opportunity for PCSNN members to feedback on what knowledge and skills had been acquired as well as to provide suggestions around process and content and to comment on any practical facilities issues. AIHPC responded to feedback on an ongoing basis but a collation of the knowledge and skills acquired at each of the days indicates the perceived value to PCSNN members. A collated summary of knowledge and skills over the five Programme Days (the last programme day involved the Graduation event and an end of day evaluation was not undertaken) is provided at Annexe 2.

**End of Programme Evaluation**

A comprehensive End of Programme Evaluation survey was designed by AIHPC to cover several different aspects of the Development Programme, the five sections of the survey were:

1. Overall experience
2. Specific components
3. Views on expected outputs
4. Repeat of the Leadership Characteristics self-assessment tool and
5. A short Personal Statement

The results from this survey are provided in Section 2
Section 2 End of Development Programme Evaluation

Following the graduation event at the end of the programme, the PCSNN were invited to complete an End of Programme Evaluation survey. The survey was designed around the aim, expectations and components of the Development Programme. (See Annexe 3 for an outline of the structure of the survey.) AllHPC circulated the link to the online survey to the PCSNN members in October 2014. Following reminders to PCSNN members a total of fourteen of the final eighteen PCSNN members completed the survey.

Collated results from these fourteen members in each of the five parts of the Survey are provided.
Part 1: Overall Experience

The first part of the survey asked members about various aspects of the overall experience.

Q1: How would they rate the PCSNN Development Programme experience? (excellent, very good, fairly good, not good at all)

- The majority of members rated their overall experience of the Development Programme as Very Good with one member saying it was Excellent and one saying it was Fairly Good.

Q2: How effective was the Development Programme in establishing the PCSNN? (1 being not effective and 5 being very effective)

- The majority of members scored this question between 4-5 and three members scoring 3 on the five-point scale of effectiveness.

Q3: Length of programme? (much too long, about right or much too short)

- The majority of members felt the programme was about the right length with one feeling it was much too short.

Q4: How well organised was the Development Programme? (Extremely well organised, well organised, slightly disorganised or not at all organised.)

- The majority of members (93%) felt that the Development Programme was Well organised

Q5: Suitability of the main venue? (very suitable, suitable or not suitable.)

- Members said that the main venue (a Dublin Hotel at Liffey Valley) was very suitable or suitable.

Additional comments about the venue and facilities noted that the meeting rooms, facilities and catering were good and that the staff were pleasant. Some comments indicated that the location of the hotel was accessible whereas for others travelling from the north and west felt their travel time might be reduced by using an alternate venue.

Q6: Additional comments about the overall organisation and implementation of the Development Programme?

Additional individual comments included:

- the need to pitch the programme at a higher level
- expectations of participants being made clearer for each development day.
- some comments around delays in issuing information and communications to facilitate preparation time.
Part 2: Specific Components

The second part of the survey captured feedback from members on a number of different programme components.

Q1: Leadership Characteristic Feedback session: how useful was the feedback session? (very useful, useful, not useful, or did not attend that particular day)
- All members who attended the first Development Day found this session useful or very useful.

Network Development Teams

Q2: How well did the NDT function? (very well, well, not well)
- 86% (n12) felt that their Network Development Team functioned very well.

Q3: How useful for individual development was the NDT interaction in face to face meetings? (very useful, useful, not useful)
- Twelve members found the NDT Team interaction in face to face meetings very useful with the other two finding them useful.

Q4: How useful for individual development was the NDT interaction in virtual meetings? (very useful, useful, not useful)
- Eleven members found the virtual meetings very useful with one member finding them useful and another feeling they were not useful.

Q5: How useful for the NDT were the peer review sessions? (very useful, useful, not useful)
- NDT peer review session were felt to be useful by the members with 50% finding them useful and 50% finding them very useful.

Q6: What skills or benefits personally get from undertaking your initiative?

The respondents cited a range of benefits and skills which they personally developed from undertaking their initiative.

- The development and application of information and communications technologies skills were most commonly cited in order to meet the challenge of delivering a project within a geographically dispersed team. Some respondents identified they had been forced to upskill around the use of email. A significant number mentioned a new found appreciation for conference calling and learning how to communicate and work more effectively or efficiently through this medium.
- Some respondents felt they had developed skills specifically around producing editing and launching a DVD and an infographics poster. Other practical skills cited were project
management, budget control and working with other professions for example one 
member mentioned delivering a design brief.

- The respondents also felt that undertaking the initiative helped them to develop their 
soft skills and build their confidence overall. A number of the members said they had 
improved how effectively they communicate within a group through listening, 
negotiation, working collaboratively and learning to compromise for the good of the 
team by achieving consensus.

- Others felt that the transfer of the acquired skills in tandem with greater self-awareness 
had enhanced their leadership capacity within their own organisations.

- Some respondents also felt that they had learned be more aware of the external 
environment and as a result could think more strategically about the design and delivery 
of palliative care.

- Another positive outcome was the richness of the relationships which were formed 
through shared learning and have allowed the foundations for further professional 
collaborations and also friendships to be established.

Q7: Any other comments about the NDT experience?

Additional comments given by network members about their NDT experience highlighted 
the positive experience of team working; learning to work to individual strengths through a 
shared vision and forging good working relationships despite some initial reservations about 
the smallness of the teams.

- One respondent singled out the benefit of peer review to realise objectives and to tailor 
ideas. The experience contributed to personal and professional development with 
confidence in their ability to complete diverse tasks and their capacity and responsibility 
to effect change as a palliative care senior nurse.

- One respondent felt that the programme did not support the weaker members of the 
NDT to develop but the majority of comments found the experience positive with the 
formation of relationships featuring as a common theme in the comments.

*Neo-Personality Self-Assessment Tool*

Q8: Did the Neo-Personality exercise influence your approach or behaviour in any way? (*it 
did influence me, it did not influence me, I did not attend on that day*)

- 79% (n11) of the members felt that the neo-personality exercise had influenced their 
approach or behaviour

*External Awareness*

Q9: Did participation in the Development Programme increase external awareness? 
(*definitely yes, slightly, don’t know*)
Seven members said definitely yes, six said slightly and one did not know.

**PCSNN member interaction**

**Q10:** How useful personally was member interaction? *(very useful, useful, not useful)*
- All respondents felt that member interaction on Development Programme days was useful with nine finding it very useful.

**Strategic Planning Session**

**Q11:** How useful on a personal basis was this session? *(very useful, useful, not useful, did not attend that day)*
- This question had a mixed response with four respondents feeling the day was *not useful*, six members did find it *useful* with the remaining four finding it *very useful*.

**Communications Skills**

**Q12:** How useful on a personal basis was this day? *(very useful, useful, not useful, did not attend that day)*
- All the respondents found this component to be of benefit to them personally with ten finding it *useful* and four finding it *very useful*.

**Succession Planning session**

**Q13:** How useful on a personal basis was this session? *(very useful, useful, not useful, did not attend that day)*
- Nine members found this session *very useful* and two found it *very useful*. Two members did not find it useful.

**Q14:** Any additional comments about any of the components?

Additional individual comments included:
- The Neo-Personality assessment was singled out by a number of network members as enlightening and the most useful.
- A number of comments reflected on the value they had realised in the components of the Development Programme. These included attendance, teamwork, and collaboration. One respondent was taking action following the session on succession planning another indicated they would have liked more time on this topic.
- One respondent expressed thanks for the opportunity to participate in the programme although they mentioned that they had experienced frustration with matching their expectations to that of the programme. Also while acknowledging the development of
their own skills, they would have envisaged that the initiatives would have had a more strategic relevance to shaping the future of palliative care nursing.

- Two respondents felt that the programme should be pitched at a higher level with a greater focus on wider strategic leadership skills given the seniority of the members.
- The only regret of another member was that due to how busy Development Days were they were unable to share and learn with those not in their NDT.
Part 3: Views on Expected Outputs

The third part of the survey asked members how well or otherwise expected outputs, as a result of participation in the Development Programme, were achieved. In addition to the six expected outcomes, members were also asked to comment on the sustainability of the PCSNN.

Be better equipped to build strategic alliances

Q1: Feel better equipped to build strategic alliances? *(yes definitely, maybe, I do not think so, definitely not)*

- 70% (n=10) of the members felt they were definitely better equipped to build strategic alliances with the remaining four feeling they were maybe better equipped to do so.

Be able to identify your own leadership strengths and areas for improvement

Q2: Able to identify? *(yes definitely, maybe, I do not think so, definitely not)*

- Twelve of the members said they were definitely able to identify their leadership strengths and areas for improvement with the remaining two saying maybe.

Acquire a deeper understanding of global palliative care

Q3: Acquired a deeper understanding? *(yes definitely, maybe, I do not think so, definitely not)*

- There was a mixed response to this outcome, five members did not think they had acquired a deeper understanding of global palliative care, however five felt maybe, and the remaining six felt that they definitely had acquired a deeper understanding.

Be better positioned to effect positive policy change

Q4: Feel better able to influence policy? *(yes definitely, maybe, I do not think so, definitely not)*

- Six of the respondents felt they were better able to influence policy with a further six saying maybe. Two of the members were uncertain and did not think so.

Be better equipped with strategic thinking and planning skills

Q5: Feel you have improved strategic thinking and planning skills? *(yes definitely, maybe, I do not think so, definitely not)*

- Eight members felt they had definitely improved their strategic thinking and planning skills with six saying maybe.
Be able to take on higher leadership roles

Q6: If there was a higher leadership opportunity would experience of PCSNN have helped you feel ready to go for the new role? (yes, if there was an opportunity; no, if there was an opportunity, not applicable to me)

- 71% (n10) felt that their experience in the PCSNN had helped them to feel more ready to go for a higher leadership role should the opportunity arise.

Q7: Do you think PCSNN is likely to sustain itself? (yes or no)

- 77% (n10) members answered yes and 23% answered no.

Q8: What do you think may help sustain the PCSNN?

Additional individual comments included:

- One member had selected yes in the absence of a not sure option feeling that funding and leadership to drive the PCSNN would be significant factors to sustainability.
- Two members commented that AIIHPC’s own future would be tied to the future operation and sustainability of the network.
- One member said the north / south factor enabled greater opportunity to access information on different aspects to practice.
- One member said that it would be important to engage senior nurse managers (i.e. Directors of Nursing) in order to sustain the network. Senior management participation and support in terms of time release and travel expenses would be instrumental.
- Alternative methods of networking for example virtually were seen as a partial solution though not without its own challenges.
• Some respondents cited that the current capacity and financial issues within the Health Service might compromise the sustainability of the network with one respondent needing to withdraw from future activities for this reason. Another felt that the level of commitment required during the programme would not be sustainable particularly for those who had to travel long distances.

• The relationships which had been forged were seen as a mitigating factor which would thereby allow the continuance of the network.

• The success of projects was also believed to be a factor which could facilitate sustainability and with ongoing commitment and ownership of a proactive network.
Part 4: Leadership Characteristics Self-Assessment Tool

AllHPC adapted International Council of Nurses Leadership Ranking Tool for the PCSNN Development Programme. The aim of using this tool for the PCSNN members was to give members a broad picture of their collective membership’s relative strengths and weaknesses providing a picture of collective development need to be addressed as well as collective strengths that might be called upon.

The Leadership characteristics assessed were:

1. Having vision and being strategic
2. Being externally aware
3. Having a customer focus
4. Having political skill
5. Having policy making and influencing skills.
6. Being able to motivate
7. Inspiring confidence and trust
8. Able to influence and negotiate
9. Able to be creative and think analytically
10. Being accountable
11. Effective in interpersonal relationships
12. Able to build teams
13. Being effective in building networks, partnerships, alliances
14. Is an effective oral communicator
15. Is effective in written communication
16. Is able to be self-directed
17. Is decisive
18. Able to problem-solve
19. Is open to review and change
20. Prepares future leaders

Prior to commencing the Development Programme, PCSNN members were given a short explanation of each of the characteristics and asked to assess their development need against each characteristic within the palliative care setting as follows:

Well developed (scored as 3)
Need some development (scored as 2)
Need a lot of development (scored as 1)

Baseline results were fed back to members on Day 1 of the Development Programme – baseline results are given below. The End of Programme Evaluation survey asked members who had previously completed the tool to repeat the exercise. This provided before and after assessment of perceived development need.
Baseline Leadership Characteristics Self-Assessment Results

Baseline analysis revealed that PCSNN members were relatively well developed in the following characteristics: being accountable, being able to motivate, and interpersonal relationships. It also revealed that PCSNN members required most development in the following characteristics: preparing future leaders, having political skill, being externally aware and policy. The top three most well developed skills in 2013 were identified equally as being accountable and being able to motivate, closely followed by having effective interpersonal relationships.

End of Programme Evaluation survey Leadership Characteristics Self-Assessment Results

Overall, in each of the Leadership Characteristics, PCSNN members who completed the tool again reported that they perceived positive changes to their perceived level of development (ranging from a 12-28% increase) with an average improvement of 19% across all the Leadership Characteristics. The top most well developed skills for 2014 were identified as being accountable and being an effective oral communicator in joint first place and being able to motivate and having effective interpersonal relationships. The most significant improvements reported were in relation to: effective oral communication skills, being externally aware, and having policy making and influencing skills.

This represents a very positive improvement in the level of perceived development of key strategic leadership characteristics.
Part 5: Short Personal Statements

Members were invited to add a short personal statement and asked to consider what they personally experienced as part of the PCSNN Development Programme and to try and reflect on personal, organisational and professional aspects.

Thirteen members submitted personal statements. On the whole the reflections were positive and a number of key themes emerged including:

Personal aspects:
- Development of leadership skills
- Learning to value their own expertise/challenge the expertise of others
- Greater self-awareness of their own personalities and knowledge of how to adapt and be more effective when working with others
- Establishing and building interpersonal relationships
- Confidence to develop in their careers

Organisational aspects:
- The acquisition of new transferrable skills which can contribute to organisational development
- Working as an effective member of a team
- Learning through collaboration

Professional aspects:
- Delivering on initiatives which will impact positively on the quality of life of palliative care patients
- More awareness of the external environment and how political and economic factors impact on policy
- Increased learning through the north/south dimension
- Importance of the network/relationships for the future of the palliative care nursing profession and to facilitate service development and change
- Renewed enthusiasm for their profession
- Sense of responsibility to develop and influence palliative care in the future

Others aspects:
- Some of the respondents highlighted challenges or areas for improvement. One respondent felt the programme needed to be more challenging. A number of others felt that time commitment was significant and impacted on their professional balance.
- A suggestion was given to increase the opportunity to mix with members involved in the other NDT’s to mitigate the curtailment on personal leadership development which might arise from individual personalities within a team.
- Excerpts from the Personal Statements illustrating organisational and personal aspects are reproduced at Annexe 4 for information
Conclusion

The combination of diverse professional settings, all Ireland membership and action learning approach including the development and delivery of practical initiatives through the PCSNN Development Programme and its NDT’s has clearly been beneficial.

An increase in individual and collective leadership capacity can be derived from the nuance of PCSNN member’s commentary, assessment exercises and personal statements and this can only contribute to increasing the capacity of palliative care services within the wider health settings across the Republic of Ireland and Northern Ireland.

Some respondents highlighted the value of access to information delivered on the Development Days and also through the relationships which were formed through their involvement in the Network. One respondent mentioned that they had prioritised succession planning as a matter for immediate action whereas another had approached organisational development through consultation with their peers in the Network.

It is difficult to ascertain the impact on policy development and implementation across each jurisdiction but the increase in awareness around these issues coupled with a greater capacity for leadership will ensure that as the PCSNN goes forward this will be an important factor.

Overall the feedback reflected the positivity of individual members experience indicating an increase in knowledge and awareness of palliative care across the Republic of Ireland and Northern Ireland. The establishment and building of relationships provided opportunities for shared learning, professional collaboration and the foundation of friendships.

As AIIHPC embarks on Phase II of the PCSNN, it is hoped that the new members and those who are continuing with the network continue to lead and develop effectively ensuring high quality palliative care services are delivered across ROI and NI.

Acknowledgements

AIIHPC would like to thank the HSE and PHA for providing funding support and input to the Oversight Group in the implementation of the PCSNN Development Programme. We would like to thank all external faculty who made a contribution to the programme and provided time and expertise. We are indebted to the employing organisations that supported and enabled colleagues to take part in and contribute to the PCSNN and especially those colleagues who provided support in the absence of senior nurses during the programme. Lastly we would like to thank all the members of the PCSNN – your personal commitment and enthusiasm was critical to the success of the PCSNN Development Programme.
Annexe 1: PCSNN Development Programme Oversight Group

The purpose of the Programme Oversight Group is to oversee and support the eighteen month Network Development Programme of the all island Palliative Care Senior Nurse Network.

Membership will be made up of the relevant funders to the programme and the group will be facilitated by AllHPC. The Group will meet three times throughout the life of the Network Development Programme - venue may alternate between Dundalk and Dublin.

Terms of Reference

1. Oversee the selection of the initial cohort of members of the all island Palliative Care Senior Nurse Network who will participate in the Network Development Programme
2. Ensure national relevance of Network Development Teams’ (NDTs) initiatives
3. Promote the value of senior nurse engagement in the Network Development Programme and the Network
4. Provide review feedback to NDTs at appropriate times during the Network Development Programme implementation
5. Oversee the evaluation of the Network Development Programme

Membership of Network Development Programme Oversight Group

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name and role</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllHPC Policy and Practice Steering Committee</td>
<td>Paul Gallagher, Director of Nursing, St James’s Hospital, Dublin</td>
</tr>
<tr>
<td>Health Service Executive: Palliative Care Programme</td>
<td>Lorna Peelo-Kilroe, Nursing Lead for the Palliative Care Programme</td>
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<tr>
<td>Public Health Agency: Palliative Care</td>
<td>Paul Kavanagh, Nurse Consultant/ Mary Jo Thompson, Nurse Consultant (Cancer, Palliative &amp; End of Life) Public Health Agency, NI</td>
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<tr>
<td>National Leadership and Innovation Centre for Nursing and Midwifery</td>
<td>Cora Lunn (represented by Teresa Moore, Leadership and Innovation Advisor), HSE National Leadership and Innovation Centre for Nursing and Midwifery</td>
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<tr>
<td>Palliative Care Senior Nurse Network member</td>
<td>Anne Tan, Clinical Nurse Manager 3, Laois &amp; Offaly Specialist Palliative Care Service – resigned 2013</td>
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<tr>
<td>AllHPC</td>
<td>Paddie Blaney, Director AllHPC</td>
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<td>AllHPC</td>
<td>AllHPC Programme Manager Policy and Practice/Projects Manager</td>
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</table>
## Annexe 2: Development Programme Day Evaluations

<table>
<thead>
<tr>
<th>In answer to the question of new knowledge areas</th>
<th>In answer to the question of new skills observed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEVELOPMENT DAY 1</strong></td>
<td><strong>A range of skills were observed:</strong></td>
</tr>
<tr>
<td>Network membership diversity aspects were mentioned:</td>
<td>Different styles of presentation</td>
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<tr>
<td>Diversity of representation</td>
<td>Podcasts</td>
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<tr>
<td>The Northern Irish input into the day</td>
<td>To be personable in presentation skills</td>
</tr>
<tr>
<td>Diversity and range of services, structures</td>
<td>Networking across services and jurisdictions</td>
</tr>
<tr>
<td>Diversity of NDTs/Members of the PCSNN</td>
<td>Presentation skills</td>
</tr>
<tr>
<td>Shared Vision</td>
<td>Motivation skills</td>
</tr>
<tr>
<td>Leadership theories and concepts aspects were mentioned:</td>
<td>Gathering and processing information rapidly</td>
</tr>
<tr>
<td>“T” leadership at the T</td>
<td>Taking comfort from seeing other people’s challenges.</td>
</tr>
<tr>
<td>Common negative attributes – made sense</td>
<td>Networking</td>
</tr>
<tr>
<td>Curiosity – reflecting on how you got there</td>
<td>Time keeping</td>
</tr>
<tr>
<td>Finding the common ground</td>
<td>Sharing the challenges</td>
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<tr>
<td>Building relationships</td>
<td>Leadership approaches/skill</td>
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<tr>
<td>Understanding of what network can be</td>
<td>Personality factor</td>
</tr>
<tr>
<td>Other aspects mentioned included:</td>
<td></td>
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<tr>
<td>Update on the All Ireland Institute</td>
<td></td>
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<tr>
<td>Podcast as alternative learning tool</td>
<td></td>
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</tbody>
</table>

| **DEVELOPMENT DAY 2** | **A range of skills were observed:** |
| Aspects of key leadership roles were mentioned: | Use of role play in conducting meetings |
| Importance of preparation prior to meeting | Scoping a project/experience |
| Importance of leadership at meetings | Negotiating |
| Importance of chairperson at meeting | Self-awareness |
| Importance of nominating a chair | Compromise |
| Importance of a ‘Leader’ role | Be Bold |
| Variation of work areas and roles of jobs | Confidence |
| Negotiation and influencing – insight into this | Inspiration |
| Aspects of strategic communication were mentioned: | |
| Be Bold | |
| Using “Key Messages” to catch attention | |
### DEVELOPMENT DAY 3

**Aspects relating to personality assessment session were mentioned:**
- Translating personality traits to leadership
- How to communicate with personalities that are different to our own
- Strengths are also weaknesses
- Self-awareness
- External facilitators presentation
- A lot more about each other and working together

**Aspects relating to the NDT project work were mentioned:**
- Project Management
- More preparation needed
- Identifying our project

**A range of skills were observed:**
- Planning/negotiating skills within the group during group work
- Very good presentation skills from External Facilitator
- More Decisive
- Cohesive
- Productive team approach
- Negotiation
- Listening and valuing other participants’ inputs

### DEVELOPMENT DAY 4

**Aspects relating to strategic planning were mentioned:**
- Strategy involved in organising the Graduation
- How to organise an event
- The importance of networking

**Aspects relating to peer review experience were mentioned:**
- Update from other two teams
- The importance of Voices4Care to our initiatives
- Constructive feedback from the oversight group on possible ways forward with our initiative
- Acquired potential networks from the oversight group, peer review and the facilitator for team initiative

**A range of skills were observed:**
- Attention to presenting skills
- Party planning
- Critiquing
- Presentation skills
- Group working/listening to others
- Negotiation skills
- Strategic skills required to organise a major event
- Insight into improving our presentation skills

### DEVELOPMENT DAY 5

**Aspects relating to strategic communication activities were mentioned:**
- How to use social media
- Preparing a press release
- Interview skills
- Structure of Presentations
- Importance of “key” messages
- Tweeting skills
- Media skills

**A range of skills were observed:**
- Enhanced interviewing skills
- Positive responding
- Enhanced tweeting Skills
- Communicating concisely
- Enhanced presentation skills
- Media interview skills
Annexe 3: Outline Structure of End of Programme Survey

The structure of the End of Programme Evaluation survey in relation to the PCSNN Development Programme was:

1. Overall experience (five questions)

2. Views on specific components
   - Leadership Characteristics Tool
   - Network Development Teams (NDTs) and peer review sessions
   - The Neo-Personality Assessment exercise
   - External awareness
   - PCSNN member interaction
   - Strategic exercise: Planning your Graduation
   - Communication Skills day
   - Succession planning session

3. Your views on achievement of outputs
   - Be better equipped to build strategic alliances
   - Be able to identify your own leadership strengths and areas for improvement
   - Acquire a deeper understanding of global palliative care
   - Be better positioned to effect positive policy change
   - Be better equipped with strategic thinking and planning skills
   - Be able to take on higher leadership roles

4. Repeating the self-assessment using the Leadership Characteristics tool

5. Provide a short personal statement (about the personal experience including personal, organisational and professional aspects)
Annexe 4: Excerpts from some of the members personal statements

Illustrating all Ireland value:

“Personally what I have taken from the programme is the learning and networking from the wealth of expertise that make up the PCSNN. Through the network I have had the opportunity to build on already established working relationships with palliative care colleagues in N.I., and I have met and built up valuable relationships with very experienced senior palliative care nurses who undoubtedly enhance the service provision of palliative care in the ROI - relationships I know will be sustained for many years to come.”

“I entered the Development programme with a certain amount of trepidation, I felt very inexperienced in the leadership role and found it difficult to see what I had to offer. However over the duration of the programme I came to recognise that years of experience in providing palliative care had a value beyond the clinical, acting as an advocate for patients, negotiating services, funding etc. provides skills which we sometimes take for granted. Through the NDT, I got to work with committed, experienced professionals from whom I learned so much. …. Overall, the programme was a very positive experience, the only difficulty was the amount of time which we needed to commit to it on top of a very busy work life.”

“... The across Ireland networking provided a wonderful opportunity to share and reflect on practice and policy - similarities' and differences. Benefits were plentiful but the programme came at a cost in that I had to free up time from my workload to attend, “participate and do tasks.”

Illustrating personal value:

“I gained a greater awareness of my own personality when working within a group of people on a specific project. The need to participate but not take over in decision -making on a project. I gained a greater sense of other peoples qualities and how to effectively engage others in areas of a project in which they were best suited. I have gained a tremendous network of experienced personnel who I can now contact in relation to many aspects within palliative care . The north / South factor is important.”

“I really did not appreciate what the PCSNN Development Programme would hold for me, but I saw it as an opportunity for growth and development. I moved from confused to challenged to involved during the process. On a personal level I experienced a network of support, as well as an opportunity for personal growth. On a professional level I experienced a network of skill, innovation and energy. On an organisational level I now have contacts island wide to assist with organisational development. And my personal and professional development is benefiting my organisation.”

“.....I have developed personally and professionally a greater confidence and awareness, with a renewed enthusiasm and sense of responsibility to influence and develop Palliative Care in to the future.”

“... I learnt the importance of networking and sharing clinical practice or policy development and how this can provide solutions to facilitate service development and change.”