

NHIVNA Academy

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The Academy

The National HIV Nurses Association (NHIVNA) launched the NHIVNA Academy at the 2016 Annual NHIVNA conference in Manchester. A survey of NHIVNA members on desired learning topics highlighted 'influencing without authority' and 'maximising opportunities' as topics that would benefit members and most importantly patients [1]. Hence, the NHIVNA Academy was created with the intention to run a pilot module for 15 participants [1]. The academy aims to support members by providing an opportunity away from work pressures to:

- Learn
- Refresh skills
- Think
- Reflect
- Discuss
- Share experiences and ideas
- Plan

Module 1: Making it Happen ran over two days in January/February 2017. Day 1 covered Influencing Without Authority, while Day 2 covered Maximising Opportunity & Marketing.

Why did you apply for it?

Good effective leadership in nursing is fundamental for providing good quality care for patients and facilitating staff development [2]. The Darzi report highlighted leadership development as a crucial part of career development within healthcare professions [3]. During my career I have been fortunate to be shown brilliant examples of leadership, inspiring me to be like these individuals. Looking back at my career development, I lacked formal training on management and leadership. Leadership is a skill that is required by all nurses irrespective of level [4]. Therefore, having the opportunity to learn about leadership and management in the context of HIV nursing, a specialty I am passionate about, led me to apply for the academy training.

Another reason I applied for the academy was that it was fully funded. Within the current economic climate continuing professional development (CPD) funding is limited, Local Education and Training Board (LETB) budgets are facing cuts to workforce development funds by up to 49% in the North East [5]. The extent to which this affected CPD training for 2016–2017 varied drastically across England with cuts from budgets of 12%–45% [5]. I have experienced this myself having not been able to attend training identified in my appraisal as crucial to my current role, owing to a lack of available funding. Situations like this are causing more nurses to self-fund CPD [5], leading to an inequality in nurse education, with those who can afford to fund CPD being able to further their careers, while others are adversely affected [6].

The new Nursing and Midwifery Council (NMC) revalidation requires nurses to complete 35 hours of CPD every 3 years, of which 20 hours need to be participatory learning [7]. Therefore, opportunities like the academy provided by NHIVNA are crucial in enabling CPD in a chosen speciality.

What did you learn from it?

This article does not cover everything I learnt during the academy training. It concentrates on areas I feel have made the most impact on my nursing ability.

Making it Happen: Influencing without Authority (Day 1)

Before the academy training, I assumed that 'influencing without authority' was based around persuasion, however, the training described it as developing a strategy that influences people to change their own minds. The influence of social pressure is something I had not taken into account previously. I found activities such as determining members of the 'decision-making unit' really useful in identifying those who have the most power in decision-making and those who might be advocates or have a negative influence on a project. An influence map is something I had never seen before but is incredibly useful. I often find myself making them mentally at work prior to proposing ideas to colleagues.

Among the ideas I found interesting and informative was the concept of the three ego states. It explains how we all change our roles depending on who we are dealing with. How another person adopting a certain role will influence how you respond to them. I realised this explained why I sometimes adopt different roles in work situations to get desired outcomes. Although not always a negative, I feel it is important that I now understand this behaviour and acknowledge when I am adopting it and when it could be seen as detrimental to working relationships. Being the adaptive child, agreeing with someone to make sure you fit in, is not always the best for challenging practice.

Making it Happen: Maximising Opportunities & Marketing (Day 2)

When I first attended the academy, I assumed that opportunities focused on would be large projects; however, this was not the case. Recognising opportunities no matter their size is key. An example of this is 'zoning in'; as a specialist nurse team we focused on how we could engage with our more vulnerable patients. This resulted in outreach in the community and more vulnerable patients are now engaging with the service.

Another example, since attending the academy, is 'transfer': transferring already established services to new projects. The specialist nursing team were being contacted more frequently by our haematology colleagues regarding joint HIV/haematology patients. Unlike some of our other joint clinics there was no HIV specialist nurse involvement. I suggested that I work more closely with them and carried out training regarding sexual health and relationships, an area they felt was lacking for their patients. I am now a source of support for them, which means our joint HIV/haematology patients have access to the same services. I learnt that there are key elements to marketing a service: message, visibility, presence and networking. In relation to visibility we were shown a great YouTube video by one of the group members showing how they were advertising their service.

I had not previously realised the importance of visibility and social media. Social media places nurse leaders in a visible and accessible position as role models and is important in modernising accessibility to healthcare [8]. I have since been involved in promoting outreach work we did on World AIDS Day via Twitter with the help of our systems applications manager. I have also completed a staff profile about being an HIV Clinical Nurse Specialist for the Greater Manchester NHS Careers & Engagement Hub [9]. These are things that I might have done prior to the course, however, would not have acknowledged their value in helping our service. Outreach is a fantastic way of getting our presence out there to the public.

Networking is not a concept that I previously associated with nursing, however, I have used it since and now as I write this piece. It is an important part of marketing both yourself and the service.

What have been the challenges?

I think one of the biggest challenges of any learning is implementing it in day-to-day practice. When I attended the academy it was a time of reduced staffing and the idea of implementing anything was daunting. However, the way the academy focused on the little changes was eye-opening. It gave me the philosophy to 'start small and dream big', which is what I feel I am now doing! It has changed the way I think about myself and how I conduct myself at work. The 'three ego states' resonated with me and how I adapted myself in situations to get the outcome required. One of the things I realised about leadership is the need to understand yourself first in order to be an effective leader.

How has it impacted on your care?

Previously, in other nursing roles, I had not worked as directly with senior medical staff. Since the academy training, I feel that I have been able to understand processes of influencing without authority in order to advocate for patients. One simple example of this is that during our weekly multidisciplinary team meetings I am more confident in offering my opinion/solution on situations. Although some of this is likely to be related

to having been in the role longer and developing professional relationships with my colleagues, I do attribute some of this to what I learnt at the NHIVNA Academy giving me confidence through understanding. I am currently undertaking a resistance test audit with a colleague to look at ways of changing our practice. This is something I suggested to a senior colleague that needed to be carried out. Previously, I do not think I would have volunteered to undertake this project. It is joint working between medical and nursing staff and I believe it is important that it is seen from both viewpoints. I have been confident to express my opinions on this project. Ultimately we hope that the results will impact on patient care by standardising care and hopefully preventing patients attending clinics unnecessarily.

Would you recommend it to others?

I would definitely recommend the NHIVNA Academy to others. It provides a unique, fully funded opportunity for participatory learning with other HIV nurses and enables sharing of best practice.

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Conflicts of interest

The author declares no conflicts of interests regarding the funding and publication of this article.

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