



Evaluation of the RCN Clinical Leadership Programme

CORPORATE

Acknowledgements

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This publication is due for review in July 2025. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

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Introduction

This report looks at the evaluation of the RCN Clinical Leadership Programme and its impact on service improvements through contributions to the Pathway to Excellence® programme, supported by NHS England East and North Hertfordshire NHS Trust.

Leadership in health care has a high national profile. The Department of Health (2017) proposed a culture of collective leadership to yield benefits for staff, patient experience, quality of care and sustainability of services; and the NHS Leadership Academy (2019) reinforced both the need for availability and benefit of leadership skills to all levels of staff. The RCN suite of leadership programmes offers an opportunity for nursing staff, at all levels, to develop leadership skills and ultimately improve patient care.

The East and North Hertfordshire NHS Trust commissioned the RCN Clinical Leadership Programme (RCN CLP) in 2019, commencing with a cohort of 21 aspiring nurse leaders, to provide an educational package of leadership-related knowledge, theory and practice; over a one-year period. The cohort of nurse participants were drawn from NHS trust bands 6 and above. The RCN programme is based on a distributive model of leadership (Gronn, 2002; Spillane, 2006) and supports the values underpinning the Pathway to Excellence® programme (PtE), American Nurses Credentialing Center (ANCC, 2019).

The **Pathway to Excellence®** programme is a nursing excellence framework, aiming to create a positive practice environment for nursing staff that improves nurse satisfaction and retention. The Pathway to Excellence® programme aligns closely with the Chief Nursing Officer for England's national vision to establish an England-wide collective leadership model, with a focus on transformational leadership, research and innovation.

NHS England Nursing and Midwifery Excellence

Current clinical leadership theory promotes the advantages of transformational changes through collaborative team working, with shared responsibility, supported by co-operation and respect. Emphasis is placed on attaining high level strategic capabilities and delivering clinical excellence, through personal development, self-awareness and emotional intelligence, amongst other competencies (Weberg and Davidson, 2019).

An integral part of the RCN CLP was for participants to undertake a service improvement project, which would exemplify the application of their developing leadership skills and abilities. This included coaching skills, effective team working, reciprocal learning and transformational change.

The RCN CLP was delivered in 2020, during the global pandemic, when the participants found themselves implementing their newly acquired leadership knowledge and skills against a backdrop of unprecedented challenges. The trust approached the RCN in February 2020, requesting to undertake a formal evaluation of the RCN CLP. The aim of the evaluation was to analyse the impact and application of the participants' learning in relation to service delivery, leadership capabilities and alignment to the dimensions of the Pathway to Excellence® programme. This evaluation report explores their experiences and the impact of leadership capabilities, throughout the COVID-19 pandemic.

Delivery and evaluation method

Upskilling staff and equipping them with versatile leadership capabilities addresses some of the challenges the health and social care (H&SC) workforce may face in the coming years. These future challenges are a result of unprecedented demands on services, coupled with workforce shortages.

The Pathway to Excellence® programme (ANCC, 2019) outlined four key elements:

- high-quality care every time
- putting patients first
- driving excellence in patient safety
- shaping the future workforce.

Project aims

The RCN, with input from the senior nursing team at the East and North Hertfordshire NHS Trust, agreed the aims of the evaluation:

1. evaluate the learning and service impact of the RCN CLP for a cohort of nurses who commenced the programme prior to the COVID-19 pandemic
2. establish the impact of the RCN CLP learning on the participants' clinical leadership capabilities and responses during COVID-19
3. analyse the learning and impact in relation to the Pathway to Excellence® programme
4. make recommendations to inform future provision of the RCN CLP.

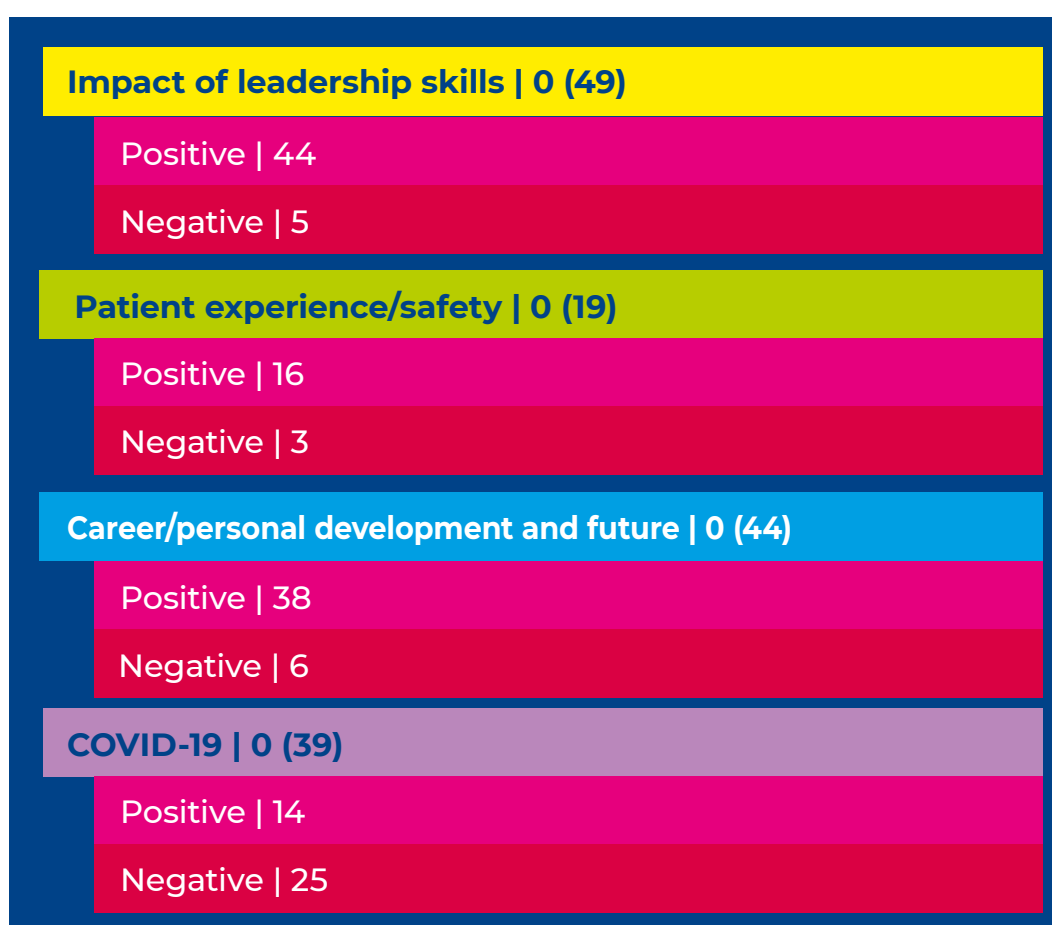
The RCN evaluation was undertaken using the CIPP model of evaluation (see below) (Stufflebeam, 2007), recommended by the RCN following rapid evidence review.

- **Context (C):** COVID-19 provided a backdrop for participants' leadership practices and experiences for this non-funded, single-site evaluation.
- **Input (I):** Initial plans proposed qualitative data collection via focus groups of both programme attendees and their managers; in addition to online survey/questionnaires to their peers.
- **Process (P):** Facilitation has been delivered for two focus groups (n=12 participants of 16 course attendees) running concurrently for a duration of one hour. Further planned data collection was prevented due to COVID-19. Both focus groups were facilitated by an RCN professional learning and development lead, and one had an additional note taker (trust employee). The focus group facilitation was delivered through semi-structured interviews (transcription undertaken).
- **Product (P):** The recorded dialogues were transcribed and the methodological approach for analysis was Ritchie and Spencer's Framework (1980) (cited in Gale et al., 2013) of thematic analysis. The data analysis supported a grounded theory approach (Glaser and Strauss, 1967), demanding constant systematic comparisons across the data sets and refining the emerging themes. To support data analysis, the use of the Quirkos online software was used.

Methodology

Data analysis engaged a combined inductive and deductive approach, enabling specific subjects to be investigated; providing opportunities to explore the participants' lived experiences of the pandemic (Gale et al., 2013). Confidentiality was discussed with participants providing informed voluntary consent, right to withdraw, and access to support, as required.

Due to the impact of the pandemic on service delivery within the trust, only one participant focus group went ahead; after which transcriptions of the qualitative data were analysed.



Adapted from Quirkos 'tree' view

Analysis of the focus groups' findings by theme

Preliminary review of the raw data revealed that focus group participants utilised the forum in a positive way, to express and discharge their emotions regarding the challenges and importance of leading through a pandemic. Themes emerged of personal development, resilience and collaboration (see [appendix 1](#)). Additionally, key learning experiences appeared to include application of high-level communication skills (ie emerging ability to adapt leadership styles to a variety of situations), which maintained a focus on patient care and safety – despite the challenges.

Theme 1: Impact of leadership skills

Participants were asked to explore, with the focus group, their experiences on the RCN CLP, expanding on how they felt their leadership skills had impacted their workplace.

This question generated a positive response. The **impact of leadership** appeared to focus on three main areas:

1. **people** – (patients/staff/multidisciplinary team) through team collaboration/role modelling/peer support and patient experience
2. **service delivery** – through development and delivery of the service improvement project
3. **personal impact** – through personal/professional development.

'Leadership impact' generated the most feedback and emerging sub themes were cross referenced with the other two main themes of patient safety and career/future development.

In relation to **impact on people**, the data revealed multiple references to the recognition of improved team working and collaboration. The terminology used by participants demonstrated that they felt a positive impact on the patient, individual, team and organisational delivery:

- “coaching to improve patients' experience”
- “hard to be there and reassure team that everything is ok” (negative response)
- “course guided me to communicate effectively with families, patients and MDTs [multidisciplinary teams]”.

The impact on **service delivery** was expressed through their service improvement project (SIP):

- “good role model”
- “the SIP looked at how patient improvement could be sped up”
- “I have implemented things and made changes personally and professionally”.

Leadership impact in relation to **personal impact** was discussed in terms of personal/professional development. This highlighted some of the more negative aspects of leading through the pandemic:

- “learned a lot about myself”
- “the course made me have more courage and strength to do my role”
- “trying to ignore my physical and have courage”.

Theme 2: Patient experience and safety

Question: **How did the RCN CLP prepare you/influence your approach to improving the patient safety/experience during the pandemic?**

This question generated the least response and was predominantly positive, highlighting the increase in communications as a positive for teams, managers and patients:

- “patients sense staff enjoy giving care”
- “looking at the team’s qualities and using that to get it right for patients”.

The more negative responses included:

- “take it day-by-day to make sure all patients receive the highest standards of care”
- “difficult to maintain standards and team spirit with staff sickness”.

Theme 3: Career/personal development and future

Question: **Given the timing of the RCN CLP during the pandemic, what impact has it had on your personal/professional development?**

Participants reiterated some of what they had expressed earlier in answer to the 'impact of leadership' question, so there was considerable crossover here. Surprisingly, responses were overwhelmingly positive and covered subjects such as developing personal insights and self-awareness:

- “importance of being a role model and to keep myself healthy – mentally and physically”
- “realise your potentials and hidden potential”
- “the [RCN] CLP helped me to find a strength, a leadership strength, on a day-to-day basis”.

Even the negative comments had important learning implications:

- “hardest thing I’ve ever had to do from any time in my career, not just as a nurse team manager”
- “trying to carry on supporting my staff whilst not being there has been really difficult”
- “moved from one area to the other, so it becomes that your SIP has also been changed, momentum has gone”.

Career and professional development:

- “a positive experience, testing skills as a leader”
- “implemented ‘things’ and changing as a leader”
- “looking at data, not something done before, looked at how to put that across in different ways”.

Looking towards future development:

- “still things I want to do even when the course is done”
- “learnt that I want to improve as a leader and my leadership approach and the impact I have as a leader”
- “a definite influence in terms of progressing onto the career ladder”.

Additional insights into the effects of COVID-19

Rather than being identified as a theme, reference to the pandemic was threaded throughout the focus group discussions, relating to all aspects of the participants' experiences. This meant that statements categorised within other themes were expressed in the context of leading through the pandemic.

When asked about the impact of COVID-19, many positive developmental opportunities were identified by the cohort, alongside challenges. These included:

- opportunity to practice/focus on studies
- allowed fast-tracking for service delivery
- [RCN] CLP was an alternative to focus on
- positive impact of increased communication skills and practices.

Negative impacts included:

- changing coaches (inconsistency)
- SIP changes
- [RCN] CLP delivery/progress affected. (For some participants this enhanced their learning, whereas for a minority it negatively affected their experience)
- high sickness levels
- having sessions cancelled
- participants dropping out along the way whom they feel they could have supported.

In addition, though distinct themes emerged from the data, many of the results cross referenced to other themes, highlighting the relationship between the impact of each theme on the other.

Theme 1: Impact of leadership skills

In relation to project aim 2 (establish the impact of the RCN CLP learning on the participants' clinical leadership capabilities and responses during COVID-19) and project aim 3 (analyse the learning and impact in relation to the Pathway to Excellence® programme), participants' discussions around the impact of leadership generated a strong sense of acknowledged learning from undertaking the RCN CLP. Team dynamics were integral to the course content, and this manifested in efficient team working and collaboration which they recognised as indispensable to leading through/surviving the pandemic: "The team literally stepped up".

Part of this was assumed to be the positive effects of developing higher level communication skills: "The course guided me to communicate effectively with families, patients and MDTs", which could be interpreted to affect strategic level influence and help 'shape the future workforce' (PtE).

The RCN CLP focuses on listening and learning from patient stories; compassionate and courageous care; and developing listening, influencing and questioning skills. One of the most commented upon learning outcomes was an increase in self-awareness (expressed in a variety of modes) – the cornerstone of emotional intelligence (Hurley and Linsley, 2012): "I learned a lot about myself". Exploring self and reflective practice underpin the RCN programme and this was recognised to improve self-confidence, personal strength, self-care, humility and a number of other qualities which leadership literature suggests are central leadership abilities: "The way that we manage ourselves is a central part of being an effective leader" (NHS Leadership Academy, 2019).

Further evidence in meeting project aim 1 (evaluate the learning and service impact of the RCN CLP for a cohort of nurses who commenced the programme prior to the COVID-19 pandemic), project aim 3 (see above) and PtE, was visible through theme 1. This captured the majority of participants' comments regarding career and personal/professional (and future) development. Participants reported an array of developing leadership capabilities, many of which were applied in response to the current pandemic situation. Positive affirmations of insights into personal leadership skills and abilities were shared: "The course made me a sensitive and compassionate leader".

Building on the **personal impact** theme above, participants expressed:

- realising their potential
- overcoming challenges
- identifying learning needs as a leader
- self-improvement
- testing leadership skills
- motivation
- positivity
- the real value of understanding their diverse options of leadership approaches to managing situations.

Another strongly expressed insight was the appreciation of the impact of a leadership style/approach on their staff, their positive/potential influence on staff morale, leading with compassion, and being a positive role model: “The course made me have more courage and strength to do my role”.

The sense of collective leadership responsibility was apparent throughout the commentary in the references to team working: “Find your own strengths in the team – I learned that from [RCN] CLP”.

A blend of facilitated action learning sets, coaching and reflective practice, supported participants to manage and lead through the pandemic.

Theme 2: Patient experience and safety

In turn, collective leadership was expressed as having positive effects on patient experiences; through communication, sharing skills, compassion and role modelling, to name a few. This identified with the PtE approach of ‘putting patients first’: “Patient safety and COVID-19 positive feedback both highlighted the increase in communication as a positive for teams, managers, MDT and patients”. Participants had the opportunity throughout the RCN CLP to listen and learn from patient stories and develop their advocacy and influencing skills.

Similarly, the negative comments made relating to the personal effects of COVID-19, appeared to affect patients in a positive way, in that participants reflected on the courage, resilience and determination they showed in ensuring ‘high quality care’ and ‘patient safety’ (PtE) was their primary focus: “Take it day-by-day to make sure all patients receive the highest standards of care”.

Again, this upholds the PtE standards of ‘driving excellence in patient safety’ and ‘high quality care every time’. These statements support the learning participants’ gained in exploring quality of care, compassionate care and courageous care, which they were able to implement in practice.

Theme 3: Career/personal development and future

In line with project aim 1 (evaluate the learning and service impact of the RCN CLP for a cohort of nurses who commenced the programme prior to the COVID-19 pandemic), the RCN CLP was positively reflected in the influence and impact the participants described it was having on service improvement; and acquiring a more holistic appreciation of organisational management and leadership. Often this resulted in empathy with previously misunderstood management teams: “made you look at the bigger picture”.

Participants felt that their service improvement projects (SIPs) were contributing to ‘driving excellence in patient safety’ (PtE). Though it was clear that for a minority, the pandemic had adversely affected the progression of their SIP and programme studies: “I’ve moved from one area to the other, so it becomes that your SIP has also been changed, momentum has gone”. Nevertheless, as Armstrong and Laschinger (2006) reflect, by providing: “access to the structures of empowerment” (p130), nurse managers are ensuring quality nursing practice associated with a positive safety climate, observed through the pervasive undercurrent of participants’ expressions of striving for excellence in quality and safety.

‘Shaping the future workforce’, an integral aspect of the PtE programme, was addressed through comments and discussions around career progression. Recognition here needs to be given to the organisation, who encourage and provide access to academic clinical and professional learning opportunities to staff, in accordance with the PtE philosophy.

Participants highlighted the RCN CLP as having helped them:

- influence their professional career progression
- learn new management skills
- realise their potential
- test their leadership skills
- implement change
- generate the desire to achieve more
- improve as a leader
- overcome challenges and move out of their comfort zone.

Armstrong and Laschinger (2006) acknowledge that: “Organizations in which nurses are empowered to practice their profession optimally are organizations that optimize conditions for providing safe patient care” (p129). The programme developed a sense of motivation where there were, as one participant acknowledged: “still things I want to do even when the course is done”.

Conclusions

Participants clearly valued the RCN CLP in preparing them to lead during the pandemic. Focus group discourse was highly positive, where learning and development was acknowledged to be largely personal/professional. The course reportedly affected a growth in confidence, resilience and inner strength, which was reflected through communication, collaboration and in all aspects of patient care and service delivery.

Participants reflected that service improvement had been achieved through their SIPs, particularly regarding quality of patient care. Results support that developing leadership capabilities impacts directly on the PtE standards, where a patient-centric approach ensures delivery of high quality care, which in turn drives excellence in patient safety. Completing the RCN CLP reportedly increased participants' motivation to progress in their careers and determine their development as a leader.

It also identifies the advantage of training and educating staff in leadership capabilities through the RCN CLP. This approach to 'shape the future workforce' demonstrates a clear achievement of fulfilling the Pathway to Excellent® programme aims.

Recommendations

The overwhelmingly positive responses from the focus group indicated the participants' satisfaction from having undertaken the programme, especially with regards to their developing leadership skills.

The less positive responses highlighted the need for robust internal support systems, particularly to help facilitate nursing through a pandemic. These could include:

- **ongoing peer support:** the value of participants being able to reunite following completion of the programme was expressed at the focus group, where shared experiences were reflected upon
- **consolidated learning:** regular opportunities for participants to engage in shared learning – possible master classes to revisit important leadership concepts – to maintain motivation and enthusiasm and plan future career steps
- **clinical and group supervision:** regular support systems to ensure resilience, acknowledge contributions and incentivise further development
- **opportunities to continue their emotional intelligence/leadership journey:** future investment in the workforce through access to collective leadership programmes at multiple levels of the organisation.

Although seriously challenging, the pandemic provided an opportunity for participants to practice their newfound leadership skills and abilities. Contextually not the norm, this could have affected their ability to transition, consolidate and evaluate their learning. Further evaluation of sustained capability would be of value.

Limitations

This was a small-scale, single-site study, with a low participant number who were all female. Disproportionate numbers in the focus groups might have affected a participant's ability to respond to questions and consideration of response biases is necessary from the single method data collection source. Though a rich data set was obtained from the focus groups, comparative analysis with data from the original planned evaluations would have been advantageous and valuable in being able to appreciate the holistic impact of the participants' leadership skills during the pandemic.

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Appendix 1

Results

Theme 1: Impact of leadership skills

Participants were asked to explore, with the focus group, their experiences on the RCN CLP, expanding on how they felt their leadership skills had impacted their workplace.

This question generated a positive response. The **impact of leadership** appeared to focus on three main areas:

1. **people** – (patients/staff/multidisciplinary team) through team collaboration/role modelling/peer support and patient experience
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3. **personal impact** – through personal/professional development.

‘Leadership impact’ generated the most feedback and emerging sub themes were cross referenced with the other two main themes of patient safety and career/future development.

In relation to **impact on people**, the data revealed multiple references to the recognition of improved team working and collaboration. The terminology used by participants demonstrated they felt positive impact on the patient, individual, team and organisational delivery:

- team spirit
- find your own strength in the team
- the course has definitely brought the band 7s closer together as a team
- enabled peer relationships in own division and others
- expand and share skills with others
- coaching to improve patients’ experience
- hard to be there and reassure team that everything is ok (negative response)
- an awareness of the role and value of leadership
- learned – important to value staff
- course made me a sensitive and compassionate leader
- adapt leadership roles
- good role model
- understanding manager and leader is two different things

- together with the benefits of improved communication, including around peer support and patient experience
- course guided me to communicate effectively with families, patients and MDTs
- network and peer family
- lots around communication – too many to add
- even though course finished there are some supports that will continue
- I managed to reach out to my seniors and they gave me some help.

The impact on **service delivery** was expressed through their service improvement project (SIP):

- I have implemented things and made changes personally and professionally
- good role model
- the SIP looked at how patient improvement could be sped up.

Leadership impact in relation to **personal impact** was discussed in terms of personal/professional development, this highlighted some of the more negative aspects of leading through the pandemic:

- learned a lot about myself
- important to keep healthy – mentally and physically
- the course makes me have more courage and strength to do my role
- hardest thing I have ever had to do in my career
- losing team members sad and hard
- trying to ignore my physical and have courage.

Theme 2: Patient experience and safety

Question: **How did the RCN CLP prepare you/influence your approach to improving the patient safety/experience during the pandemic?**

This question generated the least response and was predominantly positive, highlighting the increase in communications as a positive for teams, managers and patients:

- due to COVID-19 processes/equipment have been accessed much more quickly
- patients sense staff enjoying giving care
- the SIP looked at how patient improvement could be sped up
- coaching beneficial to patients and teams
- looking at the team's qualities and using that to get it right for patients.

The more negative responses included:

- take it day-by-day to make sure all patients receive the highest standards of care
- difficult to maintain standards and team spirit with staff sickness.

Theme 3: Career/personal development and future

Question: **Given the timing of the RCN CLP during the pandemic, what impact has it had on your personal/professional development?**

Participants reiterated some of what they had expressed earlier in answer to the 'impact of leadership' question, so there was considerable cross over here. Surprisingly, responses were overwhelmingly positive and covered; developing personal insights and self-awareness:

- importance of staff moral
- importance of being a role model and to keep myself healthy – mentally and physically
- made a great new work family and peer support
- reflection on what I need to improve as a leader
- realise your potential and hidden potential
- made you look at the bigger picture
- the [RCN] CLP helped me to find a strength, a leadership strength, on a day-to-day basis
- how to overcome challenges
- come out of your comfort zone
- makes me have more courage and strength to do my role.

Even the negative comments had important learning implications:

- hardest thing I've ever had to do from any time in my career, not just as a nurse team manager
- trying to carry on supporting my staff whilst not being there has been really difficult
- moved from one area to the other, so it becomes that your SIP has also been changed, momentum has gone.

Career and professional development:

- a positive experience, testing skills as a leader
- implemented 'things' and changing as a leader
- best course I have ever done
- coaching and ALS very useful
- looking at data, not something done before, looked at how to put that across in different ways.

Looking towards future development:

- still things I want to do even when the course is done
- learned that I want to improve as a leader and my leadership approach and the impact I have as a leader
- a definite influence in terms of progressing onto the career ladder.

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London
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July 2022
010 034

