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ORIGINAL ARTICLE

A case study evaluation of the legacy practitioner role: implications for system and workforce transformation

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Abstract

Background: The World Health Organisation's *Global Strategy on Human Resources for Health: Workforce 2030* sets out how vital the healthcare workforce is to the resilience of communities and health systems. Nurses are the largest professional group in that workforce and therefore support for nurses' practice roles and wellbeing is pivotal to sustaining the global health economy. Nurses with extensive experience can contribute significantly in this respect, and the notion of the legacy practitioner role arose in response to the need to retain the expertise of long-serving nurses.

Aim: The aim of the pilot project evaluation was to gather impact evidence of a newly introduced legacy practitioner role, as a workforce planning strategy for retaining the expertise of professionals considering or close to retirement.

Design: A mixed-methods case study evaluation was used to capture stakeholder-driven process and outcome data. Emphasis was placed on interacting with project participants and stakeholders with a view to understanding human interconnectedness in the context of sustainable learning and quality-driven improvements at system level. Data analysis used first-order thematic analysis to capture process indicators, followed by a second-order impact framework analysis of workforce and system-level transformation to capture potential sustainable outcome indicators.

Conclusion: Evidence identified six core aspects of the legacy role, with one outcome indicator related to reducing attrition in the workplace. Two overarching themes – enhancing practice skills and knowledge exchange – considered the impact of the role, not only with existing healthcare staff but in 'feeding forward' practice expertise to the potential future workforce.

Implications for practice:

- Evidence suggests the legacy role can enable knowledge and skill enhancement, and help stressed or anxious staff and learners overcome thoughts and intentions to leave
- The role provides clinically credible, practice-driven expertise, helping create the conditions for safe and effective person-centred practice
- Legacy roles can inspire a professional expertise, based on values of compassion and respect that are spread and sustained among new staff
- External stakeholders who engage with legacy practitioners can also experience positive outcomes

Keywords: Legacy practitioner, evaluation, workforce transformation, system-level impact, professional wisdom

Introduction

The notion of a legacy practitioner role was first established in Nottingham, UK, in response to a recognised need to retain late-career practitioners with a wealth of professional practice expertise who may be nearing or considering retirement. The role's introduction came amid a national and global healthcare workforce crisis (Haines et al., 2021). Norfolk and Waveney Health Care Partnership's legacy project was established as a new initiative, supported by Health Education England funding, to work across the Norfolk and Waveney Integrated Care System (ICS) in the East of England region. The ICS covers a wide range of partner organisations, including hospitals, GPs, mental health and community health services, local councils, care homes and social workers, voluntary and community organisations and others. Legacy practitioners were introduced between February and July 2021, in five part-time developmental posts (17.5 hours per week), for an initial 12-month period, as a retention element of a local workforce strategy.

The legacy practitioner role in the East of England region was introduced as a pilot project to explore how such a role can maximise the clinical expertise gained from a long career through inspiring, supporting and enabling others (Hardy et al., 2009). The role was established to work flexibly across the wider care system rather than allocated to a single employing organisation. The role offered flexibility while also providing input to help achieve quality learning environments for students and staff (Jacobsen et al., 2022).

The aim of the evaluation was to capture the work undertaken by the legacy practitioners, through exploring where and how their accumulated professional practice, knowledge, experience and associated clinical wisdom impacted others working in healthcare roles across the Norfolk and Waveney ICS. The intention was to monitor the engagement of the first cohort with learners and newly qualified colleagues, and to explore what support was provided to multidisciplinary team colleagues. The legacy role was established to provide:

- Professional advice and practical guidance. The legacy practitioners would offer 'real time' support by working alongside students and colleagues in practice, drawing on their accrued professional expertise to help others through difficult or new experiences in complex clinical situations
- Essential clinical support and professional guidance. The practitioners would offer reflective supervision sessions, mentoring for students and colleagues, and education sessions to share their knowledge and experience

Providing student learners with support aligns with formal professional statutory regulatory body supervision and assessment standards, such as those of the UK's Nursing and Midwifery Council (2018). The legacy practitioners' education remit is to share all forms of knowledge – tacit, intuitive, experiential and propositional – gained from their extensive practice experience (Hardy et al., 2009). The intention was to provide them with an opportunity to leave a professional 'legacy' of knowledge, skills and expertise before retirement, ensuring practice wisdom is not lost to future colleagues.

The evaluation project offered a rare opportunity to capture baseline and emergent aspects of activity in line with national benchmarks and workforce trends (NHS England and Improvement, 2019; Anderson et al., 2021; Germaine et al., 2022). Engaging with stakeholders in the evaluation provided the chance to identify effective and sustainable developments for the Norfolk and Waveney ICS and the East of England region, with its changing population health and care needs. This article focuses on a collective qualitative portfolio of evidence collated by the cohort of legacy (nurse) practitioners, supplemented by stakeholder-reported evidence and commissioner feedback, plus a secondary impact analysis for system-level consequences and sustainability.

Background

The WHO's *Global Strategy on Human Resources for Health: Workforce 2030* states that an effective health workforce 'provides the human resources required to prevent, prepare for, respond to and recover from emergencies. Greater focus is required on the various roles of the entire health workforce in emergencies, for example in planning for staffing requirements' (WHO, 2016, p7).

The WHO strategy underlines how vital the health workforce is to the resilience of communities and health systems. If the workforce is to be able to meet the challenges of improving health and reducing vulnerabilities, the imperative is to achieve informed investment, improving skills, capabilities and scope. There is need for the healthcare workforce to be better aligned to changing population health needs, with associated policy reforms and a significant governmental investment to ensure nurses and the range of health and care professions can continue to make an effective contribution to society.

Nurses form the largest professional group in healthcare (Drennan and Ross, 2019), and are a highly trusted profession (Milton, 2018; Woodland et al., 2022). Nursing has also been recognised for its vital frontline response to the Covid-19 pandemic (Rosa et al., 2020). Legacy practitioners have the potential to help secure a future workforce capable of sustaining the global health economy, so an evaluation of the role is an important contribution to understanding how best to fulfil this potential. However, with this remit comes a consideration of the wellbeing of a workforce that is showing signs of fatigue amid the ongoing consequences of Covid-19.

In the wake of the pandemic, a 'great resignation' (Avitzur, 2021) has been seen among nurses and other health and care staff, as they seek a better work-life balance, with more flexible and family-oriented work patterns. Quite simply, staff are leaving their profession through exhaustion and burnout, worsened by the physical and emotional impact of the pandemic (Gemine, 2021; Rosser, 2022). There is no doubt staff turnover has increased across all public-sector workforces, and strategic system-level actions are therefore needed to address all the underlying causes (Crisp et al., 2018; WHO, 2016).

The pandemic has also had a significant impact on the number of individuals retiring and/or seeking alternative employment (Office of National Statistics, 2022). Many practitioners, due to their age and length of career, wish to reduce their working hours as they get older and nearer retirement, but are not quite ready to fully leave their chosen profession. Offering a level of flexibility to experienced practitioners, through a part-time role such as that of a legacy practitioner, could sustain their pay banding/clinical grade, while providing an option for those who are at risk of leaving to take up flexible work elsewhere. Part-time roles in healthcare are often advertised at lower pay bands, prompting people to go outside the sector. The health professions risk losing skilled practitioners who still have plenty to offer to their employer and their profession (Krijgsheld et al., 2022).

The legacy practitioner programme was part of a workforce-retention strategy to allow staff to remain in, or return to, practice. The option of a fixed-term (flexible hours) contract was offered, initially for a maximum of 12 months, at Band 6 of the UK's nine-band NHS pay scale. The purpose of the flexible option was to support legacy practitioners in their transition towards retirement, and to offer the opportunity to impart their knowledge and skills as clinical leaders and specialist practitioners to existing colleagues and trainees. Through inspiring and supporting others who are either starting out on their careers or being challenged by the extent and scope of their roles, their professional legacy can live on. In the East of England region, the role was established to be additional to the agreed numbers needed for safe staffing (Ball and Griffiths, 2022).

Methods

An inclusive critical case study evaluation, with a mixed-methods approach, was used to capture multiple sources of evidence during the first year of the legacy practitioner programme. Ethics approval was gained from the university's ethics committee. The evaluation was led by an external researcher, working as part of a local higher education institute's research group. The first cohort of legacy practitioners initially had five recruits, all of whom were nurses with a diverse specialist practice expertise. The role was introduced across a large geographical care system in the East of England. Rather than being allocated to a single employing organisation, the legacy practitioners were allowed broader clinical engagement with stakeholders across community, primary care, acute NHS trusts, forensic services, mental health care and health-related charities.

Data were collected from their interactions with all stakeholders, inside and outside the local area, and from colleagues who were actively engaged with the new role (Guba and Lincoln, 1994; Hardy et al., 2011; Wynn and Williams, 2020; Belcher and Halliwell, 2021).

The evaluation process included capturing evidence from commissioners, educators, interdisciplinary colleagues, newly qualified practitioners, student learners (cadets and apprenticeship trainees) in different healthcare professions, plus external stakeholders from health-related charities and national organisations, such as the Queen's Nursing Institute. The evaluation approach was co-produced with commissioners and the legacy practitioners as active project participants. The process and impact of introducing the role were mapped over a year's worth of activity.

A goal of the evaluation was to develop recommendations for other commissioners, government agencies and public sector managers, to help them make vital resource decisions on workforce, skill mix and legacy role development. Therefore, the external evaluator also used appreciative inquiry and inductive theory advancement approaches (Coghlan et al., 2003; Preskill and Catsambas, 2006; Eisenhardt and Graebner, 2007).

The emotional touchpoints method was used to capture the interpersonal nuances and personal experiences of the legacy nurse participants. This method involves questions that focus on what is working and how services can be further developed, drawing on emotional responses to situations, as well as gathering information about certain events. This approach fits well with the method of appreciative inquiry and evaluation, as the emphasis is on interacting with the individual in appreciative and affirming ways, and on understanding human interconnectedness within the context of learning and improvement (Dewar et al., 2010).

Data collection

All data were anonymised, although the legacy nurses agreed to share their personal identities and continue to be invited to speak about their experiences with the programme.

Four legacy participant workshops were held at intervals across the year, facilitated by the external evaluator. An additional final evaluation session, using the PRAXIS evaluation tool (Hardy et al., 2011), was added at the close of the year's evaluation activities. Data were collected from the legacy practitioners' collective and varied interactions across the year and collated to construct a portfolio of evidence. Examples of evidence sources are identified in Box 1.

Box 1: Examples of evaluation data sources achieved from the first year of legacy (nurse) practitioner activity (2020-2021)

- Personal critical reflective accounts
- 360-degree feedback (manager, student, service user/patient, colleagues, peers)
- Circle of influence diagram (at start and repeated at last session)
- Artefacts and other evidence (thank-you cards, poems, images)
- Teaching materials (for example, a mentoring masterclass PowerPoint presentation)
- Numerous email exchanges
- Social media (Twitter)
- Individual feedback sheets
- Other pieces of evidence the legacy nurses gathered via their contact with other professions and groups
- PRAXIS evaluation tool, used to collate the group feedback

While the evaluation originally aimed to use workforce metrics captured and routinely recorded in healthcare settings, such as staff sickness rates, retention and recruitment targets, the impact of the pandemic meant workforce patterns would not have been a consistent measure from which to make comparisons or draw any cause-and-effect conclusions of introducing the role. This article can therefore only focus on reporting the accumulated portfolio of evidence and provide preliminary

process outcomes. Medium- and longer-term outcomes will need to be supported by repeat data collection and use of quantitative data over time.

Data analysis

The project's qualitative accumulative portfolio was thematically analysed (Guba and Lincoln, 1994), paying particular attention to workforce-related impact, such as social investment, (when seen as a greater ability to retain and recruit staff) and other health-related outcomes, such as reported aspects of workplace wellbeing.

A secondary analysis of project findings was also undertaken, through an inductive impact framework for integrated system transformation, devised by the ImpACT research group (IRG) at the University of East Anglia. The group works with citizens, practitioners and organisations to co-produce research outcomes and impacts that focus on what matters to people. Its strategic aim is to co-create a single integrated impact framework for the East of England region, from which to evidence ICS-level transformation, and associated workforce requirements, to achieve highly effective integrated health and social care.

The term 'impact' is used in this context to describe 'any change caused in whole or in part by an action or set of actions, including research actions' (Belcher and Halliwell, 2021, p 2). An impact framework is used to clarify and distinguish aspects of change that research can achieve across and within complex systems such as health and care. It is an inclusive and inductive approach that will contribute to ongoing theory and debate around the pathways and mechanisms by which scholarly activity can contribute, alongside more formal research approaches, to sustainable transformational change. This requires recognition that all stakeholders, including citizens, across a system, can contribute evidence. This is important because the challenges of integrating health and social care organisations to meet population healthcare needs entail new ways of working, and evidencing the benefits of these changes for all involved is necessary to assess overall impact (NHS England and Improvement, 2020).

The IRG's impact framework remains at the testing/feasibility stage and the findings presented here offer a first description of how it can be used in a case study evaluation report. Impact analysis of the legacy pilot project findings has been able to identify:

- **Changes in participants/stakeholders** – changes in knowledge, skills and/or relationships leading to actions/changes of behaviour
- **Changes in individual or organisational policy and practice** – labelled process outcomes
- **System transformation and longer-term outcomes** – labelled more sustainable outcomes
- **Potential realised benefits** – social, environmental, economic and environmental change
- **Key themes** across the foci of systems transformation and workforce transformation

Findings

From the collated portfolio of evidence, it was identified that the legacy nurses' reach, in terms of their contribution to others across the healthcare arena, was achieved through a wide circle of influence beyond their local region and individual clinical specialism.

First-level data analysis:

The four legacy nurses employed in this first cohort (one of the initial recruits dropped out) brought a range of clinical specialisms, from general to district nursing and learning disability nursing. Clinical skills were readily cascaded throughout multidisciplinary practitioner groups, as the group worked to identify who was the most appropriate person to respond to requests for help. This clinical reach was further extended by their level of clinical seniority and length of service that informed their praxis expertise (Kemmis, 2012). Their range of activity was also enhanced by the role not being limited to working within any one organisation or one professional group. The enforced transition to a more digital way of working during the pandemic enabled sessions and support to be provided online, allowing a level of flexibility for the legacy nurses to respond and deliver a wide range of support to many different recipients beyond the East of England region.

The main beneficiaries of the legacy role were identified as:

- Student learners, cadets (who are young people interested in health careers)
- Newly qualified staff
- Colleagues from across the multidisciplinary team
- External stakeholders related to healthcare on a national scale, such as the Queens Nursing Institute and the Parish Nurse Network
- Education institutions (schools, colleges and higher education institutes/universities) in the East of England region

Engagement took place across the community, in primary care, acute NHS trusts, forensic services, mental health care, social care provision and health-related charities.

The legacy role impact was identified using the elements of the job description, and was monitored through collective evidence sources, as outlined in Table 1.

Table 1: Legacy nurses' role indicators and evidence source, East of England 2021

Role indicators	Evidence sources
Preceptorship	Feedback sheets, individual coaching conversations and teaching sessions for newly qualified staff
Transferring skills and knowledge	Workshops discussions, emotional touchpoints and circle of influence diagram, participant feedback and testimonials
Improve learners' experience	Learner feedback, individual coaching conversations, personal reflections
Increase placements	Engaging and guiding on the student nurse assessment and supervision changes from the UK Nursing and Midwifery Council, (NMC, 2018) in the forensic setting and other areas (for example, with the team at the local clinical commissioning group) where student learners had not been able to be supported
Support for assessors and supervisors	Undertaking student practice assessment records, particularly supporting staff to address students of concern when 'failing' a placement
Liaising and support for HEIs	Not only in negotiating student placements, but also in providing education sessions and onsite supervision and assessment of student learning outcomes
Reducing staff's intention to leave	Coaching, mentoring, teaching sessions and one-to-one support and supervision

In terms of impact, two overarching themes were identified: enhancing practice skills and knowledge exchange (Table 2).

Table 2: Overarching impact themes and related evidence

Theme	Evidence/Impact
Impact of legacy nurses' involvement in planned teaching sessions under the theme of enhancing practice skills	<ul style="list-style-type: none"> • 109 preceptorship training contacts took place over five teaching sessions, and a further eight sessions with five cadet nurses. Each was evaluated using a 10-point Likert scale. All session ranked highly (8-10) in terms of feedback on the clarity and relevance of information provided in sessions • Two national projects were delivered • Four external teaching sessions provided to organisations in Norfolk and Suffolk • Two sessions with other organisations seeking to initiate the legacy role in their settings in the wider East of England region
Impacts identified in relation to knowledge exchange	<ul style="list-style-type: none"> • Enhancing skills – clinical supervision/coaching, evidence from live supervision of a colleague undertaking their first client assessment • Staff and student retention – through coaching and mentoring, one-to-one supervision/support that reduced students' intentions to leave • Wellbeing – achieved through listening, being enthusiastic, motivating and clarifying expectations and encouraging others from accrued wisdom, gained from years of clinical professional practice expertise • Professional advancement – through critical companionship, self-reflection

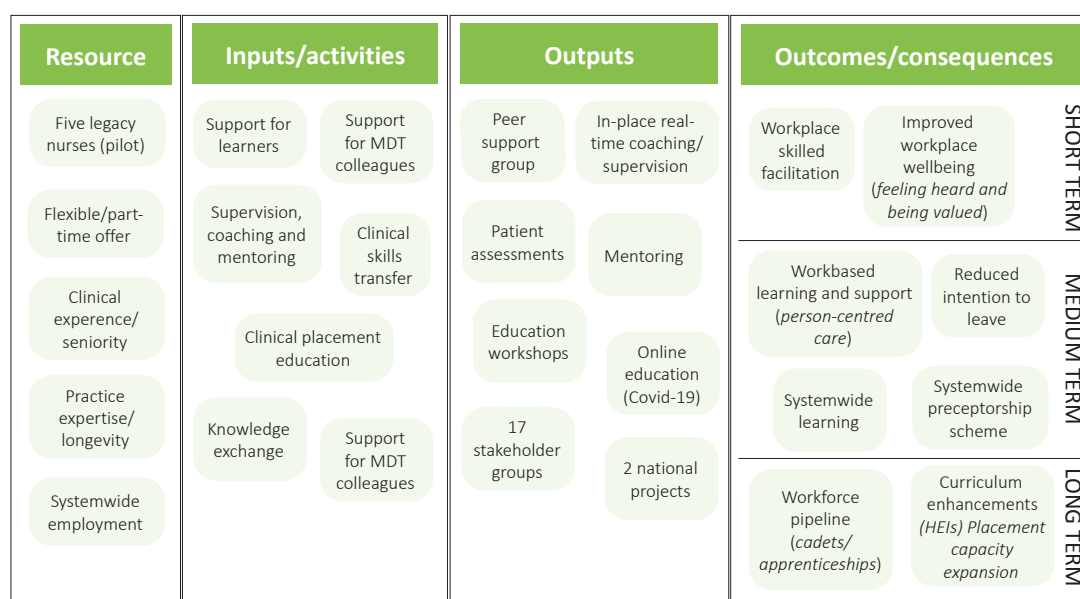
Stakeholder feedback from one of the external organisations that had asked the legacy nurses to provide a teaching session offered the following statement:

'I personally find the attendance of legacy nurses incredibly useful, not only to provide some support when it comes to the breakaway groups but also as you bring such a variety of experience to the teaching. For example, my teaching regarding communication was enhanced by one of your nurses providing further insight into the difficulties when caring for a patient with learning difficulties and what might help for the patient to have a positive experience. I feel there is much you could contribute to the learning of new and inexperienced staff, and this should not be limited to the preceptorship programme. Nursing has lost the art and has found science and although that is very valuable, I think you should be an integral part to get the art back into nursing on a much wider playing field' (Feedback received, 18 October 2021).

Other sources of evaluation evidence

A logic model (Julian, 1997) is used here to help represent the interrelated elements of the legacy practitioner evaluation approach, when seen as a strategy for workforce transformation. Figure 1 is a logic model that captures elements of introducing the role, identifying associated inputs, outputs and short-, medium- and longer-term consequences.

Figure 1: A logic model of introducing the legacy practitioner role



As part of the final evaluation group meeting, in February 2022, the cohort was asked to capture the essence of their legacy practitioner roles in haiku, a structured form of Japanese poetry, formed of three phrases in 3-5-3, or 5-7-5 syllable patterns. Another colleague working as a practice educator contributed a limerick (Table 3).

Table 3: East of England legacy evaluation haiku and limerick	
Love Nursing Want to share knowledge See them grow	Care development Passionate Practitioner Passing it forwards
Retaining, Sharing Encouraging a career I still love nursing	Legacy Nurses Knowledge, skills, Experience Shared with NextGen
Learning on the job To inform the next generation Creating Care-Full Care	Legacy Nurses Experience, Skills, Wisdom Inspiring new learners
<p>The legacy nurses were inspiring For they were never conspiring Watch their teaching sessions Upholding an age-old nursing profession Never seeing how much they were perspiring</p> <p>The role of the Legacy Nurse, Legacy Nurse None of them were at all terse All worked round the virtual table And are indefatigable For they did never curse</p> <p>Judy, Teresa, Bridgitte and Eileen Working as a well-oiled machine. The Legacy Nurse Team Oh, what a dream! How they reigned supreme</p> <p style="text-align: right;"><i>A Legacy Nurse Limerick</i> By kind permission of Justin Brown, Clinical educator, Norfolk and Waveney Health Integrated Care System</p>	

PRAXIS evaluation tool

Using the PRAXIS tool for evaluation (Hardy et al., 2011), at the final workshop session, the following reflections from the cohort provide a conclusion to the evaluation project and focus the outcomes on the words and experiences of the participants themselves.

Purpose: Clarification of the purpose of the legacy practitioner role; this was identified as providing a range of practice expertise and accrued clinical wisdom. Examples shared by the legacy practitioners, working towards the end of their lengthy careers, show this purpose was met by inspiring the next generation of health and care practitioners in their own career and specialist knowledge development. Each of the legacy practitioners described themselves as a senior nurse, who loved nursing and did not want to leave. They wanted a flexible role, where they could reduce their working hours but continue to ‘give back’ and inspire and support others. Working across different organisations and disciplines, (which a higher banded grade would have limited this scope to be more clinical specialism focused), expanded their legacy to a wider range of stakeholders.

Reflexivity: The cohort’s lessons learned were seen as a process of enlightenment and a feeling of being ‘freed up’ (empowered) to work right across the Norfolk and Waveney health and care partnership. Sharing aspects of their own specialist knowledge as a process of knowledge exchange, they inspired and enabled others to fully understand the extent of their own roles and function. Enabling the patient journey to be person focused, rather than task focused, was also a common theme of reflections. One practitioner stated: ‘It was so good to reach people across the different specialist and organisational boundaries.’ The cohort’s love and passion for their role was contagious to colleagues across the locality.

Approaches and activities undertaken were multiple and varied. There was a strong focus on education, knowledge exchange and transfer of specialist clinical learning, but also on sharing the passion for their chosen career. Empathic engagement in coaching and supervising more junior staff had enormous benefit – for the legacy nurses as the providers of knowledge as well as those they engaged with. Activities were delivered in person as one-to-one or group sessions, with additional remote online sessions in response to Covid-19. This level of flexibility in their approach and range of activity is a key feature of the legacy role and stakeholder reach. Another example of their transferable skill set was seen during the NHS Covid vaccination programme; their clinical backgrounds and professional registration allowed them to quickly refocus their role to help with the vaccination rollout. A high level of supervisory support and listening skills had a positive impact on workplace culture.

Context: The legacy nurses all agreed the role worked ‘really well’, largely due to not being limited to working in a single organisation but ‘freed up’ to work across professional and organisational boundaries. They undertook sessions in general practices, forensic settings, acute hospitals and classrooms, as well as in the social care sector. They also managed to cover a large geographical coastal and rural patch stretching across the Norfolk and Waveney region.

Intent: The intentions were to enable participants to give back, leave a legacy, and impart knowledge and a passion for care through the legacy role. This was achieved through ensuring the legacy nurses were supernumerary and enabled to work across employment and organisational boundaries, giving them flexibility to decide how and when to respond to requests for their input. The legacy nurses spoke of a high level of respect from others, due to their years of service, specialist clinical knowledge and breadth of nursing experience – all of which they were keen to share with others.

Stakeholders: More than 17 different stakeholder groups – defined as those with a stake or interest in the legacy role – were reached in the first year of the role. These included pre-registration learners cadets, trainee nurse associates, registered nurse degree apprentices, and post-registration and newly qualified preceptors. Other stakeholders were identified as practice education teams, forensic services, general practices, practice assessors and supervisors, managers, higher education institutions, commissioners and third-sector organisations.

Secondary level data analysis

The testing of the IRG inductive impact framework was undertaken to gain further understanding of where and how impact was taking place, and at what levels of the healthcare system. Indicators are highlighted in bold below, where they have been identified as affecting either system or workforce transformation.

The legacy practitioner project implemented a **systemwide preceptorship scheme**. Legacy nurses were employed to act as **workplace facilitators of integrated learning, development and improvement, drawing on the workplace** as a significant resource for learning and development and enabling staff and students to update, develop and make use of knowledge in practice.

Process outcomes embracing changes in a wide range of stakeholder behaviours, policy and practice resulted in impacts associated with:

- **Practice wisdom as professional knowledge that was being used and developed in practice**, enhanced at the micro level with learners, cadets and colleagues, and at the meso level with preceptors and other staff
- Staff developing **skills to meet continually changing contexts**
- **Staff feeling heard, valued and supported** to function in highly stressful workplace contexts
- Staff and students experiencing **improved wellbeing through critical companionship/supervision/mentoring** from real-time interventions, empathetic engagement and clinically relevant on-the-spot supervision

- **Reduced intention to leave.** The legacy nurses engaged with workplace colleagues, as individual staff and learners, across multiple specialisms and settings. Intention to leave was seen across groups who were highly stressed and anxious (both qualified staff and learners). Demoralised people who harboured intentions to leave were helped to overcome these ideas through informal coaching from the legacy practitioners in a timely and supportive way. Other individuals, not identified as particularly stressed or anxious, were more likely to remain in their role after an interaction with the legacy practitioners, who were able to rekindle their passion for their chosen profession/career choice
- **Systemwide learning and working** was identified as an impact on external system partners and stakeholders

The legacy practitioner project can therefore be identified as a systemwide mentoring and support scheme. Legacy practitioners with accrued professional expertise and experience were engaged as a highly supportive independent resource. They can act as **workplace facilitators of integrated learning, development and improvement.**

System sustainability can be supported through the **positive impact of the role on student outcomes and turnover rates**, arising from workplace support centred on practice-driven expertise. **Changes in curriculum content for further and higher education bodies** can be achieved by extending the scope of the legacy practitioner role to include allied health professions. Across the system, there is one legacy allied health professional now in post, but insufficient data are available to report on these findings at present. However, initial review of feedback identified emergent themes that further verify those of this evaluation.

Benefits realised through the influence of this project include **increased staff wellbeing and better workforce retention.** The legacy nurses helped instil the skills and knowledge required to support person-centred, evidence-based, safe practice, based on values of compassion and respect. This workforce development can **impact positively on population health**, as called for in the WHO's *Workforce 2030* strategy (2016).

Study limitations

The first cohort of legacy practitioners included a small number of single-profession (nurse registrant) participants, introduced in a staggered recruitment process. Despite the small size of the cohort, evidence was captured from multiple stakeholders who readily provided input to the project. Quantitative data were not used due to the project's small sample size, as well as its being undertaken during the pandemic, which skewed workforce data patterns. One participant did not remain in post for the duration of the programme and decided the legacy role was not suitable for them; this person was not followed up to explore the reasons behind the decision. However, secondary to the demand for a more digital way of engaging due to the pandemic, the person shared that they had returned to their previous clinical role. Transferability of findings to different contexts has not been established, although there is evidence that freeing legacy practitioners to work across organisations and professional disciplines can enable the cascade of knowledge, skills and expertise to a broad audience of beneficiaries.

Conclusion

Evaluation of the first cohort of legacy practitioners across Norfolk and Waveney ICS identified process-related indicators that relate to supporting and enabling others across the health and care system. The 'legacy' was identified as one of shared clinical and professional wisdom, with the nurses drawing on their knowledge, experience and practice expertise to support and inspire the next generation of healthcare practitioners. The first cohort was also in place at a time when working to support and sustain those already in post, whether newly qualified or established in their own professional careers, was an important workforce imperative in terms of sustaining and retaining staff working in the unprecedented circumstances the pandemic.

Despite being a small part-time cohort, the reach of the legacy nurses was significant. This achievement was enhanced by their ability to work as a cohesive team. Their ability to transition to digital working, and the way they offered each other peer support ensured the role did not become isolated, especially during the pandemic. Their status as an additional staffing resource across the wider health and care system allowed them to focus on their enabling and supportive role, at a time of increasing demand and pressures within the partner organisations. After their first year in role, all participants were left with a renewed sense of love for their profession. This proved contagious, with colleagues inspired and newly motivated by their interactions and engagement with the legacy practitioners.

The role needs to remain practice focused to maximise workbased learning, support and enablement. It offers a source of clinical, practice-driven expertise that can promote and embed the values of person-centred practice, and role model high-level professional performance. The values of compassion and respect among new intakes of healthcare staff can be enhanced and sustained through engagement with the essential professional wisdom provided by legacy practitioners. This workbased learning facilitation element is an important process indicator for future retention strategies at local level.

The centrality of the first cohort's love of their profession was evident in their interactions with others; this was made clear by feedback from recipients of their input. The passion for their profession was further highlighted in the reflexive evaluation workshop activity, using the PRAXIS evaluation framework, and in the group's co-creation of haiku.

Future work to develop and disseminate the role across the country could be enhanced by establishing regional communities of legacy practitioners. These could develop into a broader network for sharing and disseminating knowledge and expertise, which would also build on the impact evidence base.

The legacy role has been shown to ensure the knowledge, clinical wisdom and practice expertise of this generation of professionals is not lost. This is particularly pertinent as the culture of health and social care moves towards new larger-scale models such as Integrated Care Systems.

Implications for practice

A legacy practitioner programme can capture clinical and practice wisdom that would otherwise be lost to services as people retire. It offers a supportive framework for practice-based knowledge transfer thereby providing the conditions for improved safe and effective practice performance.

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