



Evaluation Report

Alison Brettle
**Professor Health Information and
Evidence Based Practice**

University of Salford, April 2023





Evaluation Report
2023

Table of Contents

1	Executive Summary
2	Background
3	Establishing TALENT Groups
4	The TALENT Model
5	Evaluation of TALENT Groups
6	Findings
7	Discussion
8	Conclusion
9	Appendices

1 Executive Summary

TALENT (**T**echnically **A**ssisted Learning and **E**ducation for **N**ursing and **M**idwifery **T**eams), is a project funded by NHS England, Global Unit as part of the Nursing Now Challenge.

TALENT provides virtual communities to bring early career nurses together with more experienced colleagues to develop nurse leadership skills using a model of social learning where participants are encouraged to share experiences and learn from each other.

Ten TALENT groups operated for 12 months in five Low and Middle Income Countries (LMICs) and the UK, including 149 early career (EC) nurses and 18 experienced nurses (group co-ordinators); each group was free to develop their own programme of leadership development, supported by a UK project Team and the Tropical Health Education Trust (THET).

The impact of TALENT has been evaluated by the University of Salford using analytics from the PULSE platform where some of the group discussions took place and surveys of two key stakeholder groups; the early career nurses and the co-ordinators who led the groups.

A total of 81% of early career nurses and 61% of co-ordinators who participated in TALENT groups responded to the questionnaire at the end of the project.

Participants were provided with a data allowance to facilitate participation in the project. According to questionnaire data, most participants engaged with TALENT either via the PULSE platform or other social media on a daily or weekly basis. Participants suggested that even without a data allowance they would participate in the initiative, although some recognised that they may not participate as frequently without the data.

Participants reported developing a wide range of new knowledge regarding leadership. For example, different leadership styles, the importance of communication, motivation, managing staff and managing resources.

Similarly, they developed skills in listening, communication, influencing and planning. Many cited how their confidence in communicating with either leaders or their subordinates had improved, and how this had helped them manage situations in the workplace more effectively. A small number of participants noted how the project had given them the confidence to gain promotion.

Overall, 96% of EC nurses believed their leadership knowledge had improved, 94% believed their leadership skills had improved and 90% believed that they were more confident as leaders.

The more experienced nurse co-ordinators of the groups also reported developing their leadership skills. This was particularly apparent in the wave one group where 90% co-ordinators reported that technical skills, leadership knowledge and leadership skills had improved. All co-ordinators across both waves believed that participating in TALENT had exposed them to new ideas.

It is unclear to what extent the operational support impacted on the project, but nevertheless, these results suggest that TALENT has been extremely successful in achieving its goal of achieving leadership development using virtual communities across a range of LMICs.

An examination of the motivations, constraints and context that influence stakeholders and incorporating this evidence together with the practical outputs of the project such as the Toolkit and operational report would facilitate the development and sustainability of future VCLDs.

2 Background

In collaboration with the World Health Organisation and the International Council of Nurses, the Nursing Now campaign aims to support nurses globally to raise their status and profile. To date over 30,000 nurses and midwives have been enrolled in leadership development training by over 800 employers worldwide. This campaign is managed by the University of Coventry.

One element of the campaign includes the Nursing Now Challenge (NNC), which focuses on leadership development for early career (EC) nurses. In support of this, NHS England's Global Unit, formerly Health Education England's (HEE) Directorate of Global Engagement (DGE) developed and piloted a programme of online communities for leadership development for EC nurses. Six online communities were created for nurses in 3 countries: England, India and Uganda. Each of the communities were made up of 20 EC nurses identified by their employers as having leadership potential. The pilot programme was underpinned by social learning theory and based on previously commissioned HEE work which was hosted at Salford University – Facemums (McCarthy et al, 2020). This pilot programme was evaluated positively, and the nurse participants reported increased levels of self and professional confidence. Funding was secured from the Burdett Trust, HEE (DGE) to work with the Tropical Health Education Trust and Coventry University to deliver this work at scale.

TALENT initial aims

- To bring EC nurses from countries together in online environments to share information and learn about developing nurse leadership skills
- To develop virtual communities of leadership development (VCLD) which meets EC nurse needs and has the potential to be self-starting and self-sustainable
- Explore to what extent senior nurse moderated virtual communities can support the leadership development needs of EC nurses.

- Measure qualitative and quantitative data to provide evidence of the impact and benefits of supporting EC nurses through VCLD
- To develop and pilot a VCLD for EC nurses from multiple countries (as opposed to single country focused) to create a space for globally focused future nurse leaders/ambassadors to collaborate
- Partner with an HEI to explore behaviour change theory to evaluate impact of participation

This report documents how the University of Salford (the partner HEI) established and evaluated TALENT (**T**echnically **A**ssisted Learning and **E**ducation for **N**ursing and Midwifery **T**eams), with a focus on the evaluation component.

Project Aims

- To develop and evaluate VCLD within multiple countries for EC nurses, creating online spaces where globally focused future nurse leaders/ambassadors can collaborate.

Objectives

- a. Use the *Facemums* model to establish the VCLD, in up to 10 countries (prioritising the 8 LMICs with THET in -country presence Uganda, Zambia, Ethiopia, Somalia/Somaliland, Tanzania & Myanmar) and in England and another high-income country (TBC).
- b. Undertake an evaluation to
 - i. determine whether the model can be used to facilitate the development of nursing leadership skills on a global scale
 - ii. determine the benefits to employers of supporting VCLDs
 - iii. understand the impact of participating in VCLDs for senior nurse moderators
 - iv. understand the impact of the VCLD on the EC nurse's confidence, skills and knowledge of leadership
 - v. provide recommendations for refining global VCLDs in the future.

3 Establishing TALENT Groups *(the Virtual Communities of Leadership Development)*

The University of Salford team used an approach previously used in Facemums (2018-2020) to set up the VCLDs (McCarthy et al, 2020). Working in collaboration with NHS England's Global Unit and other strategic partners to identify appropriate sites and staff in the participating countries the team:

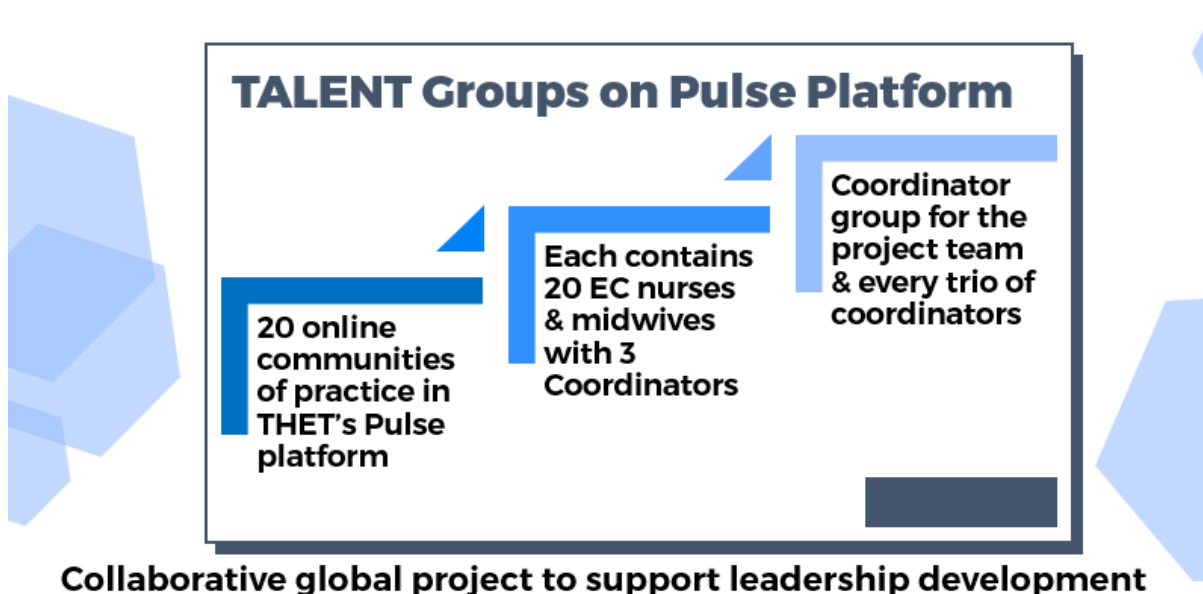
1. Agreed an appropriate platform on which to host the groups
2. Set up the online groups (one in each country), with up to 20 participants and 3 moderators
3. Agreed netiquette protocols on which the groups should operate
4. Developed training resources
5. Trained senior nurses to moderate the groups (co-ordinators)
6. Facilitated the recruitment of EC nurses to participate in the groups
7. Provided ongoing support for the duration of the group's operation

The project began operational activity in April 2021 with the first communities going live in August 2021 and the second and third communities going live in March and May 2022. These were known as waves one-three. It was anticipated that each virtual group would have 20 members and three moderators. Geographical regions were selected in collaboration with THET, according to where they had an in-country presence. The groups operated via THET's PULSE platform – a secure online space for the health partnership community (<https://pulsepartnerships.org>). This platform was selected by the project delivery team, following an assessment of a range of online communities which took into account:

- Ease of Access
- Platform Functionality
- Joining Admin
- Group Privacy
- Personal Privacy
- Platform Rules
- Group Functionality
- Data Security

Further details of how the platform was selected, the netiquette protocols, and outline of training resources are provided in Appendices 1-3. Further descriptions of how the VCLD was established will be provided in an operational report and a Toolkit on developing online communities of practice, based on TALENT experiences (to be published summer 2023).

4 The TALENT Model



The TALENT groups were based on social learning theory and comprised an online community of practice with up to 20 early career nurses and up to three senior nurses acting as group co-ordinators or moderators. This approach was used in another HEE funded project; Facemums where online communities of practice provided information and support between midwives and pregnant women (McCarthy et al, 2020).

Groups were restricted to single countries to ensure context specific learning (nurses' roles and their capacity to lead varies between countries) and comprised both nurses and midwives as nursing and midwifery training and roles varies between countries. For example, in some countries, professionals practice as both nurses and midwives whilst in other countries the roles are separate.

Group co-ordinators moderated the groups and were responsible for fostering engagement in the community. This included generating discussions around leadership topics. There was also a separate co-ordinators group which operated across countries and was supported by the operational team to facilitate peer-to-peer support across all moderators and provided access to a centralised set of resources on leadership development.

Nurses were invited to participate in the groups if they had been supported by their employer as a potential future leader and had signed up to the Nursing Now Challenge. Group co-ordinators (moderators) were local senior nurse leaders who were engaged following a recruitment process led by THET in each country.

The operationalisation of the VCLDs was delivered by the University of Salford (a project Manager, a project support officer and an academic in collaboration with an operational manager from NHS England and other strategic partners (THET). The operational teams met on a weekly basis, responding to issues in an iterative manner to ensure effective delivery of the project. Ongoing monitoring of group activity and an interim evaluation of the first wave of groups provided valuable guidance to modify the approach taken to delivery and the resources needed to support groups.

5 Evaluation of TALENT Groups

The University of Salford team conducted an evaluation to understand the impact of TALENT on three stakeholder groups: the early career nurses; the senior nurses who moderate the groups and the employers. Multiple methods were used, and in line with ethos of the project and its global nature, these were largely online. These included: online surveys, and analysis of the routine data collected as part of the project (analytics of the interactions taking place within the online groups on PULSE). The evaluation was led by an academic, independent of the operational team. Ethics approval was received from the University of Salford Ref. 2134. The sample and each of the methods are briefly outlined below before the findings are presented.

Sample

All participants who took part in the TALENT groups project were part of the evaluation. This included early career nurses or midwives with an interest in leadership who met the following criteria

- Registered nurse or midwife
- Early career nurse or midwife (up to 5 years registered)
- Interest in leadership
- Based in the region where the group is created
- Participant in an HEE TALENT Group

In addition, group co-ordinators (or moderators) of the TALENT groups were also part of the sample. Group co-ordinators were recruited in each country with the help of THET and country networks to a particular person specification.

Data Collection

Online questionnaires

The experiences of the group co-ordinators and the early career nurses participating in the groups was evaluated via online questionnaires (JISC online surveys) (Appendices 4&5). For early career nurses this was at baseline (as part of project registration or just after) and at 12 months (end of wave). Each

version of the questionnaire was similar and measured perceived confidence, knowledge and skills in leadership and experiences of the project. The experiences of group co-ordinators were evaluated at the end of each wave (12 months).

Operational data

In platform analytics from the PULSE platform were used to collect usage and activity data and groups (i.e. their online activity) were observed by the operational team. Although the original intention was that groups would communicate solely by PULSE, in reality groups communicated using a range of methods (see findings below), so not all online activities were able to be monitored and included in the data set.

Data analysis

Online questionnaires were analysed using JISC inbuilt analytics and descriptive statistics using Microsoft excel spreadsheets. Simple content analysis was used to analyse qualitative data from the questionnaires

6 Findings

A total of 149 early career nurses and 28 group co-ordinators participated in TALENT across the three waves.

Table 1 provides a breakdown of participants by wave and country.

Country	Wave 1	Wave 2	Wave 3
Ethiopia	19 ECN & 3 co-ord	20ECN & 3 co-ord	
Nepal	19 ECN & 3 co-ord	18ECN & 3 co-ord	
Somaliland	19 ECN & 3 co-ord	20 ECN & 3 co-ord	
SVG			2-3 ECN & 2 co-ord
UK	3 ECN & 2 co-ord		
Zambia	18 ECN & 3 co-ord	20 ECN & 3 co-ord	

Table 1: Participants

Demographics

The majority of participants were employed solely as nurses. There was a mix of how many years participants had been qualified, up to 5 years.

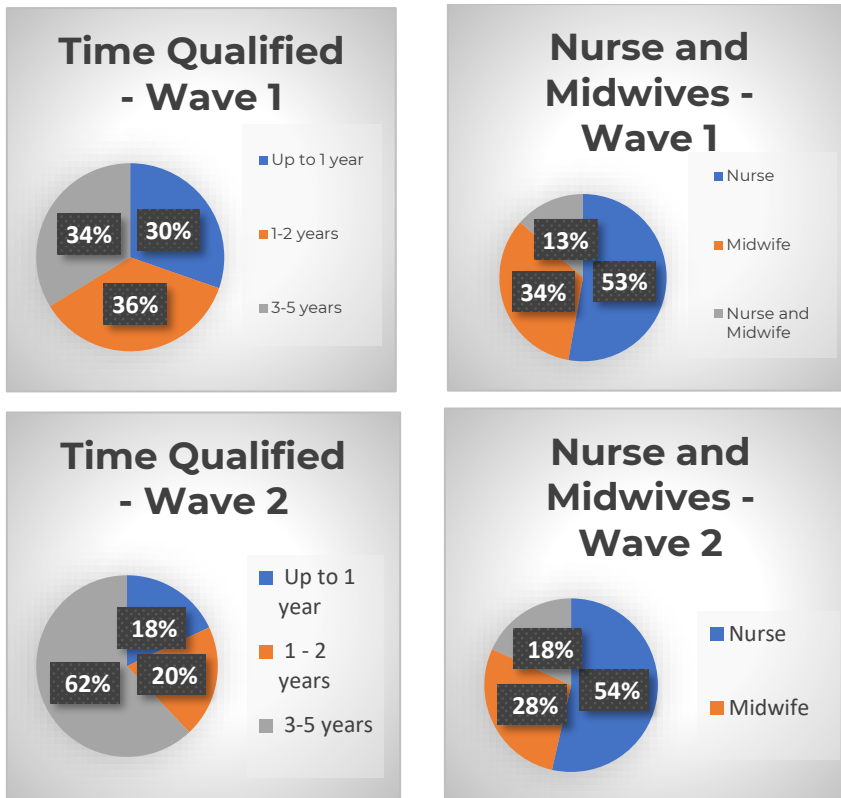


Table 2: Demographics waves one and two

Activity data

Tables 3&4 provides details of activity from the PULSE platform in terms of frequency of signing on to PULSE and engagement with PULSE once signed on. The data has been presented using ranges (lowest number of sign ins per country v highest number of sign ins per country). This shows a mixed picture in terms of frequency of sign in across countries and across waves, with more sign ins in the second wave overall and participants in the Ethiopian groups the most frequent users of PULSE in terms of the numbers of times they signed in. Similar data has been provided for engagement with the platform once signed in. As can be seen in Table 3, engagement in activity on PULSE was stronger in wave two than in wave one.

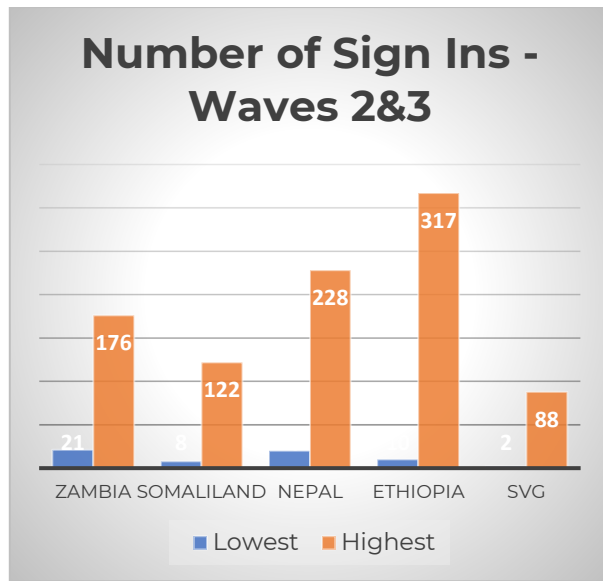
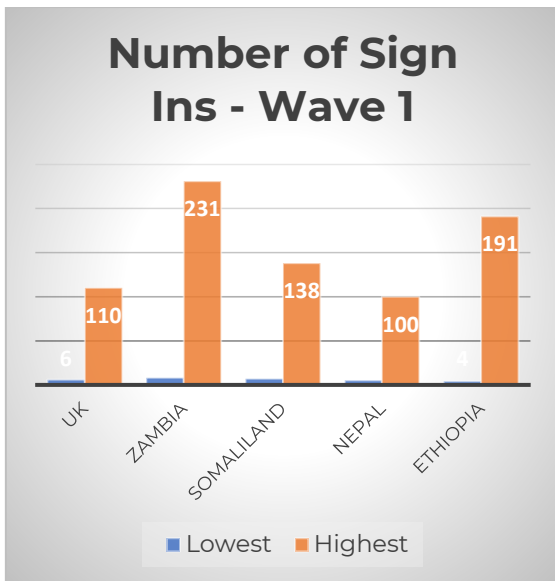


Table 3: PULSE sign in by country (by range)

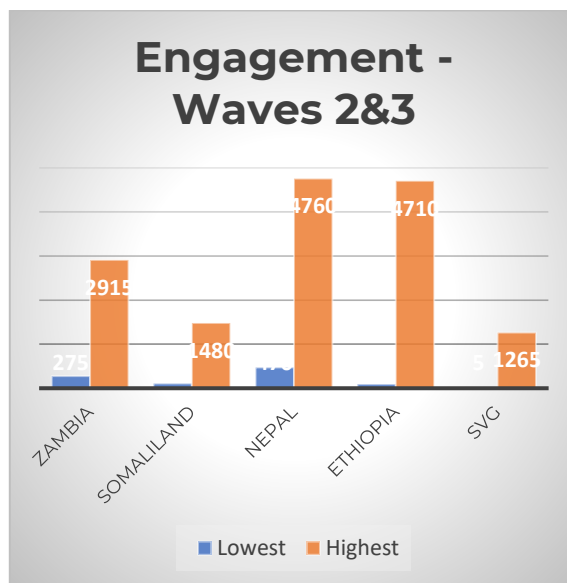
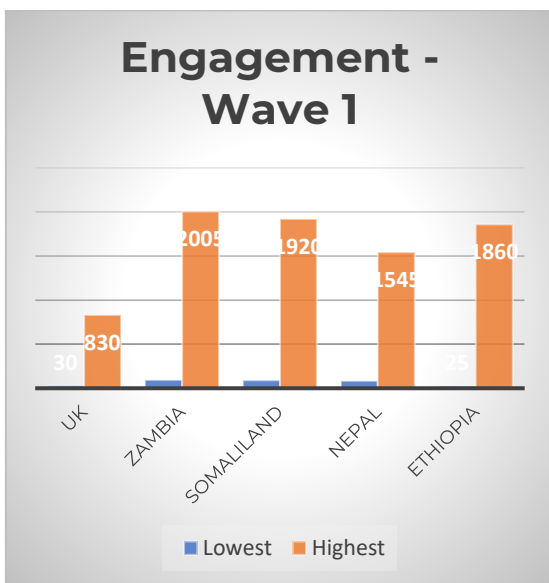


Table 4: Engagement with PULSE by country (by range)

Impact of participating in TALENT

The focus of the evaluation was to understand the impact of participating in TALENT on early career nurses' knowledge, skills and confidence regarding leadership. It was also important to understand the impact of participation on the group co-ordinators.

A total of 89 early career nurses participated in the wave one baseline and 92 participated in the wave two baseline. A total of 63 early career nurses participated in the end of wave one evaluation and 66 in the end of wave two & three evaluation (86% of the participants); group co-ordinators were evaluated at the end of each wave with 11 participating in wave one and six in wave two (61%). Note: waves two & three have been evaluated together and described as wave two below. Early career nurses from six countries and 10 groups participated in the end of wave evaluations.

Early career nurses' participation in the end of TALENT evaluation

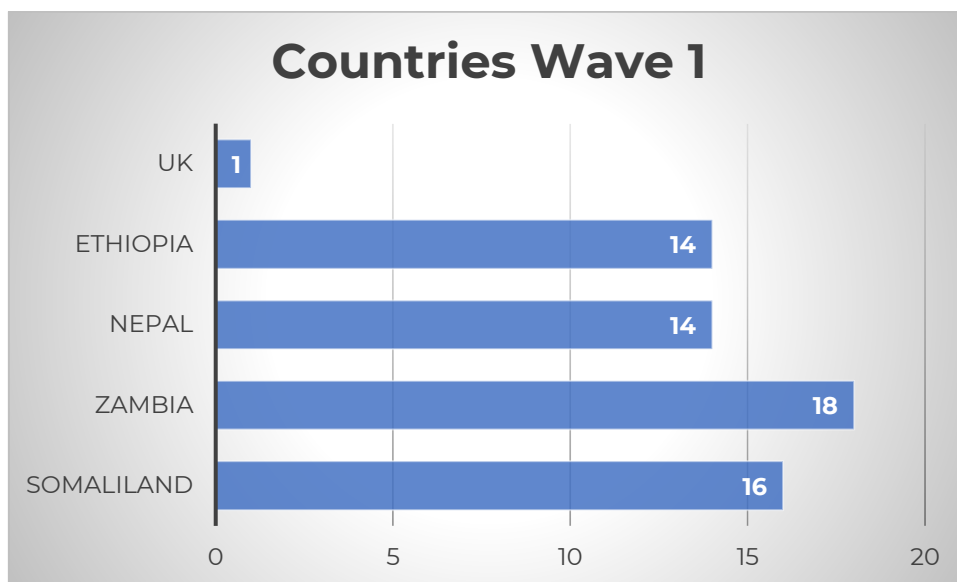


Table 5: Countries and numbers of participants in evaluation wave one

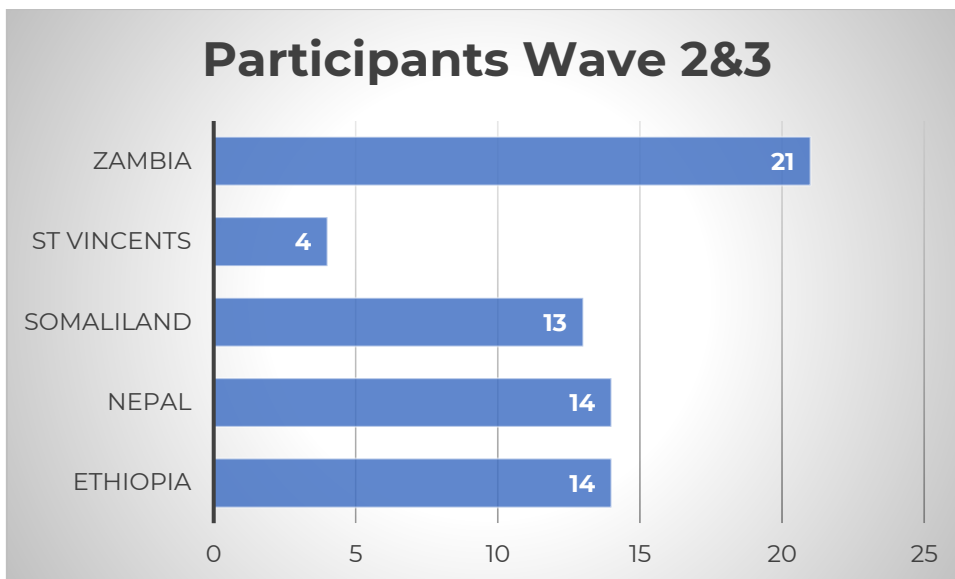


Table 6: Countries and numbers of participations in evaluation wave two

At baseline, EC nurses were asked to rate their confidence in leadership knowledge, skills and “being a leader”. As can be seen from the charts below, participants were confident about their leadership abilities before they began the programme, with 44% participants in wave one and 41% participants in waves two & three rating their leadership knowledge 8 or above on a scale of 1-10.

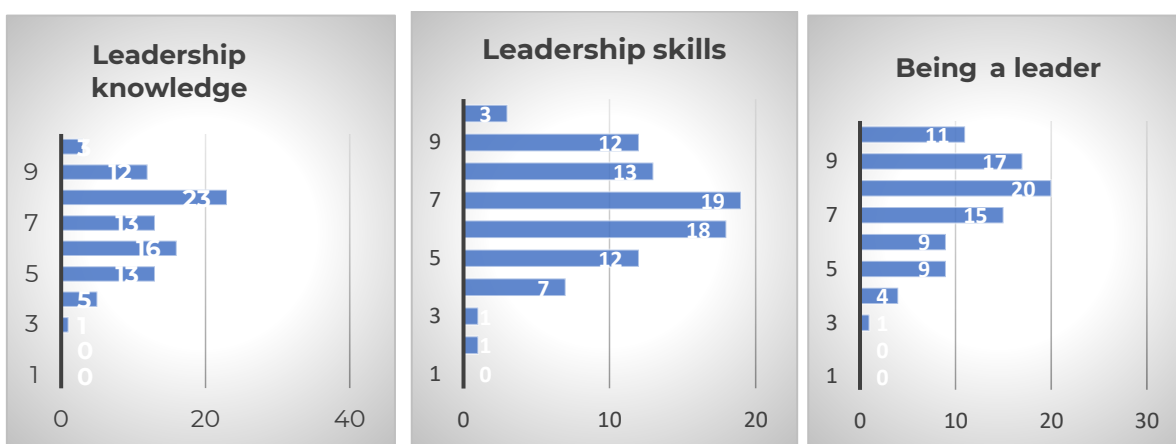


Table 7: Confidence in leadership baseline wave one

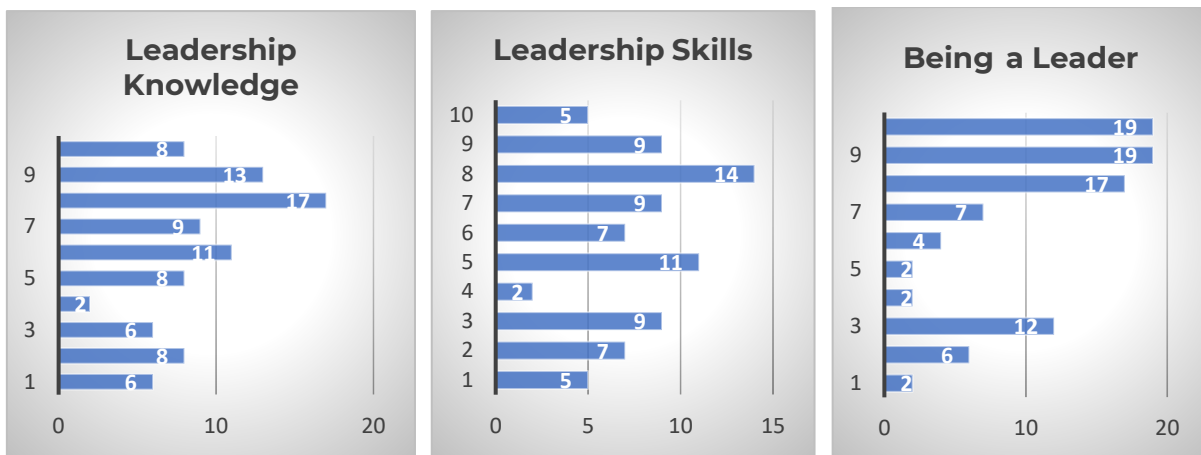


Table 8: Confidence in leadership at baseline wave two

Given their confidence at the outset of the project, and difficulties in matching the responses of the participants pre-and post-evaluation, in the evaluation at the end of each wave, participants were asked whether TALENT had improved their knowledge, skills and confidence (using a yes, no or unsure rating), rather than providing a matched comparison to indicate change. They were also asked to contribute examples to demonstrate how or what changes had been made. Across all waves participants strongly believed that participation in TALENT had improved their leadership abilities, although this was slightly lower for wave one participants. In terms of leadership knowledge 94% wave one and 98% wave two participants believed that their knowledge had improved, 90% of wave one and 98% wave two participants skills had improved and 82% of wave one and 98% wave two participants believed their confidence had improved. Two EC nurses in wave one believed that TALENT had not improved their confidence as a leader and four EC nurses in wave two were unsure whether TALENT had improved their confidence as a leader. Overall, 96% of EC nurses believed their leadership knowledge had improved, 95% believed their skills had improved and 88% believed that they were more confident as leaders, suggesting that TALENT has been extremely successful in achieving its goal of achieving leadership development in this way and across a range of LMICs.

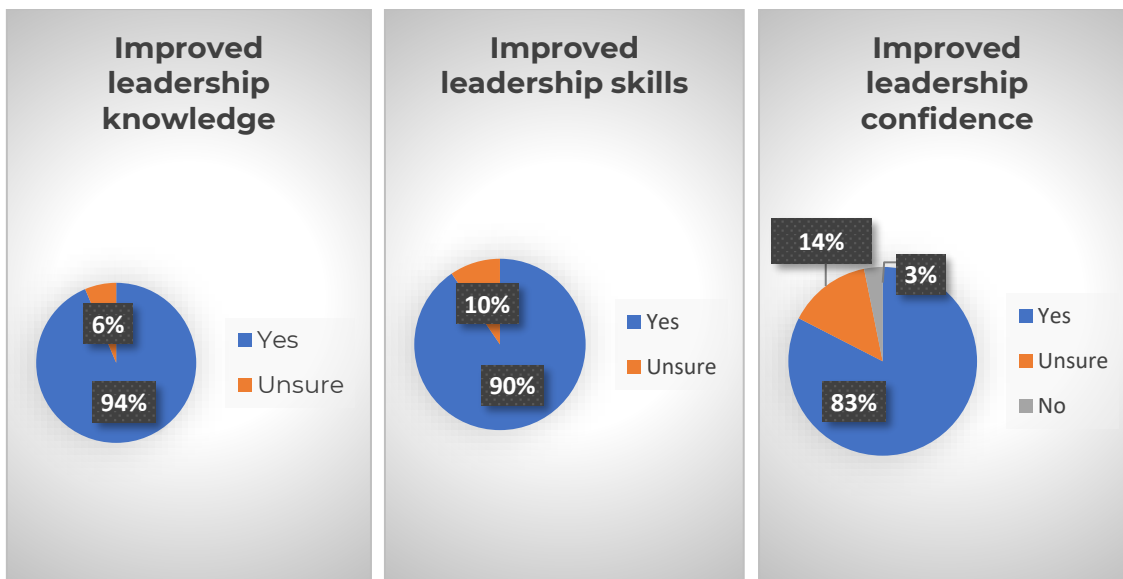


Table 9: Wave one leadership development improvements

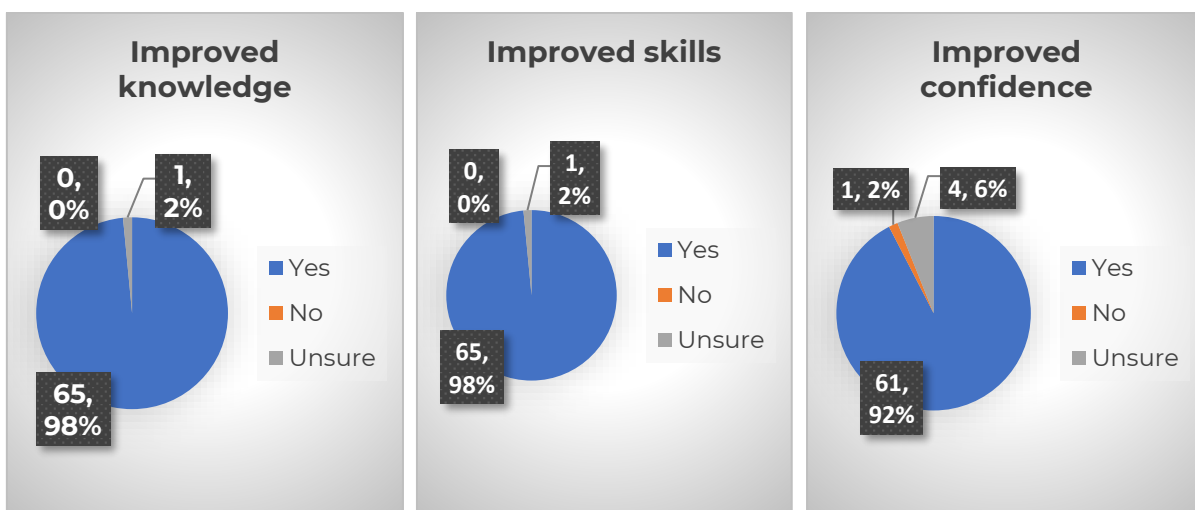


Table 10: Wave two leadership development improvements

EC nurses described how their leadership knowledge had improved. They described how they had learned about different leadership styles and skills, how to manage complaints and resources, about motivation, networking, and discipline and how leadership can be experiential and improve with practice. The following quotes give specific examples of knowledge gained, whilst the word cloud has been constructed from summaries of the responses from wave one participants.

'The really when I meet the boss I used to feel scared now I feel more confident' (Somaliland, W1)

'I'm able to do things without doubting or questioning my competence'
(Zambia, W1)

'I am able to respond and reason to issues arising on the wards without offending anyone.' (Zambia, W1)

In addition, some shared examples of where they had taken on new roles, or achieved promotion.

'Improved my career, I become a nurse who know more than I know before. Finally I transfer from staff to head nurse.' (Somaliland, W1)

'1. It improves my position of work and that is improving my leadership skills 2. I teach leadership head of the staff' (Somaliland, W1)

'Now I am full confident because I am working a leader and I am leading more than 30 staff and 80 patients and I am very happy for that'
(Somaliland, W1)

'Yes, before talent group I am only staff after I study leadership I become Lecturer' (Somaliland, W1)

Co-ordinators learning

A total of 11 co-ordinators from wave one responded to the evaluation and six from wave two. This was broken down as follows

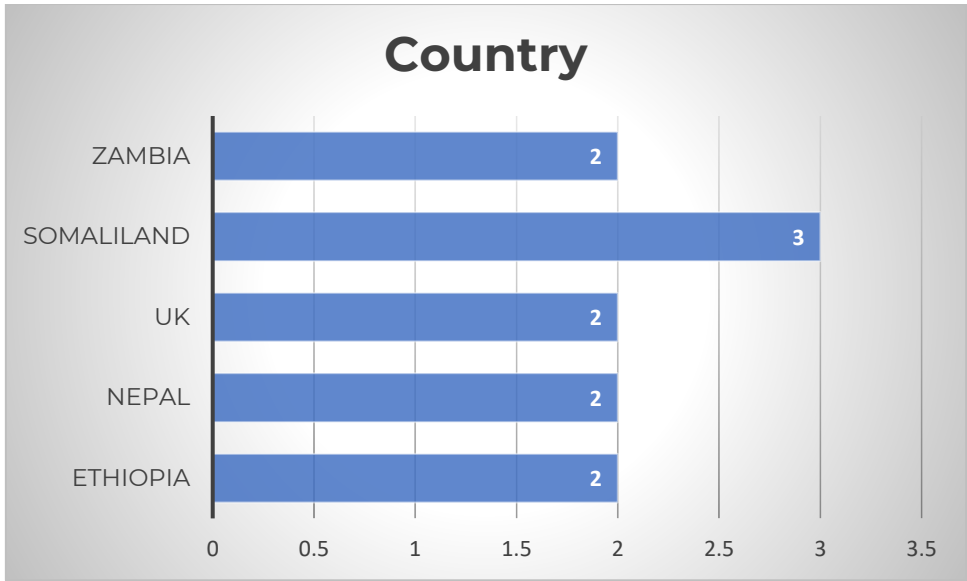


Table 11: Co-ordinator breakdown wave one

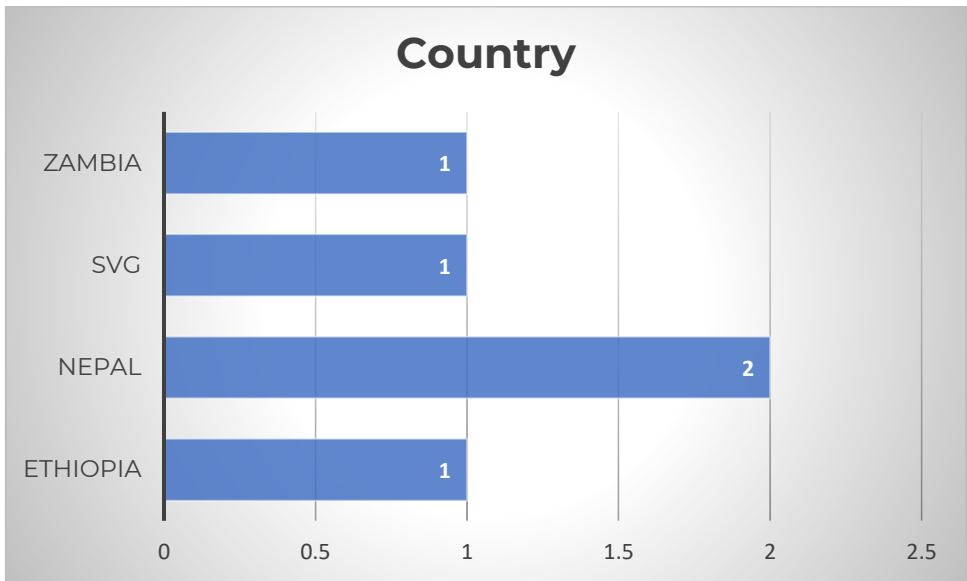


Table 12: Co-ordinator breakdown wave two

In line with a community of practice model, TALENT group co-ordinators also improved their knowledge and skills by participating in TALENT. This growth in learning was particularly strong for the co-ordinators participating in wave one where over 90% believed they improved their technical skills, knowledge about leadership and leadership skills. Across both waves co-ordinators found that participating in TALENT introduced them to new ideas and technical skills.



Table 14: Wave one co-ordinators learning

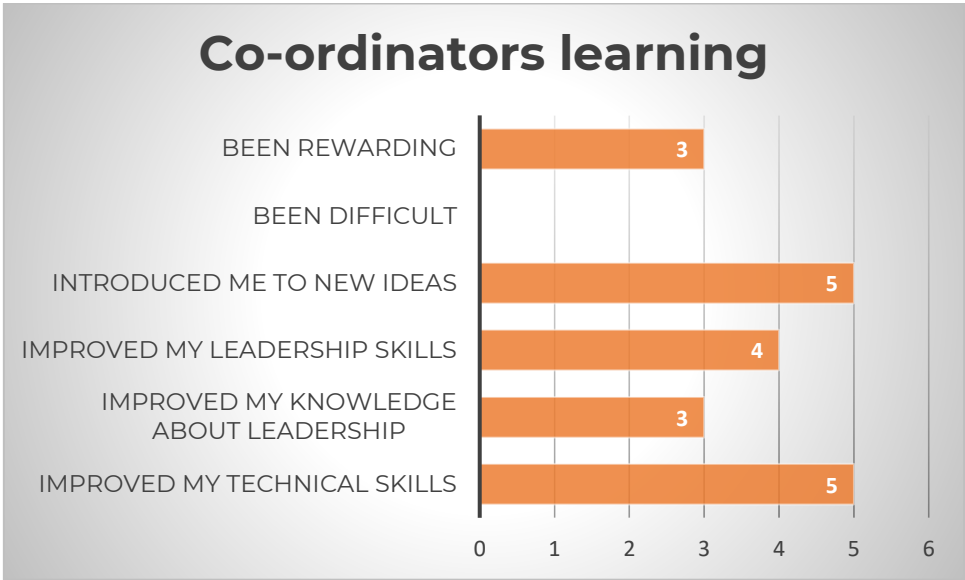


Table 15: Wave two co-ordinators learning

The co-ordinators also explained how TALENT had helped develop their skills individually

'Yes, it enhances social and communication skills. Applied info to develop leadership skills. Broader knowledge of leadership concepts.'
(SVC, W2)

'Yes. It showed me a new insight to use online platforms in my career It showed me a research gap in our country.' (Ethiopia, W1)

'Hone my managerial skills. Gain knowledge about diverse topics and how they can effectively integrate into my health setting/ teamwork/ professional or personal life. Working with participants is rewarding, mentoring and supporting their professional/leadership development.' (SVC, W2)

'Yes, my communication specially virtual communication skill improved. My leadership skill improved.' (Ethiopia, W2)

The TALENT model

As noted above, the TALENT model was a virtual community of practice using social media. Groups were country specific to enable context specific development and each group comprised up to three experienced nurses leading or moderating the group with up to 20 early career nurse participants. In line with community of practice and social learning theory, participants should learn from each other with the “novices”, i.e. the early career nurses becoming experts over time, as demonstrated above. It was initially anticipated that all communication would be via the PULSE platform provided by THET, however groups communicated in a range of ways and platforms to suit their own needs. Most participants accessed their TALENT group once a week or more frequently; this was either via the PULSE platform or another social media platform. Participants used a range of platforms including zoom, google meet, Viber, telegram, Whats App, acknowledging that different platforms offer opportunities to communicate in different ways.

"We used viber for communication about our work progress; pulse platform for learning and sharing, zoom and google meet for weekly meetings" (Nepal, W1)

“Using zoom meeting we were discussed about different topics related to nursing and leadership in order to share experience globally!!”
(Ethiopia, W1)

“Zoom give interaction with the participants and it's usually once off. All the participants participate at once” (Zambia, W2)

“We have WhatsApp group to receive updates during class when we having urgent meeting. Pulse partnership, we use to post our comments and discussions related to the topics and daily classes with feedback. Zoom app, we use to have class presentations, discussions of specific topics and urgent meeting of some events.” (Somaliland, W2)

Participants found PULSE useful for a range of reasons, including connecting with a wider network than their TALENT group and accessing information such as grants, research and job alerts globally;

‘It was easy to access tasks, communicate with members and coordinators, and also access global information’ (Zambia, W1)

‘I had an opportunity to learn new and great leadership skills. I also got to see a number of opportunities such as Grant funding for different activities’ (Zambia, W1)

‘I got to know various information, views of different participants not just from my country but other countries as well.’ (Nepal, W1)

‘Useful ideas, experiences can be shared via it. It helps to grasp the skill on how to handle the online platform, moreover it creates an online family who support each other.’ (Ethiopia, W1)

‘It helps to share different ideas and materials with participants and coordinators. It also help to get job alerts.’ (Ethiopia, W2)

The question about the benefits of PULSE also exposed how the communities were actually working in practice, highlighting the sharing of ideas and materials between more and less experienced group members.

'Very useful to me as I was able to connect with the experienced and talented mentors as well as our fellow participants and have been able to share and learn ideas, knowledge and experiences throughout.'
(Nepal, W2)

'I believe information transferred to the Staff was valuable. I was able to communicate with the Staff often and this enabled relationships as well as imparting knowledge and experiences to enhance care, day to day self-management as well as growth in the nursing field.' (St Vincent and Grenadines, W2)

'We participated in ice breaking question answer sessions which was one of the most exciting part for us. We got access to various learning materials. We could communicate about our upcoming programs through pulse platform. So it helped us in learning through social networking.' (Nepal, W1)

'I could learn from articles posted by other members of different countries' (Zambia, W1)

'Different people share different things including challenges, opportunities and development tips.' (Somaliland, W1)

'Sharing my ideas and the things that I learned' (Somaliland, W1)

'As well as how participants learned and the topics they learned about It helped to build leadership capacity as well as networking with people'
(Nepal, W1)

'It helped me to learn a lot of things like leadership skills, communication among ourselves as health workers and bedside care to mention a few'
(Zambia, W1)

'It has made me look at nursing in a different way, it has impacted me with the knowledge in which I was lacking in certain areas.' (Zambia, W2)

These comments about learning and sharing were backed up by questionnaire responses to questions regarding the importance of an experienced leader in the group and the value of information from group participants experience. A 100% of participants across both waves indicated that an experienced leader was important or very important to a group such as this. Similarly, 100% of early career nurses always or often valued the experiences of other group members.

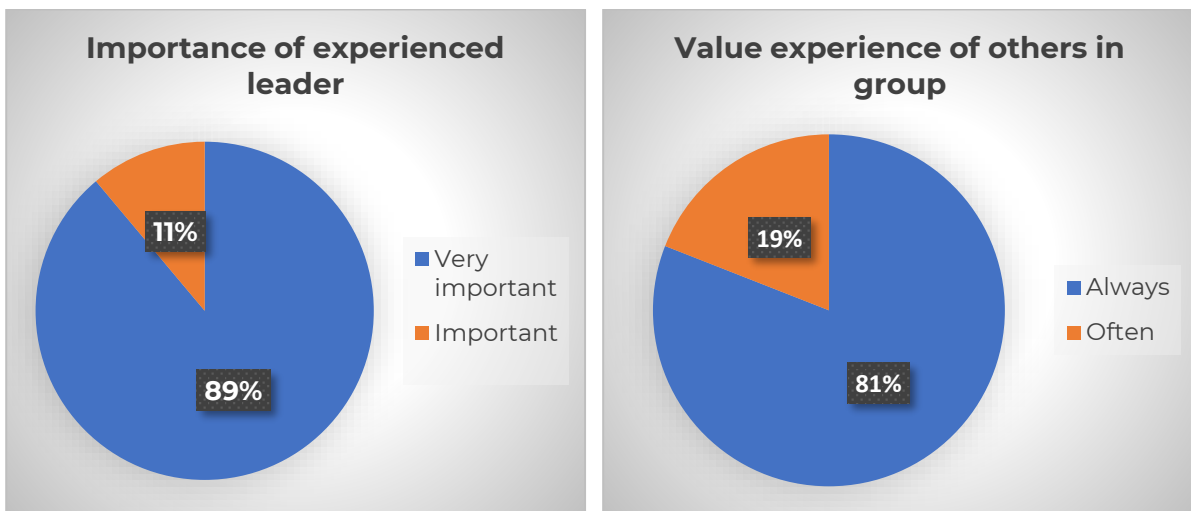


Table 11: Value of group experience, wave one

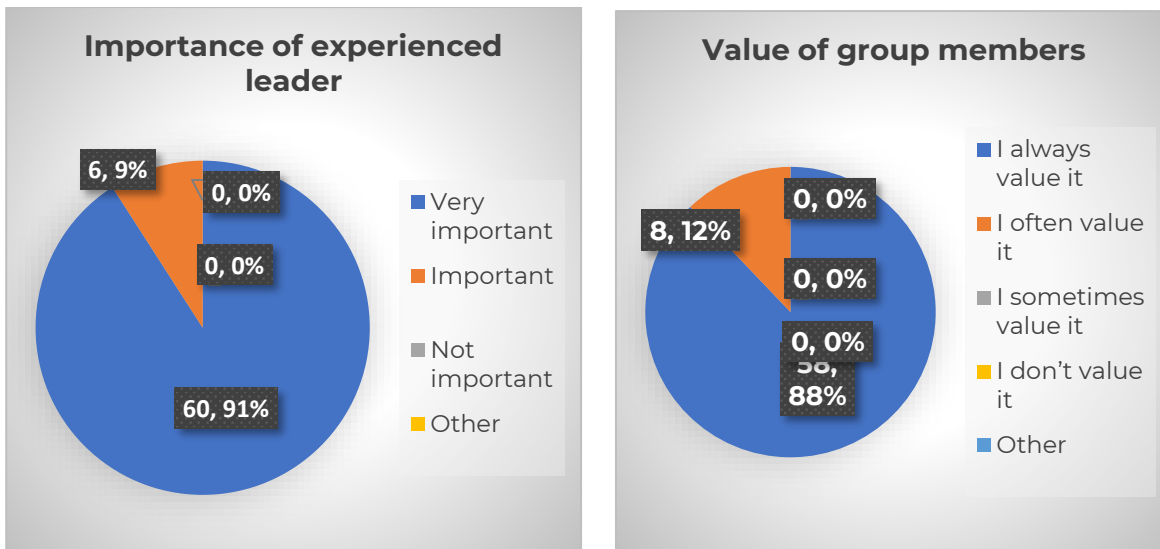


Table 12: Value of group experience wave two

However, some of the responses to the co-ordinator survey indicated that not all co-ordinators understood the model of social learning, at least at the outset in Wave one.

In response to whether the TALENT team could make improvements to their provision.

'Yes for the give guidance and supportive information and also the we're make reinforcement in order to make improvements' (Somaliland, W1)

'1. Need to clearly out line the expectations at the beginning

2. Clearly explain the methodology of how the capacity building or mentorship as our group lost time waiting for instruction for formal online teaching with everyone logged in and one person presenting the week's engagement. Little did we know that we just had to post assignment/engagement and just start discussing experiences or ones' know how. 3. encourage /Include online session like the organisers did for coordinators because I saw this to be helpful when I started having all ECNs logged in on Zoom or Google meet and presented the week's topic followed by assigning one or two present in the next meeting. this helped to have almost everyone participant' (Zambia, W1)

Nor their role in providing context specific leadership development.

'To make the project more effective, a plan and a contractual agreement are needed. The project delivery team was laizfaire, but it should be serious and the plan need be evaluated every month.'

(Ethiopia, W1)

'The page is not much richer in materials as far as I appreciated it. As an academic page, many sections with documents like books, guidelines, and even online training options may increase the readability of the platform and measurable impact may be achieved on the trainees also.'

(Ethiopia, W1)

'We will expect more expert were helping you which was not existing this program, also we will expect to gain as coordinators and participates to have postgraduate programmes and finally also the resources of the Programme is very limited, we believe we design together we were achieve a very big achievements like getting postgraduate programmes.' (Somaliland, W1)

The value of data

A key part of the funding for the project was the provision of a data allowance for both participants and co-ordinators (except in the UK). When asked to what extent the data allowance influenced the frequency of access to the groups the response was mixed but over a third of wave one (44%) and wave two (38%) participants indicated that the data allowance had a high influence on the frequency of access. With the benefit of experience of participating, most participants suggested that they would have participated in the project without the allowance. A small number of respondents (in the other category) indicated that without the data allowance they would still be willing to participate, but with less frequency.

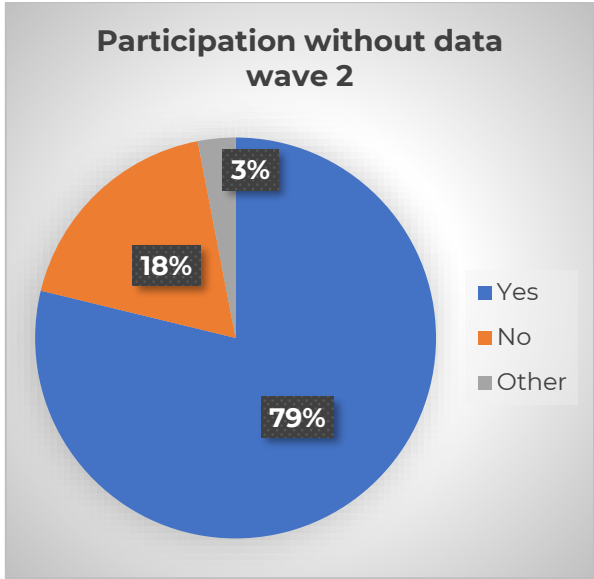
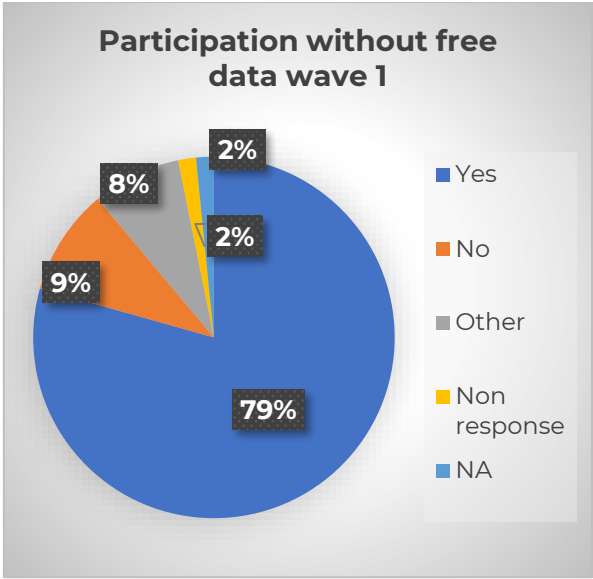


Table 13: Influence of data allowance

7 Discussion

Impact of the TALENT model

This evaluation has demonstrated that the TALENT programme has been successful in developing leadership knowledge, skills and confidence in early career nurses in the participating countries. Using a model which brings early career nurses together with those more experienced in an online environment (or virtual communities of leadership development) has provided opportunities for both the early career nurses and the experienced nurses for leadership development.

The response rate to the questionnaire was high (81% of EC nurses and 61% co-ordinators responded) and although it is impossible to determine whether the results have been affected by social desirability or confirmatory bias, they do suggest high impact with 96% of EC nurses believing their leadership knowledge had improved, 94% believing their leadership skills had improved and 90% believing that they were more confident as leaders and 100% co-ordinators confirming that they were exposed to new ideas. The initial proposal for the evaluation aimed to measure change in leadership knowledge before and after TALENT participation. However, at baseline most participants scored themselves very highly in terms of their leadership knowledge and skills, which suggested social desirability bias, so this approach was removed from the post programme evaluation questionnaire, and instead participants were asked to provide examples of how their learning, skills and confidence were changed. Participants were given similar opportunities to talk about their learning at end of project events, and through a reflective portfolio. These approaches provided consistent findings, for example in relation to specific learning, the reflective portfolios also suggested that participants had learned about critical thinking, decision making, conflict resolution, self-reflection, and emotional intelligence. Academic papers will analyse these qualitative approaches and findings in more depth and will be submitted later in 2023.

Using the TALENT model

The TALENT model involved groups of EC and experienced nurses communicating virtually about leadership in their own country context. Experienced nurse co-ordinators were paid and supported in a separate co-ordinator group by the operational team. Throughout the programme, iterative developments needed to be made. At the outset of the programme, it was anticipated that groups would solely communicate and operate via the PULSE platform and that, following training (and support via a co-ordinator online community), the co-ordinators would develop their own approach and push context specific resources to their groups. The operational team constantly monitored activities within the groups, and staff were employed to provide support to the co-ordinators. The weekly monitoring identified that this approach was not fully working, and an interim evaluation was added to wave one, to collect feedback more formally. This involved running the post programme evaluation questionnaire at the mid-point of wave one. Results from the questionnaire suggested that additional methods of social media were needed, for example to allow two-way synchronous communication and that co-ordinators found the idea of social learning without scheduled “teaching” and a “curriculum” difficult to implement. This led to iterative developments, including an acknowledgement that groups were free to communicate on additional social media platforms as required, and the development of a framework to support the co-ordinators in developing learning activities. This evaluation suggests that these developments were successful and, therefore this model could be used to facilitate the development of nursing leadership skills on a global scale.

What is less clear, as it was outside the remit of the evaluation, is the extent to which the support from the operational team, the THET in-country co-ordinators, payments to the nurse moderators and the data allowance have played in the success of the programme.

Support provided by the TALENT operational team and THET in-country co-ordinators

Responses to the co-ordinator questionnaire indicated that only one co-ordinator believed they hadn't received sufficient support from the project team on the basis that there had not been live participation in TALENT. Similarly, only one co-ordinator believed that they had not had sufficient support from their in-country co-ordinator, and they suggested that regular meetings between the in-country support and the co-ordinators would have been useful. Co-ordinators in wave one suggested that the programme could have been improved by providing clearer instruction on how social learning worked and more guidance on topics (as noted above, this was implemented part way through wave one and for participants in wave two and three).

Payments to co-ordinators

Except in the UK, co-ordinators in all waves were paid for their role and were also given a data allowance to cover their participation in the co-ordinators group and facilitating the EC groups. The costs were covered by NHS England Global Unit as shown below.

	Whole Group Cost Data (£)	Whole Group Unit Cost – Coordinator (£)	£
Ethiopia	381.11	398.1	779.21
Nepal	347.07	431.22	778.29
Somaliland	200	258.72	458.72
Zambia	200	198.46	398.46

In waves two and three the operational team, attempted to establish five other groups who were not offered co-ordinator payments or data (Bangladesh,

Uganda, Tanzania, UK Mental Health and the INMA fellowship). Different approaches were taken in lieu of payment, such as co-ordinators from single employers being given time or piggybacking onto networks which were already formed. Unfortunately, these were not successfully established, which suggests that payment of co-ordinators is potentially a key factor in establishing groups. The approaches in lieu of payment included a UK mental health group where two co-ordinators from the same organisation were given time to participate and run the group; when one went on long term sick leave, the second co-ordinator was not able to establish the group alone. Similarly in Bangladesh co-ordinators working for one employer were given time to establish a group, however when the co-ordinator who was able to speak English to a level where they could liaise with the operational team was unable to participate, the remaining colleagues were unable to proceed due to language difficulties. Finally, the INMA fellowship was an already established network using a cohort model, however the timing of the cohorts did not align with the timing of the TALENT project and prevented the group from being established despite the required enthusiasm. These approaches also indicate that careful thought needs to be put into the selection of co-ordinators, where they are located and the timing of group establishment.

Payments to Early Career Nurses

Data allowances were provided to the Early Career Nurses in Ethiopia, Nepal, Somaliland and Zambia but not those in the UK or St Vincent and Grenada. Those who received data were asked as part of the evaluation whether the data allowance made a difference to their participation. Significant numbers across both waves (over a third in each) suggested that the data allowance influenced their participation in the group; however, most respondents also indicated that they would still be willing to participate if they didn't receive a data allowance. Analysis of PULSE sign in and engagement data for both the UK and St Vincents and Grenada compared to the other countries adds some weight to these findings as the data shows that although participants from these countries did sign in and engage with PULSE, they did not sign in as frequently

and their engagement was not as high as the other countries. In the UK this was unlikely to be due to the financial cost of engagement and is potentially due to the cost of their time or the value that they assigned to participation if there was no cost involved.

An initial analysis using the data shown here suggests that although the model is successful in terms of facilitating learning and has an impact on participants knowledge, skills and confidence; administrative and organisational factors play a large part in establishing and sustaining virtual communities of practice. More work needs to be done to understand these issues more fully to realise and sustain the benefits of the model as a method of learning for health professionals. For example, the project on which TALENT was modelled, Facemums, was highly impactful for participants and achieving continuity of care (McCarthy et al, 2020) but has not been maintained beyond the original funding or embedded into routine practice. Parallels can also be drawn with other digital health initiatives, where it has been noted that to ensure sustainability attention needs to be paid to “the motivations, constraints and specific contexts that influence users” (Cripps and Scarborough, 2022). There may be opportunities to examine this within other online communities of practice where the UoS has been involved, including the Facemums Future Midwife project and another NHS England funded project which the UoS is undertaking within mammography.

Benefits of the TALENT model to employers

In an increasingly more complex healthcare environment, where a key element of organising care involves collaboration and leadership; leadership development becomes ever more important (Joseph-Richard and McCray; 2023). In tandem, a focus on digital innovation in healthcare is also crucial (WHO, 2020). Communities of practice, a social model of learning (Wenger, 1998) where experienced participants and novices learn together by performing various tasks, with a collection of communal resources and sharing a common goal, have been used within health and social care for several years to bring about change via collective learning (National Voices, 2017). The

TALENT programme which uses an online version of the model, additionally enables learning to take place at a distance (within and outwith countries), harnessing expertise from across the world. The results presented above demonstrate how the participants valued the input from both the co-ordinators and the other early career participants in their groups, whilst one of the suggestions for improvements was for more sessions involving participants from multiple countries.

Healthcare organisations have traditionally invested in formal leadership development programmes to develop leadership skills in their employees, yet they are rarely formally evaluated and pay little attention to long term outcomes or long-term outcomes across teams and organisational levels (Joseph-Richard and McCray; 2023). Furthermore, across global healthcare systems where different countries have different contexts, priorities, and cultures (Joseph-Richard and McCray; 2023), it is unknown whether similar programmes can work and be effective. The TALENT model, whilst providing a framework for leadership development, ensures that the development which occurs is context specific, because it is determined and led by those who are being developed. Resources for learning (including a learning framework) were provided by the TALENT operational team and supplemented by context specific resources and discussions provided by co-ordinators.

Although this evaluation does not focus on the suitability of this context specific angle (this is being examined as part of a PhD thesis at the UoS), the evaluation does demonstrate, that across all groups (or countries) participants have developed leadership knowledge and skills and that the programme has given them confidence in being a leader. This evaluation has been undertaken after each group has been operational for 12 months and examples of career progression and making changes in clinical practice suggest real world impact. When registering on TALENT, participants consented to their contact details to be maintained on file, offering the opportunity for a longer -term evaluation of impact in the future.

The use of PULSE and other commonly used social media platforms to communicate in ways that were appropriate for each group, enabled participants to build connections, share information and learn at a time that was (overall) convenient for them, using technology, which was already in existence, worked for them and only involved data costs. This meant that participants did not need time away from the workplace and did not need to travel to benefit from the development. Participants (particularly co-ordinators) also reported improved technical and digital skills because of participation. This increase in digital literacy is crucial in a healthcare system which will become increasingly reliant on digital innovations and a need for staff with digital skills to operate within the system.

In summary it is essential for employers to engage in leadership development for their staff to enable them to operate in a complex and fast changing health system. The TALENT model offers context specific expertise and learning which improves leadership knowledge, skills and confidence at the same time as developing digital literacy using readily available technical solutions.

Operational learning, resources, and outputs from TALENT

The iterations to the model which were implemented part way through wave one; including use of multiple social media platforms and introduction of a learning framework, made significant differences to the operational management of the project (in terms of workload for the project team) whilst not making significant differences to the impact of the programme. Other iterative changes which reduced the administrative burden for the project team was the transfer of learning between wave one co-ordinators and wave two and three co-ordinators. Whilst suggestions for the future from co-ordinators included some planned sessions with participants from all countries so that participants can learn from each other, some suggested maintaining financial support and others suggested face to face meetings between participants. Participants future suggestions also included continued payments and face to face meetings. They also stressed the importance of

receiving certificates for recognition of participation and some wanted additional formal learning.

As noted above, several resources were created whilst implementing TALENT and much of the learning for the resource development was iterative and due to collaboration. The learning framework and the netiquette developed to help facilitate groups are provided as appendices to this report. The operational elements of the project will be published later in the summer of 2023 in a companion report. As the TALENT programme was coming to an end, additional funding was obtained from internal research monies at the University of Salford and an NHS England and THET underspend. This small fund was used to provide research training and small pots of money to some of the TALENT groups (across both waves) to develop and implement research projects to help them further develop their skills and a toolkit on establishing a virtual community of practice. The toolkit and reports from the research projects will also be made available by the end of 2023.

8 Conclusion and Recommendations

The TALENT model of Virtual Communities of Leadership Development (VCLD) has been successful in improving the knowledge, skills and confidence of early career nurses in a context specific way. This development has been consistent across five LMIC countries and in the UK. In line with social learning theory the TALENT model has introduced new ideas about leadership to experienced nurse leaders and for many it has improved their leadership knowledge and skills as well as their digital skills. The countries where this development occurred received support and resources from the operational team (including payments) and THET in-country facilitators helped at an organisational level in locating and securing the involvement of the people involved in the networks. An additional three countries and two other UK groups who did not receive financial support were unsuccessful in getting established. Thus, although the TALENT model has been successful in facilitating the development of nursing leadership skills in a range of countries globally, more needs to be done to understand the organisational and administrative context to ensure the future sustainability and expansion of the model.

Recommendations for the TALENT model (in the short term)

- Maintain combination of groups of experienced and early career nurses
- Maintain combination of PULSE, plus social media of choice per group
- Utilise learning framework to provide structure whilst maintaining context specific nature
- Utilise co-ordinator groups for sharing learning across countries
- Develop cross-country participant group, for those who wish to communicate across countries or maintain networking across current cohorts

Recommendations for establishing future groups (in the short term)

In addition to the recommendations above

- Establish TALENT groups in countries who have already participated and have knowledge and expertise

- Buddy existing co-ordinators with EC nurse participants from wave one and two to develop cohorts of experienced co-ordinators
- Use the TALENT toolkit and other TALENT resources (which will be published shortly) to provide guidance in establishing and running a TALENT group
- Explore how time and/or data can be funded for groups to facilitate participation

Recommendations for future work to underpin longer term sustainability

- Undertake further work to explore the impact of the organisational and administrative context on the sustainability of virtual communities of practice and build this into the development of future communities.
- Conduct more in-depth analysis of the qualitative data and analytics of any digital data to understand the impact on this group of participants
- Undertake further work to explore the long-term impact of the TALENT model on participants knowledge, skills, confidence, career and wider benefits.
- Explore the selection of participants and their motivations for being involved and whether this influenced the engagement within groups.
- Explore the impact of the model on different staff groups, for example, staff in mid-career stage or different groups of health professions or combinations of multi- professional groups.
- Explore in more detail the digital engagement and the digital skills learning because of participating in the initiative.
- Explore the costs and benefits involved in establishing and sustaining an online community of practice v formal, traditional leadership development training.

References

Cripps, M., Scarborough, H. (2022). Making Digital Health “Solutions” Sustainable in Healthcare Systems: A Practitioner Perspective. *Front. Digit. Health*, 31 March 2022, <https://doi.org/10.3389/fdgth.2022.727421>

Joseph-Richard, P., McCray, J. (2023). Evaluating leadership development in a changing world? Alternative models and approaches for healthcare organisations, *Human Resource Development International*, 26:2, 114-150, DOI: 10.1080/13678868.2022.2043085

McCarthy, R., Byrne, G., Brettle, A., Choucri, L., Ormandy, P., & Chatwin, J. (2020). Midwife-moderated social media groups as a validated information source for women during pregnancy. *Midwifery*, 102710.

National Voices (2017). Enabling change through communities of practice: wellbeing our way. Available from <https://www.nationalvoices.org.uk/publications/our-publications/enabling-change-through-communities-practice-wellbeing-our-way>

Wenger, E. (1998). Components of a social theory of learning. *Communities of practice: Learning, meaning and identity*. Cambridge: Cambridge University Press.

9 Appendix 1 PLATFORM for TALENT Groups' Selection Criteria; Jude Jones and Laura James, TALENT Project Officers

The checklist is based upon operational learning from Facemums, the functionality of different platforms and their availability within the global context of TALENT Groups.

To identify the optimal online platform for TALENT Groups the most popular social media sites in UK, Africa and Asia were considered. Within this initial list platforms which do not offer private online group space in which all members can correspond were discounted. This meant Instagram, Snapchat, TikTok and Facebook messenger were removed from the list.

Recommendation

Pulse Platform best meets these criteria (responses highlighted in red)

	EASE OF ACCESS						PLATFORM FUNIONALITY			
PLATFORM	Can app/platform be accessed on Smartphone/Tablet/Laptop/PC	Is the 'logging in' process straight forward?	Can you remain 'logged in'?	Do you need internet access/data to read group content?	Is this platform widely used?	Is this platform straightforward for a novice user?	How many groups can the platform host?	How many members can each group have?	Can members be part of more than one group?	Do you need admins?
Pulse	✓	✓	✓	✓	✗	✓				
Facebook	✓	✓	✓	✓	✓	✓	Enough for project	5,000 before some functions become unavailable	✓ You can be a member of up to 300 groups	✓ Can have multiple admins &/moderators
Whatsapp	✓ but cannot be accessed on tablet Phone number required	✓	✓	✓	✓	✓	Enough for project. Broadcast list of upto 256.	256	✓	Not required but can be allocated
Basecamp	✓	✓	✓	✓	✗	✗	3 on basic package, unlimited paid package	20 basic package	✓	✗
WeChat	✗ Mobile app	✓	✓	✓	✗ widely used in China but inaccessible from many other countries	✓	This has not been considered further due to app being blocked in India			

					including India					
Viber	✓ Phone number required	✓	✓	✓	Yes but mainly as an instant messaging/ voice call service	✓	Enough for project	250	✓	You can allocate admins
Telegram	✓	✓	✓	✓	✓	✓	limitless	2,000,000	✓	✓

	JOINING ADMIN		GROUP PRIVACY			PERSONAL PRIVACY		PLATFORM RULES		
PLATFORM	Who adds members?	Can any member add new members?	Is the group secret?	Can anyone join?	How do members know who each other are?	What personal details are visible to group members?	What personal details are visible to other platform users?	Are there existing rules of behaviour for this platform?	Can TALENT group rules be added?	Can the platform change the group in any way? If so, who monitors this?
Pulse	Admin	x	✓	x	Name visible	Depends what they have completed on their profile	Depends what they have completed on their profile= all content professional nature	✓		✓ PULSE can change their settings but have no plans for this currently
Facebook	Admin – but functionality changes mean that admin must be	x	✓	x	Profile	Depends on personal privacy settings	Depends on personal privacy settings	✓	✓	✓ Facebook regularly updates group functionality which can

	'friends' with profile they are adding									create challenges to privacy of individuals. of group admin/members
Whatsapp	Admin	x	x	x	Name visible	Phone number, image	None unless phone number is provided to someone	✓	✓	✓ group admin/members
Basecamp	Team owner		✓	x	Name visible	Name, profile picture	Non if not in a specific team	✓	✓	✓ group admin/members
WeChat	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Viber	Admin or send direct joining link	x	✓ As long as it is a group chat and not community chat	x	Name visible	Name, Phone number, image	Name and image	✓	✓	✓ group admin/members
Telegram	admins	x	✓	x	Profile/user name	User name	User name	✓	✓	✓ there have been updates by telegram

	GROUP FUNCTIONALITY			DATA SECURITY						
PLATFORM	How do members communicate?	Can files/links/videos be added? E.g. Youtube, Powerpoint...	Does content need to be approved?	Where is data stored?	Who owns it?	Who has access to it?	Can it be downloaded?	What data protection is in place?	Is data encrypted?	How long does data remain on the platform?
Pulse	Live feed, in forum, in private messaging, in groups	✓	×	UK	Hivebrite, THET	3 rd parties if user connects accounts eg Linkd In or Facebook		Privacy Policy, Platform terms of use.		As long as user account is live
Facebook	Group/direct message. Live group chat	✓	×	Facebook data centre and device	Facebook	Facebook and individual	✓	Privacy policy and GDPR compliant	×	Upto 3 months after deleting account
Whatsapp	Via chat messaging in group. Video call	✓	×	On device. Data from what's app is shared with Facebook as they own what's app	Individual & Facebook	Individual and Group members.	✓	Privacy policy	✓	Upto 30 days. Accounts inactive for 120 days are deleted.
Basecamp	Group/direct messages	✓	×	Data Centre- USA and on device	Individual	Basecamp-limited access. Group members	✓	GDPR, CPPA, privacy policy	✓	90 days
WeChat	n/a	n/a	n/a	China	Chinese company. ?government	Evidence of Chinese authorities blocking	✓	unclear	unclear	n/a

						conversations of political nature				
Viber	Group/direct messages. Video call	✓	x	Japan, United States, Asia, Europe (including Russia), Australia and Brazil, & On device		Individual and group members	✓	Privacy policy, CCPA, EEA,	✓	
Telegram			Other users can delete your messages.	On device & in company managed cloud to enable user to have multiple accounts & device access	Telegram. They are very strict on privacy and are clear that data is not sold to 3 rd parties or advertisers.	Reputation for high level privacy but Telegram can access most data. In Secret chats a user can program a message to 'self destruct' removing the message permanently for all users.			✓	

Appendix 2 TALENT Groups Netiquette

(Edited version – full version available on request)

Netiquette is a set of rules for online behaviour. These rules are needed because online it is easy to make mistakes and to offend people without meaning to. **These rules do not replace any Country statutory framework for Midwives and Nurses nor any guidance from employers or agreements with Pulse Platform.** It is important that we treat each other with politeness and respect, and by following a few simple rules we are less likely to make mistakes that others find upsetting.

In TALENT groups, members are expected to use their native language. The only exception is within the Co-ordinator group in which English is the preferred language.

The Co-ordinators' role will be to shape the group into a productive community. It is anticipated that each member of the group will be encouraged to achieve continuing professional development that empowers them on their journey to leadership.

Creating a Community of Practice

It is expected that each TALENT Group member will learn collaboratively and positively with their TALENT Group member colleagues. A collaborative community presents every participant with the opportunity to create a professional support network with their TALENT Group member colleagues in which they are guided and supported by their TALENT Group Coordinators to meet group and individual Goals in their Leadership development and personal journeys.

It is expected that Group members and Co-ordinators commit to commenting&/posting within their TALENT Group in Pulse on at least a weekly basis.

Please remember these points:

1. Remember others cannot see your facial expressions

When you make a comment, others cannot see whether you are smiling or frowning. Help members 'see' you by explaining your ideas fully. You could also use emoticons (such as 😊 or 😞) to help add meaning to your comments. Avoid sarcasm, people who don't know you may misinterpret it's meaning.

2. Remember others will read your comments

If you are not sure how your comments are being taken, ask for feedback. Sometimes electronic messages can be perceived as harsher than intended because there are no visual clues such as facial expression or body language. Shouting at group members is never acceptable. If you are offended by comments or concerned about anything posted within the group, please do not post angry retorts, please speak to a Coordinator.

3. Use appropriate language

Please avoid rude or derogatory language. Never use harassing, threatening, embarrassing, or abusive language or actions. Avoid online 'shouting' or sentences typed in all capitals. Use asterisks surrounding words to indicate italics used for emphasis (*at last*). Please be mindful when using medical terminology and abbreviations; ensure an explanation is offered to ensure thorough understanding.

Remember this group is intended to be a safe place to share.

Appendix 3: Summary of Online training designed, created and delivered by Project Officer Jude Jones

To prepare Coordinators for their role in TALENT Groups a training package was specifically designed. Four Online Training Sessions as outlined below, an Online Training Guide Document to accompany and underpin the Online Sessions, and specific discussion threads for each Online Training Session within the Coordinator Online Community of Practice group on the Pulse Platform. The Online Training Sessions were delivered by a member of the project team, each session was recorded and then placed in the Pulse Platform Coordinator Group to enable Coordinators to refer to the session at their convenience.

Online Training Sessions

- Pulse Platform – This session described the Pulse Platform, how to join it, use it and the functionality of this social networking platform
- Co-ordination in detail – This session detailed the Co-ordinator role, including practical tasks such as how to manage time. It included examples of what to expect from the TALENT Groups.
- TALENT Groups Pedagogical approach – This session described the social learning theories which underpin TALENT Groups and how using this social approach can enable groups to create a functioning virtual learning community.
- Leadership development within the TALENT Groups – This session described how leadership development will take place within the groups and explored the tools and content developed to support groups and Coordinators.

TALENT Baseline Wave2_3

Page 1: Privacy notice

Welcome to the TALENT Baseline survey. The aim of the survey is to understand your confidence, knowledge and skills around leadership and digital technology at the beginning of the programme. The information you provide will be used to help us plan your programme of activities for participating in TALENT and evaluate the difference that the programme makes. The survey is anonymous and the data will be stored securely at the University of Salford and will only be used by the TALENT project team in line with the consent statement that you signed when you joined TALENT.

It is important that you answer the questions honestly so that we can prepare the TALENT programme in a way that will be beneficial to you.

Page 2: About you

1. Which TALENT group do you belong to * *Required*

- Ethiopia
- Nepal
- Somaliland
- Zambia
- Saint Vincents and Grenadines (SVG)
- Uganda
- UK - mental health
- INMA Fellowship
- Bangladesh

2. What is your Date of Birth

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

Page 3: TALENT - knowledge, skills and confidence

3. On a scale of 1-10 (1=low and 10 = high), how do you rate your

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	6	7	8	9	10
Leadership knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in being a leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in using digital technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 4: TALENT - hopes and fears

4. List up to 3 things that you are hoping to gain or learn from participating in TALENT

5. List up to 3 concerns or fears you have about participating in TALENT

Page 5: Your current leadership

6. Please indicate how you feel about the following elements of leadership. There are no correct or incorrect answers. If you do not understand the question, please indicate in the appropriate column. Please select one answer

Please don't select more than 1 answer(s) per row.

	True	Neither true or untrue	Not true	Do not understand the question
I enjoy analyzing how things work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally adapting ideas to people's needs is easy for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy working with hypothetical ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical things fascinate me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to understand other people is the most important part of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to have a strategic overview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at making things work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to enable people to communicate with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am fascinated by complex organisational problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find following instructions easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy administrative tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to understand the culture of an organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would enjoy developing strategies to help the organisation improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at completing tasks given to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to ensure that everyone works together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find creating a mission statement for the organisation rewarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to complete the basic requirements of my role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about how my decisions affect other peoples lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy thinking about organisational values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you have any further comments about your leadership or the TALENT project, please add here

Page 6: Thank you for completing this survey, your views are appreciated by the TALENT team

TALENT PostW2Participantsvfinal_DA

Page 1: Privacy notice

Welcome to the TALENT Evaluation survey. We would like you to answer a few questions about your experiences of participating in TALENT groups, and the impact the project has had on you and your career. This will help us to understand whether the project has made a difference to your leadership development and make adjustments for the future. So that we can compare your answers with those from the beginning of the project we have collected some demographic details. Your answers will be completely confidential and will not be shared with anyone from your TALENT group. No identifying data will be used in any outputs about the project.

The data from this survey will be stored on a secure server. Once the project is complete, the data will be stored securely at the University of Salford for 3 years.

These questions should take you no more than 20 minutes to complete.

It is important that you answer the questions honestly so that we can understand the impact that the TALENT programme has made. There are no correct or incorrect answers, we are interested in the difference TALENT has made to you.

Page 2: About you

Which TALENT group do you belong to * *Required*

- Ethiopia
- Nepal
- Somaliland
- Zambia
- Saint Vincents and Grenada (SVG)
- UK - mental health
- INMA Fellowship
- UK Midwives
- Tanzania

What is your Date of Birth * *Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

Page 3: Your use of TALENT groups

How did you access your TALENT group? * *Required*

- Pulse app on phone/tablet
- Pulse on laptop/pc
- Whats app group
- Google meet
- Messenger
- Facebook
- Telegram
- Other

If you selected Other, please specify:

If you used a range of methods to access your TALENT group (eg zoom, whatsapp and PULSE) can you explain why/how you use the different methods

On average, how often did you access your TALENT group ?

- Daily
- 2-5 times per week
- Once a week

Other

If you selected Other, please specify:

Page 4: Your use of the PULSE platform

On average, how often did you access the PULSE platform * *Required*

- Daily
- Weekly
- Monthly
- Less than once a month
- Other

If you selected Other, please specify:

Did you experience any technical difficulties when participating in the TALENT groups via PULSE * *Required*

- Yes
- No

If yes, were these *Optional*

- On a daily basis
- Weekly basis
- Occasional
- So frequent that they prevented full participation in the project

If yes, can you describe the reason for the problem, eg connectivity?

What were the benefits (if any) of using the PULSE platform?

What were the limitations (if any) of using the PULSE platform?

To what extent did the data allowance influence how frequently you accessed your TALENT group?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Low influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High influence

If the project did not provide free data, would you still have participated in the TALENT group?

 Yes

- No
- Other

If you selected Other, please specify:

Page 5: TALENT - knowledge, skills and confidence

Do you think the TALENT group has improved your knowledge about leadership? * *Required*

- Yes
- No
- Unsure

If yes, list up to 3 of the most important things you have learned about leadership

Do you think TALENT has improved your leadership skills? * *Required*

- Yes
- No
- Unsure

If yes, list up to 3 of the most important skills that you have learned about leadership

Do you think the TALENT group has improved your confidence as a leader? *
Required

- Yes
- No
- Unsure

If yes, can you give an example of how TALENT has improved your confidence in leadership

Page 6: Your group

How important was it that there was an experienced nurse leader moderating the group?

* *Required*

- Very important
- Important
- Not important
- Other

If you selected Other, please specify:

How do you value the information given by the other early career nurses in the group? *

Required

- I always value it
- I often value it
- I sometimes value it
- I don't value it
- Other

If you selected Other, please specify:

Page 7: TALENT - benefits, likes and dislikes

List up to 3 things that you gained from participating in TALENT

--	--

List up to 3 things you have liked about participating in TALENT

--	--

List up to 3 concerns or dislikes you have about participating in TALENT

--	--

List up to 3 things that would improve TALENT groups

--	--

Has TALENT impacted on your career during this year? If so please describe

Do you think TALENT will impact on your career in the future? If so please describe

If you have any further comments about participating in TALENT, please enter here

Page 8: Thank you for completing this survey, your views are appreciated by the TALENT team and will be used to develop TALENT in the future

TALENT PostW2Coordinatorsvfinal

Page 1: Privacy notice

Welcome to the TALENT Evaluation survey. We would like you to answer a few questions about your experiences of participating in TALENT. This will help us to understand whether the project has made a difference and make adjustments for the future.

The data from this survey will be stored on a secure server. Once the project is complete, the data will be stored securely at the University of Salford for 3 years.

These questions should take you no more than 20 minutes to complete.

It is important that you answer the questions honestly so that we can understand any difficulties and the impact that the TALENT programme has made. There are no correct or incorrect answers. Your answers will be completely confidential and will not be shared with anyone from your TALENT group. No identifying data will be used in any outputs about the project.

Page 2: About you

Which TALENT group do you belong to * *Required*

- Ethiopia
- Nepal
- Somaliland
- Zambia
- Saint Vincents and Grenada (SVG)
- UK - mental health
- INMA Fellowship
- UK Midwives

Page 3: Your use of TALENT groups

How did you access your TALENT group? * *Required*

- Pulse app on phone/tablet
- Pulse on laptop/pc
- Whats app group
- Google meet
- Messenger
- Facebook
- Telegram
- Other

If you selected Other, please specify:

If you access your TALENT group using a range of methods (eg zoom and whatsapp and PULSE), can you explain why or how you use the different methods

On average, how often did you access your TALENT group (by whatever method) * *Required*

Daily

- Weekly
- Monthly
- Less than once a month
- Other

If you selected Other, please specify:

Page 4: Your use of the PULSE platform

On average, how often did you access the PULSE platform * *Required*

- Daily
- Weekly
- Monthly
- Less than once a month
- Other

If you selected Other, please specify:

Did you experience any technical difficulties when participating in the TALENT groups via PULSE * *Required*

- Yes
- No

If yes, were these *Optional*

- On a daily basis
- Weekly basis
- Occasional
- So frequent that they prevented full participation in the project

If yes, can you describe the reason for the problem, eg connectivity?

What were the benefits (if any) of using the PULSE platform?

What were the limitations (if any) of using the PULSE platform?

Page 5: Support for your role in TALENT

Did you receive sufficient support from the TALENT project delivery team to undertake your role as group co-ordinator

- Yes
- No

Please elaborate any improvements the TALENT project delivery team could make to help you in your role as group co-ordinator

Did you receive sufficient support from the THET in country team and regional nurse lead to undertake your role as group co-ordinator

- Yes
- No

Please elaborate any improvements the THET in country team could make to help you in your role as group-co-ordinator

Page 6: TALENT - benefits, likes and dislikes

Being a group co-ordinator has (tick as many as applicable)

- Improved my technical skills
- Improved my knowledge about leadership
- Improved my leadership skills
- Introduced me to new ideas
- Been difficult
- Been rewarding
- Other

If you selected Other, please specify:

List up to 3 things you have liked about participating in TALENT

List up to 3 concerns or dislikes you have about participating in TALENT

List up to 3 ways TALENT could be improved

Has TALENT impacted on your career during this year? If so please describe

Do you think TALENT will impact on your career in the future? If so please describe

If you have any further comments about participating in TALENT, please enter here

Page 7: Thank you for completing this survey, your views are appreciated by the TALENT team and will be used to develop TALENT further
