CATALYSTS FOR CHANGE

SEEDS: Supporting & Enhancing Empowerment & Development through Storytelling

FINAL REPORT

February 2021

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Duration of project: 12 months

Submission Date:

Acknowledgement: This project has been possible due to the funding from QNIS and the Lottery Community Fund

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Key words: community nurses; secondary psychological trauma; well-being; strategies; interactive resource

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2. Summary

Community Nurses (CNs) are currently experiencing high levels of stress in their roles. Multiple reasons include pressure of work, increased violence and aggression at work, lack of resources and control. Secondary psychological trauma (SPT) may be the result of these experiences, especially during a pandemic. Consequences of SPT include increased attrition, poor retention of staff, compassion fatigue, burnout and PTSD. The aim of this project was to develop a resource that would support nurses working in the community to cope with SPT by developing a resource for self-care, well-being and team building. As a Queens Nursing Institute Scotland's Catalyst for Change project, it is anticipated that following piloting, the resource could be shared with other teams, in other contexts.

Using a combination of storytelling and practice development, as project leads, we (Caroline and Kath) facilitated a series of workshops with eight CNs over a period of five months (Appendix 1). The programme was designed in three stages: consciousness raising; enabling action and; resource development. Creating a safe space together, enabled the project group to participate. Initial work exploring a shared understanding of key concepts i.e., SPT, well-being, self-care, team resilience, created a common purpose. Each member of the group was given a kitbag of creative materials to encourage them to tell their stories. Creative methods draw on metaphor and the senses to encourage deep reflection on experiences. As the group began to feel safer and braver, they shared their stories. Some used creative means to do this e.g., Lego, fairy tales, digital stories, while others used oral storytelling. It was an emotional experience for everyone. The collective story in the form of a poem can be found in Appendix 2. Analysis of the stories through facilitated reflection revealed key issues and feelings experienced by CNs in practice. These were discussed in the group and key actions captured in action plans. The action plans highlighted self-care and well-being activities as well as team resilience-building strategies.

Process evaluation; examining the characteristics and outputs of the group interaction throughout the project enabled the final resource to be co-designed. The final evaluation workshop included initial testing of the resource which has evolved into CAKE: a recipe for self-care, wellbeing and team resilience-building. There are seven slices in CAKE. Each slice of the cake can be used independently or consecutively as a whole process. Overall evaluation revealed everyone in the group felt safe and secure in sharing their stories. Most enjoyed the creativity in the workshops although some felt challenged and out of their comfort zone. Some group members are already adopting some of the new ways of working they learned in their own teams. This shows transformational learning from the project. All CNs completed the programme.

In the next steps of the project, CAKE will be tested by some of the participants in practice. Following refinement, the intention is to conduct a feasibility study with teams who have not been part of the project and finally, create an online resource to be a catalyst for change. The project will be disseminated through this project report hosted on the QNIS and ListenUpStorytelling websites. It will also be sent to key leaders within NHS Lothian and be disseminated through social media, conference presentations and publication in a peer reviewed journal. The collective story that emerged during the project will be widely disseminated through social media to nurse leaders and colleagues.

Our celebratory cake!

3. Background:

Currently Scotland and England have vacancies in nursing and midwifery of 5% and 12% respectively (ISD Scotland 2019; Nursing Times 2019). In 2018, the House of Commons Health Committee recorded more UK nursing vacancies than ever before. Reasons included pressures of work, increased violence and aggression towards nurses, lack of resources and control (Buchan et al 2019; Maybin et al. 2016). These factors according to Maybin et al (2016), impact on staff well-being as well as care outcomes. A further factor, psychological trauma (PT), is receiving increased attention. It is defined as-the experience of events which are emotionally horrifying or shocking which may result in post-traumatic stress disorder (PTSD) (Carleton et al 2019). Secondary PT, (SPT) is a term used when someone is negatively affected by living or caring for someone experiencing PT. Community Nurses may experience pressures of SPT as the people they care for represent a cross section of communities with individual life experiences. Anecdotally, CNs in NHS Lothian are experiencing high levels of stress –which may be SPT. Possible reasons may include caring for people with life challenges over time, often with periods of acute illness or deterioration or with significant life events. Additionally the impact of Covid 19, which was not foreseen when setting out on this project may have added additional stress.

Managing self against a backdrop of a fast pace, quick turnaround of patients, with little time to process the impact of their experiences can be challenging and deserves further attention. Policy makers are also identifying these issues. A review of current literature identified associated terms including: compassion fatigue, stress and burnout, vicarious stress and moral distress. The human and organisational costs of PT reportedly include: stress, sleeplessness, suicide, disassociation, absenteeism, increased attrition, poor retention of staff and litigation. Societal costs include impact on patient safety, access to care and quality of care. The current round of Catalyst for Change project funding from QNIS offered the opportunity to develop a way of supporting CNs and teams to cope with these challenging situations.

4. The Project:

The overall aim of this project was to develop a toolkit or resource that would support nurses working in the community to cope with SPT by developing self-care, well-being and resilience-building strategies. In order for this to become a catalyst for change, we used a range of methodologies that drew on practice development principles. We used the internationally agreed definition of practice development as our approach:

> *'A continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individuals and team practices. This is sustained by embedding both processes and outcomes in corporate strategy".*
> (Manley et al., 2011a, p 2; McCormack et al, 2013, p 8).

Practice development commonly uses creative methods; for example, contemplative and meditative spaces and creative expression allow thoughts and feelings to be explored and surfaced through metaphor and the senses (Brown 2019).

Central in this project was storytelling. Storytelling is a

'collaboration between the teller and the listener(s)' (Wacker and Silverman 2003).

Stories can take the form of myth, fairy-tale, life experience or case studies, to name a few. Oral stories go back thousands of years, with the form evolving through societal norms and technology (Parfitt 2019). Stories serve many functions including evoking empathy, communicating with others, exploring values and as a vehicle to transformational learning.

The methodology allowed us to identify intended outcomes for participants involved in the project as well as for us (Caroline and Kath) as facilitators. As facilitators we brought significant methodological expertise to the project. Kath as apprentice story-teller and Caroline as practice developer. Our approach to facilitation is through active learning which enables transformative learning (Dewing 2008). It also enabled us to identify outcomes for the project (Fig 1).

Fig 1: Intended outcomes of the project

Participants will:

1. Feel heard and enabled to act positively on their experiences of SPT
2. Feel supported
3. Have learnt new ways of opening future dialogue around experiences and turning the learning into action in ways that are meaningful in their particular workplace context.
4. Have been able to develop strategies for self-care and team resilience

Facilitators will:

1. Have grown in their expertise in storytelling and other creative methodologies, including Practice Development.
2. Have developed a prototype toolkit ready for further testing.

Intended strategic outcomes:

1. Stories in the toolkit will be available to be communicated to a broad range of stakeholders to inform future policy, education and practice, through a written report, social media, in peer reviewed papers and conference presentations.
2. The toolkit will be a prototype to be tested, refined and adapted in a range of contexts in the future, e.g. in undergraduate and postgraduate nursing programmes, in practice settings. It is anticipated the Toolkit could become a resource which could be promoted nationally.

As the final resource was intended to be useful for nurses working across communities, it was important to engage with them in this work. Seven CNs and one healthcare support worker became our community of learners. They agreed to participate in five workshops to co-design the resource. The project design was split into three stages (Fig 2). The stages were spread over the five workshops.

Fig 2: Project design

Stage 1 consciousness raising (Objective 1). We:

1. Introduced storytelling as a method of sharing experiences.
2. Created a safe space for reflection, dialogue and learning
3. Facilitated creation of individual stories
4. Facilitated critical reflection on these stories as a group, to identify key issues
5. Developed a collective story.

Stage 2 Enabling action (Objectives 2 & 3). We:

6. Facilitated active learning to enable the group to identify strategies to manage SPT. This included self-care, team resilience-building, challenging, influencing others
7. Created individual and team action plans.

Stage 3: Toolkit Development (Objective 3) We have:

8. Co-created the prototype toolkit based on process and outcome evaluation that can be tested in a future funded project
9. Disseminated project findings in creative ways.

5. How we did it

5.1 Stage 1 Consciousness raising

5.1.1. Creating a brave space

The workshops were designed in such a way that we would role model strategies for self-care, well-being and resilience-building throughout the workshops. The intention was to try out different strategies and to create a safe space where people felt brave enough to share their stories. Each participant was given a 'kit bag' of creative resources that they could use for the activities. This was to encourage creativity. At the beginning of each workshop we used a 'check-in' activity to help the group focus on our work together; a mindful activity e.g. yoga and; we shared a poem.

We introduced story-telling at the outset, to check-in at the first workshop. We each shared our favourite childhood) story. Following an overview of the project, we established our agreed ways of working, using imagery. We used Evoke cards which are a pack of random images. The facilitators posed the question, 'what would help us to create a safe space to tell our stories?" (Fig 3).

Fig 3: Establishing shared ways of working using Evoke cards.

Being the focus of the project, we developed our shared understanding of SPT as a starting point. Raising consciousness about the meaning of psychological trauma was important to understand the purpose of sharing stories and the need to create self-care, well-being and resilience-building strategies.

Fig 4 Kath facilitating during a workshop

Fig 5: Themes from the literature.

The group undertook a creative exercise to articulate their shared understanding of psychological trauma. It was then refined by sharing some of the themes in the literature (Fig 4)

The group's agreed definition was:

"Psychological trauma may be triggered by an event(s). It can be dark, hidden and individual to everybody and may affect emotional, physical, social and mental well-being. Psychological trauma can fluctuate and can vary in intensity and affect how you interact in the world."

Fig 6: Groupworking

5.1.2 Sharing stories

To prepare for sharing stories, Kath read a story and the group engaged firstly in quiet reflection and then together in a critical discussion. They shared individual resonance and meaning. They also did some creative work to help them think about how they might tell their own story. They explored their creative materials in their kit bags. This reflects the principles of active learning (Dewing 2008) which draws upon multiple learning styles, intelligences and methods to reflect on experience.

Workshop 2 was devoted to story-telling. Following the check-in activities, each person shared their story using a variety of means. For example fairy tales, poetry, Lego construction, video and spoken word. After listening mindfully, everyone took time for silent reflection.

Fig 7: Use of Lego in telling a story

After, we split into two groups to analyse feelings and key themes arising from the stories (Table 1).

Table 1: Feelings upon hearing the stories

Positive feelings	More negative feelings
Pride	Agitated
Empathy	Powerful
Contemplative	Frustrated
Impressed	Anxiousness
Human	Fear
Humbled	Angry
Appreciative	Sadness
Happy	Stressed
reflective	Worried
Thoughtful	Concerned
connection	Disappointed
	upset

Key themes that the group identified in their discussions are highlighted in Table 2. The issues in bold were raised more than once and those underlined most often. Issues in plain text were voiced only once.

Table 2: Issues arising from the stories.

Guilt (trauma/PTSD triggers)	**No conclusion**	Panic	Enthusiasm
Advocacy (dependable. Tension. Frameworks vs judgement. Going above and beyond. Leadership	**Distress**	Anxious	Criticisms
	Angry	Autocracy vs democracy	Coping mechanism
	Fear	Walking away/giving up	Self determination and strength
	Risk	Roller coaster	
	Safety	Well-being	Capacity and consent
	Poor guidance/communication (changing and the need for….)	Importance of timing	Expectations
		Lone worker	Constraints to person-centred care/holism – giving whole self; can't do everything
Responsibility	**Conflicting energies**	Complexity	
Powerlessness	**Pride**	Resilience	
Isolation	**Clinical judgement**	Courage	
Need for support	**'what is a nursing need?'**	Boundaries	
	Can't switch off	Dread	
	Attachment	Healing time	
	Trust	Dependency	Person-centred decisions
	Anticipation	Raw	
	Intuition/gut feel	Visceral	Resources/lack of Intelligent action
	'what makes a good death?' (perceptions – perceptions of role; hierarchy/medical model	Under valued	
		Resistance-keeping with the status quo	
	Reward	One way (wanted it to be right)	Cinderella / Jack of all trades
	Experiential knowledge	Cultural sensitivity	

		Suffering Patronising Frustration Humility Whole self Choice (not being able to facilitate choice – standardised care.	Kindness Emotional labour Compassion fatigue Self-confidence

The group was then asked about self-care practices and what they did to regain a sense of wellbeing. Each person created an artefact or image to represent their self-care practice using materials from their kit bag. They then transferred this artefact into a commitment which they wrote on a post-it note and placed in their gratitude jars which formed part of their kitbag.

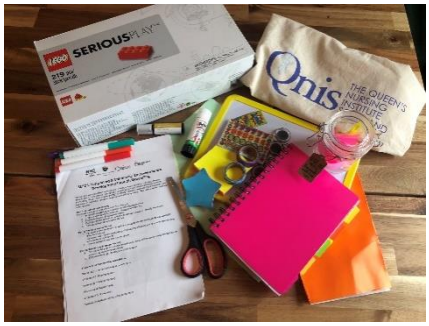
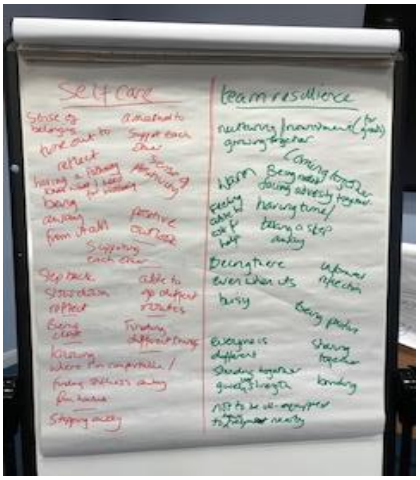


Fig 8 The kit bag

5.2 Stage 2 Enabling action



The aim of this part of the project was to enable the group to identify strategies to manage SPT and create an action plan. We began by understanding the terminology of self-care and team resilience. The group used picture cards to articulate what each of these terms meant to them and then they formulated a shared understanding and working definitions and strategies to achieve these.

Self-care means

'*a time to step back, slow down and reflect. Finding a pathway to achieve positive holistic well-being'.*

Fig 9: Making sense of self-care and team resilience

These would be achieved by:

- Understanding and appreciating each other's strengths and weaknesses
- Taking time to reflect and share, Being non-judgemental,
- Asking for and accepting help,
- Respecting each other and our contributions
- Creating a positive environment.

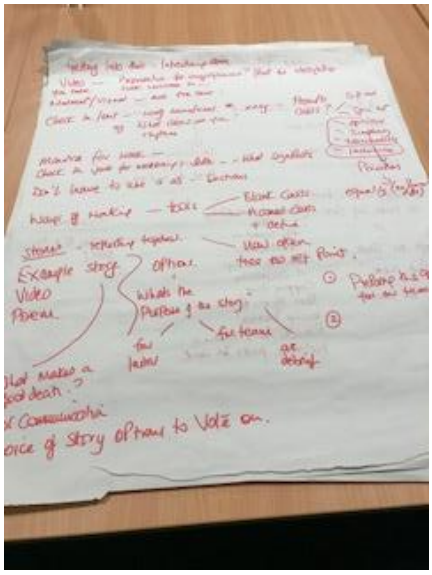
The group then identified strategies for self-care:

- ✓ Time out for stress
- ✓ Focus on hobbies or things you enjoy
- ✓ Exercise
- ✓ Health eating
- ✓ Acknowledging your own feelings – 'its ok not to be ok'
- ✓ Rest
- ✓ Surrounding yourself with positive people.
- ✓ Team resilience means
- ✓ To have the strength and ability to embrace the challenges and pressures we encounter together.

Fig 10: Caroline facilitating groupworking

5.3 Stage 3: Toolkit/resource Development

5.3.1 Purpose of the toolkit/resource



From the outset, the intended purpose of this toolkit was to:

1. Support community nurses and healthcare support workers to develop strategies to manage SPT, including self-care, team resilience-building.

2. Help community nurses and healthcare support workers identify ways of communicating experiences of SPT to colleagues, mentors and key stakeholders

3. Be a resource for leaders to engage meaningfully in supporting individuals and teams

Fig 11: resource design

5.3.2. Design of the toolkit

To design the toolkit/resource, the group took time individually to reflect on the previous three sessions and all the work they had previously covered. They then created a map of their collective journey on large A1 sheets of paper. The group began to realise that the output of this process was more than a toolkit, rather-it was an interactive resource or game. This is in keeping with the ideas of playful learning inherent in active learning. To bring the resource to life, they were then asked to imagine that they were facilitating their own team to go a similar journey by addressing the following questions:

1. What tools, prompts/activities would help them facilitate?

2. What questions would they ask themselves?
3. What signposts would they need?
4. What conditions would they need?

The critical conversation they had highlighted that the process was circular, rather than linear. They were clear this should be reflected in the final resource. Other important things to be included are identified in Box 1.

Box 1: Items to be included in the resource

- An introductory video
- A resource list
- Resource cards/signposts for facilitators
- Check-in activities- offer a choice, principle based- energising, mindful, keep them simple e.g. what colour are you?
- Include blank cards as well as cards with pictures/words for ways of working- eg. , respect, confidential.
- Identify the purpose of the story
- Stories: example stories needed, give choice/options.
- Key theme for stories: what makes a good death, poor communication- transferable to most settings.
- Emphasise that Little things make a difference, cuppa, being "mugged" bacon rolls, celebrations, birthdays, post its on PCs, random acts of kindness
- Ways of supporting people to tell stories, in advance and after
- Directions to define what self-care means to the team?

The group also considered what the resource/game might look like. Ideas included:

- Rainbow
- Flower with petals
- Cake with slices/ingredients
- Spokes of a wheel
- Shopping bag with contents
- Tree
- mug

5.3.3. The interactive cake

The outcome was an interactive cake This is currently named CAKE: a recipe for self-care, wellbeing and team resilience. **C**: Caring for self and others; **A**: Attending to what's happening; **K**; Keeping connected an; **E**: Enabling and empowering. CAKE comprises an overview of the resource and 7 slices, reflecting the rainbow idea proposed by the group:

Purple Slice: Check-in/out, Ways of Working
Orange Slice: Storytelling,
Light Green Slice: Creating a shared purpose,
Dark Green Slice: Self-care and resilience-building strategies,
Blue slice: Reflection and action planning
Grey Slice: Evaluation.

Fig 11: The well-being CAKE (Version 1)

Each slice provides an overview sheet which provides an outline of the aim of the slice, any preparation and time needed, the method and links to other slices. There are also 'ingredients' which are the tools needed to carry out the activity. Although the intention of the resource is to support individuals and teams experiencing SPT by engaging in all slices, many can be useful as general team building activities.

During the evaluation workshop, the group 'tried out' using the CAKE resource. They indicated a number of refinements which are listed in Box 3.

Box 2: Refinements to the CAKE.

Section: Ways of Working:

- In the instructions highlight questions, e.g.
- What does trust look like to you? Encourage an articulation rather than just settle for one word answers "Trust"
- Needs simplified

Section: Storytelling-

- Whole thing too big to do at once. Highlight in each section that this is one stage in the journey
- Are teams able to self-facilitate or do they need support to do this?
- Start with exemplar story so people get an understanding of what's required
- They can bring their own stories once they're comfortable
- Have questions alongside the stories: How did this make you feel?, What resonates?
- Who funds sundries for stories: Lego, post its, creative materials? Probably them
- How much time do you need to allocate to self-care and actions?
- Can you do stories alone without this section?
- We need Nicki and Heather's stories to add to this section

Section: Action planning

- Probably most clear re instructions
- Do we need the model/template or just questions?

Section: shared purpose

- Language needs simplified, e.g. synchronous
- Could we use our resilience definition as an example to then ask questions?
- Could it be part of the overall introduction?

Section self -care

- Can we link this to the handout, A-Z?

General feedback:

- We need a title
- We could illustrate the whole thing in the introduction as a reflective cycle
- Could each slice be a 2 minute film which illustrates the whole thing?,enacting the cake
- How can we digitise this as an online resource?

There was a genuine sense of celebration at this workshop. We even ate cake!

Fig 12: Celebrating our achievements!

5.4 Ethical issues

During the design and the facilitation of the project we gave attention to a number of ethical issues. Ethical approval was granted by the QMU ethics committee in January 2020. Two issues were highlighted in the ethics application. The third was unanticipated.

1. Sharing experiences of practice can be emotionally distressing for staff and could lead to a sense of vulnerability. We did experience emotion within the group and everyone drew on our shared ways of working to be supportive of each other. Caroline and Kath also checked in with the group a couple of days later and reminded everyone of additional support that was available via a named nursing manager. (Karen).
2. Sharing stories can risk confidentiality of actors within the stories. We highlighted this in our ways of working and continually highlighted this during the preparation and process of storytelling.
3. Coronavirus presented the third ethical issue that was unforeseen at the beginning of the project. The project was suspended for six months and once restarted, social distancing was a requirement. Karen managed to find us a room where we were able to social distance. We reduced the number of participants from 12 to 8 to allow us to do that safely.

6. Impact -

We used a variety of evaluation methods to measure both the process of the project and the intended outcomes (Section 4). These included methods consistent with PD, e.g. post-it walls, body mapping, online a Padlet, linear scales and critical questioning. The methods used were both real time and asynchronously We believe this pluralistic approach to evaluation was both participatory and demonstrates the difference the project has made to the project group and all stakeholders.

Figs 13 & 14: Some of the evaluation methods.

6.1 Successes

The success of the project is discussed in relation to the intended outcomes for participants, facilitators and at strategic level.

6.1.1. Experiences of participants

The intended outcomes for participants involved in the project was that they would feel able and supported to share their experiences of SPT. We hoped they would learn about new ways of doing this, and also to feel enabled to create plans to promote self-care, well-being and team resilience. At the end of each session we evaluated the process and identified key learning points. The mid-point evaluation (Appendix 3) confirmed that group members felt comfortable and involved. This is illustrated by one group member:

> '*I have found it enriching and each session I look forward to connecting with the group. It has made me view things differently for example peoples' experiences of COVID. I have been moved by the honest and thoughtfulness everyone has applied to the sessions. I feel well supported by the facilitators and they create a safe space'*

Feeling able to share stories was key to this project, but there was an understanding in the group that this can be challenging. The courage of the group was demonstrated through stories that were 'hard hitting' and emotional. This highlights the everyday emotion work that CNs are engaged in. We as facilitators felt very privileged and humbled to listen in. The following quotes illustrate how enabled the group felt:

> *''The group feels like a safe space to talk about some very difficult things. It has been reassuring to hear about other people's experiences and have the freedom to share my own'.*

> *'What is so valuable, is listening to everyone's experiences and recognising all the emotions they have felt, and knowing that we hope to be able to share with our colleagues a way forward to deal with and understand these emotions'.*

'*The group is a fantastic support network, this mirrors exactly what we need to create in practice, there are too many inconsistencies with this and it's so important. The creative methods and group brainstorming are helpful'.*

Success was also demonstrate in terms of learning new ways through working with creative methods, illustrated in Box 4. Some participants felt challenged and out of their comfort zone:

'I find some of the activities using expression is totally out of my comfort zone'

Box 3: Working with creative methods to learn new ways of working

'I loved the bag'

'Loved working with Lego!'

'I was drained after sessions'

We asked group members to share what they had learned through the process of storytelling. Their responses are highlighted in Box 3.

Box 4: What group learned through storytelling

About yourself	**More generally**
That my experience was relatable and I wasn't alone Reminded me how passionate I get about my job, especially palliative care Retelling my story to myself after a bit of distance – things had changed from initial feelings. Felt light about it all. [process] Emotional. Listened to people. Be there for each other [but] its ok not to be ok. The importance of helpfulness in group reflection What I would do differently. Enabled me to reflect on my experiences. Reflect on the emotions I was feeling and understand the reasons for these feelings. How I involved my own feelings and attached guilt.	Sometimes we should go that extra mile for patients. Felt my opinions about Covid staff responses had changed after listening to stories – made me reflect thoughtful, admiring of colleagues – broadly. It is really helpful, healing to share experiences that have been traumatic. That every one of us has been through the same emotions but through a different story.

By workshop 3, some participants were already reporting new ways of opening up dialogue and putting this into action with their own teams, based on what they had learned in the workshops. For

example, they were introducing check-in activities at the beginning of the day and considering ways to carve out time for some self-care activities within their teams. In creating the resource some shared what they were already doing within teams and together they were able to add to this to create a repertoire of activities and tools to support well-being.

For the final evaluation, the group was asked to consider their overall experience of being part of the project. To do this we used body mapping (ESS nd) (Fig 15), an evaluation tool which captures heart, (something I enjoyed), head (something I learned) hands and feet (takeaways and next steps).

Fig 15: Overall experience of the project

Something that made me think • Hearing other people's reflections on my story • Listening to others experiences and stories • Definitions of psychological trauma and resilience • Importance of team resilience	**Something I enjoyed** • Story telling • Having a poem created from our stories • Using lego • Feeling safe and supported • Sharing with the team • Listening to stories • Laughter yoga • Being part of an important and worthwhile cause that will benefit colleagues
Something to take away • Storytelling is not as frightening as I thought it would be • More confidence that I can open up a safe space and that people will support me • To use check-in and out with my team • How I appreciate my job, being part of a team to make people's lives better	**Something I could've done without** • nothing

• Everybody has a story within them that they want to express • The importance of telling your story and reflecting on emotions • Ways of working and how this can benefit our teams • Different ways to check-in and out	

Next steps

- Put what we've learned into practice
- Share what I have learned
- How to support team through storytelling
- Look forward to trying it out

Although self-care, well-being and team resilience-building strategies were identified for the CAKE (see Section 6.1.3), few mentioned their own self-care in the evaluations. Perhaps we did not ask the right questions, but this does reflect the current nursing literature that espouses concern over nurses' lifestyle and well-being (Kyle et al 2017). On reflection we may not have spent enough time on this in the workshops and this is a key learning point.

6.1.2. Facilitation outcomes

The intended outcomes for the facilitators were to have grown in their expertise, learning from each other. By taking time to reflect after each workshop, we focussed on what went well and areas for ongoing development of the project and ourselves. As part of the process we asked critical questions of each other in our reflection: e.g.

> *"Did we manage emotion and distress in the room and how would they do this in a team situation?"*

This led to a discussion and action to check back in with participants in a day or two to gauge how they were feeling. By breaking down the process of storytelling, Caroline was able to gain experience in facilitating part of the process, whilst Kath tried out a range of PD tools that were less familiar to her. We realised we were ambitious in the time we had allocated for the project. Using PD can be time consuming, as the intention is co-design. This meant at times we felt rushed and would have liked more time for sense-making and co-design. Overall, we were happy with how we facilitated the project. This was borne out by the ongoing evaluation. In addition, one of the group gave us feedback at the end of the project via email that highlighted our success in co-facilitating:

"Yet alongside this emotional rollercoaster, you helped us explore and search for the tools we need to deal with the feelings and emotions we experience day in and day out. …….You both gave so much to the course and we really appreciated your guidance, intellect and leadership".

The other facilitation outcome was to have developed a prototype toolkit. This was achieved and it is ready for further testing

6.1.3 Strategic outcomes

Please see Sections 8 and 9.

7. Challenges

7.1 Covid

The biggest unanticipated challenge was the emergence of Covid 19. When we planned this project we had no idea of what was ahead of us nor how it would impact, both on the processes involved in facilitating the project nor on the impact that the Coronavirus would have on the participants' stories. Due to lockdown the project was postponed for six months. This gave us time to reflect on how we could adapt to Covid rules. We were fortunate enough to be able to secure premises that allowed for social distancing. This could not have been achieved without the strong level of partnership- working with clinical managers throughout this project. Our clinical partners have played a critical role through all stages of the project from advertising and promoting the project to supporting recruitment, seeking out premises, problem solving, liaising with others and in supporting the next steps. We find ourselves once again challenged by the second lockdown. We have had to cancel a planned film event which showcases the shared story. We are currently working with leaders to rethink how we will do this.

7.2 Recruitment

In terms of recruitment for the project, we were aware that releasing staff from clinical duties can be challenging for managers. Having the support of clinical leaders through the planning and action stages of the project, ensured that we were able to recruit 10 participants (our aim was 8-12). This was done by clinical leaders through distribution of flyers and at senior meetings. Two potential participants were unable to commit to all sessions, thus the decision was made to proceed with eight.

One of our clinical partners was unwell during the Action phase of the project, requiring our second clinical partner to increase her input on the project. Involving clinical leaders at the outset and planning for sustainability are therefore key learning points in the delivery of such a project.

7.3 Delivery of workshops

In PD projects, facilitators bring creative materials which are shared by all. Due to Covid 19 this was impossible. Each participant was therefore gifted a kitbag, a cloth bag gifted by QNIS, with a wide range of creative and well-being materials. In addition to the above, bags contained antiseptic wipes, essential oils, notebooks and individual mini whiteboards. Individual kits have advantages and disadvantages: Having one's own kitbag reduces the risk of cross contamination, but relies on busy participants to bring it to each session. Further, creating a shared piece of work together as a group was more challenging, and it could be argued that shared activities can help the group to gel together and engage (Dewing et al. 2014). We did however manage some shared outputs, whilst maintaining social distancing e.g. creating shared purpose and creating an overview of the process undertaken in the project.

7.4 Facilitation

This was the first time both facilitators had facilitated together. After each session we stayed on to reflect on the process and learning. Not all sessions were delivered entirely to plan. Time was always a pressure. The role of a skilled facilitator is to be able to "hold the room" and gauge when to move on from a time-limited activity or when to continue (Arao and Clemens 2014). For example, in the story telling activity, we took a break earlier than planned as emotions were running high. In another activity it was clear that the group needed more time for the activity to be meaningful, thus we had to sacrifice something else in the programme to allow this activity to continue. As skilled facilitators we practised reflexivity and adaptability in the moment as preparing for the unexpected. At the outset of the project we considered that once the toolkit was developed participants would be able to "run with it" as facilitators in their own teams. Given our emphasis on the need for skilled facilitation, we have reflected that this may be a bit ambitious. We now consider that facilitators may need some additional guidance to deliver the toolkit and we will consider this in the next steps.

7.5 Getting there: Workload and time constraints

A challenge for the participants was in getting away from practice to attend the sessions. All sessions were planned for afternoons and we consulted with clinical leaders to ascertain which days of the week were best. Despite this, on occasion participants would arrive late, stressed and they found it difficult to step "into the group". This is unsurprising given some of the stories we unearthed during the course of the project. We contend that providing lunch provided down time before each session started formally. We also always undertook a check-in activity allowing the group to gently ease themselves into the space. We consider that this is another key learning point to take forward.

8. Sharing our work

We have a prototype CAKE that we are excited to share with others. The individual stories shared by the group have been included in CAKE as exemplar stories. There are also stories created or selected by Kath. Additionally, the individual stories shared in the project were developed by Kath (and refined by the whole group) into a composite story in the form of a poem. This story has been recorded and will be shared with key stakeholders (C/Ns, nurse leaders and educators) and through social media. This report will be uploaded onto the Queens Nursing Institute Scotland and ListenUpStorytelling websites. It will also form the basis of a peer reviewed publication and conference presentations.

9. Next steps

The prototype interactive resource (CAKE) has been further developed by a student at Edinburgh Napier University, Hamish Hanna. Into version 2 (Fig 16). It is now ready to be tested, refined and adapted. We have support from some of the participants to take this forward in their team as a pilot. We will seek funding to test feasibility in range of contexts in the future, e.g. in practice settings where no one has been part of this project, undergraduate and postgraduate nursing programmes. We anticipate that we may need to provide some facilitator development to accompany CAKE.

Fig 16 CAKE Version 2

It is anticipated the resource could eventually be promoted nationally. It is envisioned that CAKE has the potential to become a game or a mobile application "App". Further testing and refinement is required and we envisage that this will be a future project. This is in keeping with the philosophy of the Catalyst for Change project that supports roll out and continuation of initiatives from original projects. As also discussed, we contend that some additional facilitation guidance may need to accompany this roll out.

10. Conclusion

This project set out to co-create a resource for CNs that would support self-care and well-being, and team resilience-building. Creating brave spaces and role modelling a combination of storytelling and practice development methods allowed CNs in this project to creatively and safely share stories. Many of these stories were harrowing and some were not recent, suggesting that they had stayed with participants for a long time. These have the potential to contribute to SPT. Analysis of the stories revealed key issues which are common to many nurses. CAKE: a recipe for well-being has the potential to transform ways of working in teams, to a culture of self-care, well-being and team cohesion and resilience, but it requires further testing and refinement. To be a true catalyst for change, CAKE will need to be available as an online resource, but that will require funding. In the meantime, the project team are acting as catalysts for change in their own teams. The group are keen to share their collective story through social media. Nurses' stories need to be voiced if we are to understand their experiences of and potential for SPT. Understanding and responding with strategies that develop well-being cultures in practice may go some way to stemming the flow of vacancies. We call on nurse leaders and policy makers to listen to these stories and put in place strategies to support CNs' wellbeing.

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12. Financial report

A summary of how the money was spent please use this table.

Item	Detail	Budget	Actual
Staff Costs (*detail number of staff and number of hours allocated to project)*	Facilitator CD: £1730 Facilitator KM: £1750		£3480
Travel Costs (*detail travel for staff and for participants, including travel to two QNIS workshops)*	Rtn Leith Treatment Centre x4		£16
Venue Costs (*include hire costs for rooms)*	Nil		
Other (*materials, postage, evaluation etc)*	Workshop resources Toolkit Design Toolkit production (8) Catering Filmmaking		£305.11 £500 £144 £133.85 £300
Total		£5000	£4878.96

Appendix 1: Outline of workshops

Workshop* 1: Introductions and connections

The group will meet and greet and get to know each other. Two facilitators will use participatory methods through the following steps:

1. Establish initial trust through agreed ways of working.
2. Create a facilitated discussion space where participants will be encouraged to explore what they understand by psychological trauma.
3. Introduction to storytelling which will be interactive and include-origins, examples and critique.
4. Participants will be encouraged to share and discuss a story that is not work related as a lead in to the second workshop. The aim of this is to help participants feel comfortable with the methods.
5. Process evaluation** using participatory methods.

Workshop 2: **Sharing stories**

Following a check-in activity, participants will be asked to share a work-related story they have brought for sharing, reflecting and analysing. The story will reflect participants' experiences of psychological trauma. Steps:

1. In groups of 3 or 4, using a reflective framework, participants share their stories.
2. Participants then share these (or their chosen versions of these) in the larger group
3. Stories are analysed together to draw out key themes and issues for participants
4. Process evaluation using participatory methods

Workshop 3: Action Planning

Following a check-in activity one of the facilitators will share a poem/ using the identified themes in workshop 2. This will support orientation back into the safe space. Steps:

1. In a facilitated group (s) participants explore strategies that support self- care and resilience-building individually and within teams
2. Individual action planning and sharing
3. Process evaluation using participatory methods

Workshop 4: Toolkit design

Co designing a framework and toolkit that supports the use of storytelling to develop practice. Steps:

1. Creating a shared vision
2. Identifying the steps to achieve the vision
3. Designing the framework and tools that support this process
4. Process evaluation using participatory methods

Workshop 5: **Evaluation**

During this evaluative workshop, participants will be encouraged to use the toolkit to create stories of their experiences of being part of the project. This will allow participants to try out, evaluate and refine the toolkit that they have co-designed. Steps:

1. Capturing process and final outcomes.
2. Process evaluation using participatory methods
3. Celebrating successes

*project workshops will be 3 hours duration

**Process evaluation: At each workshop there will be process evaluation using participatory methods. There will be an emphasis on the use of creative methods e.g. poetry (Haiku/Tanka), Blob tree /cards, storytelling tree /postcards, claims, concerns and issues, but the group will chose their preferred methods. This will address what is going well, what could be done better and the learning at each workshop

Appendix 2: Collective story

Once upon a time there were some highly skilled nurses
Who during a pandemic felt quite alone
Their usual support from the hospice and practice
Had closed to joint visits and relied on the phone
Making judgements and decisions within people's homes
Finding courage and strength from deep within
Jack of all trades, master of some too
Exhausted, undervalued, taking it on the chin

And sometimes the stress of it just became too much
We retreated then panicked, losing our touch
With reality, and family and friends and much more
Cleaning and obsessing, internal uproar
Angry and guilty and loss of control
The threat that the monster would take hold of our souls.

Are we driven by guilt, not to say no?
The sacrificial lambs, unable to let go
Angry and frustrated for those in our care
But proud of ourselves for always being there
Assessing the risk, providing palliation
Worrying about equipment and miscommunication
Alone and exposed, fearful of consequences
For our teams and our families, heightening senses

Showing leadership, stepping up when no one else will
Enacting intuition, expert knowledge and skill
Frustrated when told "it's not a nursing need"
And the consequences of inaction cause us to bleed

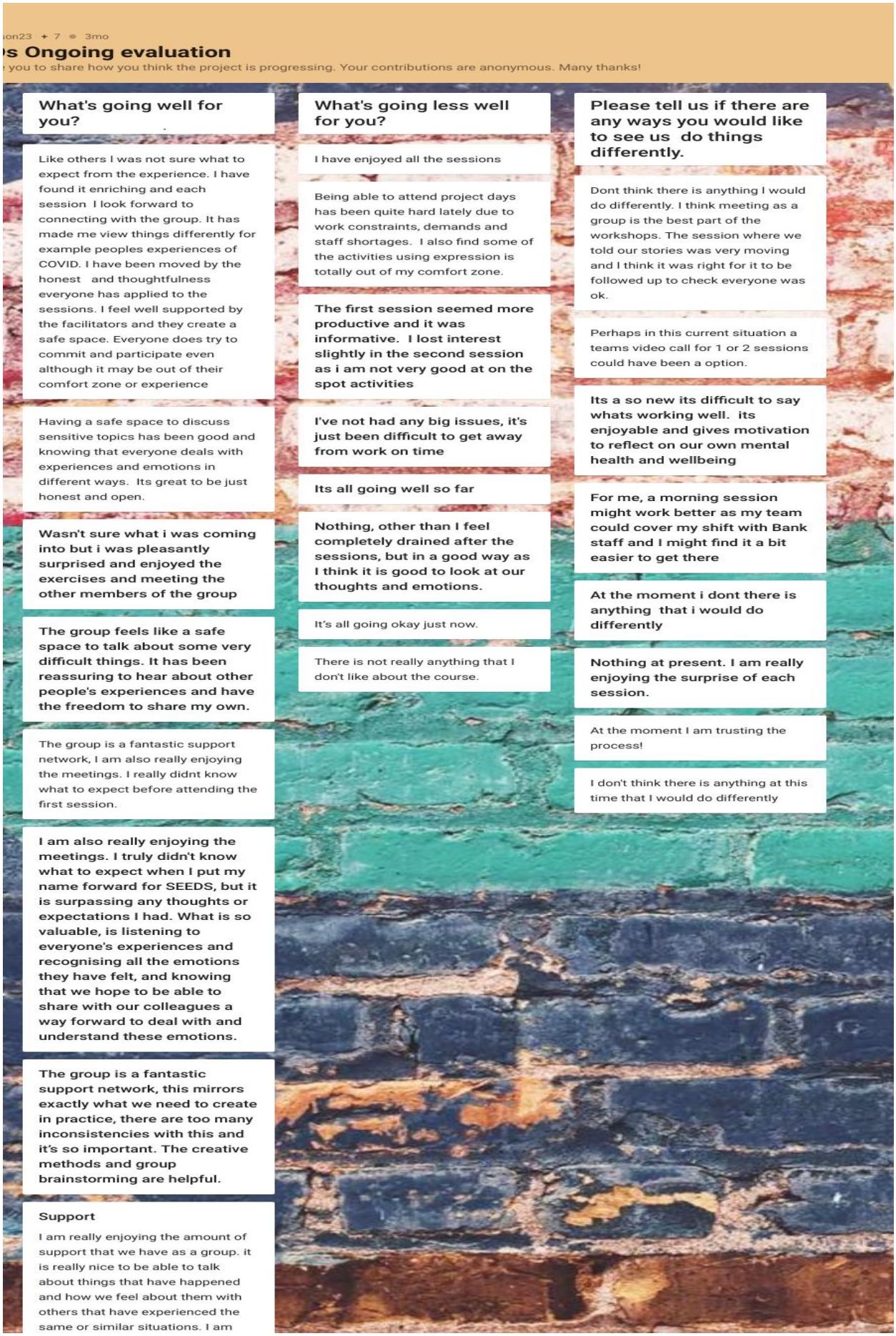
For we're human too and embody this role
And our many experiences are scarred on our souls
Experiences relived through past paradigm cases
Unresolved questions, did we cover all bases?

Striving to answer "what makes a good death?"
Determined to achieve it with all of our breath
And the reward that this brings when all's said and done
Is what fills us and warms us and brings up the sun
Compassionate care gives great satisfaction
Based on wisdom and knowledge and intelligent action

We may grow attached, go the extra mile
Then dying inside we continue to smile
The emotional labour takes its toll week by week
Leaves us spent and heartbroken, unable to speak.
We try different approaches to realise our visions
But when autocracy wins over democratic decisions
To preserve our wellbeing, we leave the status quo
And in taking those strong steps we learn how to grow
For fear and powerlessness only take from our resilience
But challenge and advocacy adds to our brilliance

So what can we do to support our profession
Strengthen our teams through support and reflection
Embrace the challenges and pressures we face
Finding time for self care; taking a breath from this race.
Sharing our feelings, growing together;
Understanding our emotions, we can face the pressure.
Empowerment, resilience and appreciation;
We have planted the seeds; the toolkit's our foundation

Appendix 3: Mid-point evaluation


on23 + 7 3mo
s Ongoing evaluation
you to share how you think the project is progressing. Your contributions are anonymous. Many thanks!
What's going well for you?
Like others I was not sure what to expect from the experience. I have found it enriching and each session I look forward to connecting with the group. It has made me view things differently for example peoples experiences of COVID. I have been moved by the honest and thoughtfulness everyone has applied to the sessions. I feel well supported by the facilitators and they create a safe space. Everyone does try to commit and participate even although it may be out of their comfort zone or experience
Having a safe space to discuss sensitive topics has been good and knowing that everyone deals with experiences and emotions in different ways. Its great to be just honest and open.
Wasn't sure what i was coming into but i was pleasantly surprised and enjoyed the exercises and meeting the other members of the group
The group feels like a safe space to talk about some very difficult things. It has been reassuring to hear about other people's experiences and have the freedom to share my own.
The group is a fantastic support network, I am also really enjoying the meetings. I really didnt know what to expect before attending the first session.
I am also really enjoying the meetings. I truly didn't know what to expect when I put my name forward for SEEDS, but it is surpassing any thoughts or expectations I had. What is so valuable, is listening to everyone's experiences and recognising all the emotions they have felt, and knowing that we hope to be able to share with our colleagues a way forward to deal with and understand these emotions.
The group is a fantastic support network, this mirrors exactly what we need to create in practice, there are too many inconsistencies with this and it's so important. The creative methods and group brainstorming are helpful.
Support
I am really enjoying the amount of support that we have as a group. it is really nice to be able to talk about things that have happened and how we feel about them with others that have experienced the same or similar situations. I am
What's going less well for you?
I have enjoyed all the sessions
Being able to attend project days has been quite hard lately due to work constraints, demands and staff shortages. I also find some of the activities using expression is totally out of my comfort zone.
The first session seemed more productive and it was informative. I lost interest slightly in the second session as i am not very good at on the spot activities
I've not had any big issues, it's just been difficult to get away from work on time
Its all going well so far
Nothing, other than I feel completely drained after the sessions, but in a good way as I think it is good to look at our thoughts and emotions.
It's all going okay just now.
There is not really anything that I don't like about the course.
Please tell us if there are any ways you would like to see us do things differently.
Dont think there is anything I would do differently. I think meeting as a group is the best part of the workshops. The session where we told our stories was very moving and I think it was right for it to be followed up to check everyone was ok.
Perhaps in this current situation a teams video call for 1 or 2 sessions could have been a option.
Its a so new its difficult to say whats working well. its enjoyable and gives motivation to reflect on our own mental health and wellbeing
For me, a morning session might work better as my team could cover my shift with Bank staff and I might find it a bit easier to get there
At the moment i dont there is anything that i would do differently
Nothing at present. I am really enjoying the surprise of each session.
At the moment I am trusting the process!
I don't think there is anything at this time that I would do differently