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ORIGINAL ARTICLE

Embedding storytelling in practice through CAKE – a recipe for team wellbeing and effectiveness

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Abstract

Background: CAKE, an interactive resource to promote individual and team wellbeing and effectiveness through storytelling was co-designed with community nurses in 2020. In Phase 1 of this project, CAKE comprised seven slices that guided teams through a process of connecting, storytelling, reflecting and action planning to promote wellbeing. It was developed in response to an increasing awareness of psychological harm experienced by nurses and other healthcare professionals. Levels of stress in the workplace are currently contributing to problems with recruitment and retention, and a lack of resources have impacted on practitioners' wellbeing, and their ability to be compassionate caregivers and to contribute to healthful teams.

Aim: Phase 2 of the project sought to: 1) develop facilitators of CAKE; 2) pilot test the prototype CAKE resource in a range of contexts; and 3) create a digital version of CAKE.

Methods: An evaluation approach to pilot testing, using multiple methods of data collection, involved 130 health and social care practitioners at 17 sites across the UK. Eight facilitator support sessions, underpinned by the Critical Ally model were offered and data were analysed using thematic analysis.

Findings: The findings revealed two overarching themes: facilitating CAKE and experiencing CAKE. In the former, three themes emerged: preparing for CAKE, trying CAKE and embedding CAKE. The latter had two themes: giving it a go and culture change. Following the study, the number of CAKE slices was increased from seven to eight by separating reflection and action planning, and minor amendments were made around spelling and grammar.

Conclusion: We propose CAKE as a novel resource to promote individual and team wellbeing and effectiveness in health and social care teams. CAKE users acknowledge the challenges in creating space to use the resource, but when it is implemented teams embed practices that create healthful teams. As facilitators use CAKE, they develop their facilitation skills but they require preparation and support.

Implications for practice:

- Taking time out to use CAKE can improve individual and team wellbeing and effectiveness
- Using CAKE supports the growth of gentle facilitation practices within teams
- CAKE has the potential to develop teams in which collective leadership is the norm
- Successful implementation of CAKE is dependent on support from managers and a culture that prioritises wellbeing

Keywords: Wellbeing, team effectiveness, leadership, facilitation, practice development, storytelling

Background

The World Health Organization (WHO) estimates that there will be a worldwide shortfall of nine million nurses and midwives by 2030 (WHO, 2022). This situation is reflected in the UK, which currently has around 44,000 nursing vacancies (NHS Digital, 2023), attributed by Buchan and colleagues (2020) to insufficient new entrants and workforce problems. While recruitment of new nurses is currently a political issue, greater attention needs to be given to retaining existing staff. The UK currently sits well below the average for high-income OECD countries at 8.7 nurses per thousand population (Buchan et al., 2020). Retention of nursing staff is considered a multidimensional problem (Dall'ora and Saville, 2020), with reasons including retirement, stress and burnout, and lack of agency leading to moral distress. High workload, low autonomy and poor resources also contribute to the human and organisational effects of stress, adversely affecting retention (Nwyanya and Rowberry, 2021). These can result in what has been termed compassion fatigue (Russell, 2016), the effects of which are described as physical, psychological and behavioural, including weight loss, sleeplessness, anxiety, disassociation, absenteeism, increased attrition and suicide (Al-Majid et al., 2018; Foli and Thomson, 2019). These factors have been accelerated by the Covid-19 pandemic (Department of Health and Social Care, 2022). Hinderer and colleagues (2014) suggest the societal costs of stress and burnout include impacts on patient safety, access to care and quality of care. Supporting nursing staff to stay in work therefore must be a priority for policymakers and organisations.

The issue of supporting staff to maintain wellbeing post pandemic has been raised (Blake et al., 2021; Huffman et al., 2021) but this is not a new issue. The King's Fund report *The Courage of Compassion* (West et al., 2020) emphasises the need for healthcare leaders to focus on nurses' wellbeing, highlighting three core nursing needs: autonomy (nurses' ability to work consistently with their values and to have control over their work lives); belonging (the need to feel valued, respected and supported. Belonging is also concerned with the need for connectedness and feeling cared for, enabling nurses to care for others around them at work); and contribution (nurses feeling that what they do makes a difference). The importance of wellbeing is reflected in the positive psychology literature. Seligman (2011) offers five measurable elements that make up wellbeing in his PERMA model. He contends that positive emotion, engagement, relationships, meaning and accomplishments are features of human flourishing. He suggested flourishing occurs where individuals have a continued state of wellbeing and can be at their best for prolonged periods (Seligman, 2011, p 70). Gaffney (2011) also equates flourishing with 'a deeper sense of wellbeing'; building on Seligman's earlier work, she suggests there are four components of flourishing: challenge, connectivity, autonomy and using valued competencies. Giving and receiving energy is an important aspect for all to flourish in teams, (McCormack and Titchen, 2014; Dewing and McCormack, 2017). These authors suggest while relationships may have the intention of flourishing and being healthful and reciprocal, they are enabled or hindered by culture and context.

According to Chamberlain and colleagues (2017), higher reported levels of emotional exhaustion are associated with less positive contexts, and from their theory of developing person-centred, safe, effective cultures, Manley et al. (2019) suggest workplace culture has the greatest potential to impact directly on staff providers as well as recipients of healthcare. They contend that culture determines the potential for practice transformation and change, and developing a healthful culture involves embedding the core values of holistic safety, person-centredness, teamwork and effective ways of working. The definition of healthful culture offered by McCormack and McCance (2021, p 29) has wellbeing at its core. They describe such a culture as:

> *'One in which decision-making is shared, staff relationships are collaborative, leadership is transformational, innovative practices are supported and is the ultimate outcome for teams working to develop a workplace that is person-centred.'*

Cardiff and colleagues (2020) offer their Guiding Lights model as a way to develop high-performing teams that flourish and provide care that is safe, effective and person-centred. Focusing their attention

away from organisational cultures to workplace cultures, they use realist evaluation in their study. They draw on contributions from nurses through social media and at an international conference to produce a realist programme theory with four guiding lights. Each identifies contexts that enable a range of practices with outcomes that indicate high-performing teams: collective leadership; living shared values; safe, critical, creative learning environments; and change for good that makes a difference. Cardiff and colleagues (2020) describe collective leadership as visible, authentic, credible and relational, and suggest their approach encourages a focus on wellbeing that enables leaders to foster engagement through dialogue and challenging practice. This is made possible, they contend, through trust, collaboration, participation and mutual respect, with leaders balancing needs with skills and building on quick wins towards sustainable change. Shared values in the second guiding light are compassion, positivity, learning and celebrating change for good. The third guiding light – safe, critical, creative, learning environments – identifies contexts where practice is caring, safe and effective, where there are mutual learning relationships and where openness, difference, curiosity and creativity are valued. Such contexts allow space and structures for people to stop, think, reflect, share ideas and plan together as a team. Individuals within teams show courage and self-awareness, are supportive and promote knowledge exchange. The fourth guiding light identifies that change for good that makes a difference is supported in contexts where there is a shared purpose, an understanding of what matters to people, and a focus on external influences and navigating complexity. Such contexts enable caring and compassion, the giving and receiving of feedback, positivity and working with different sources of knowledge. The authors suggest these contexts and mechanisms bring a range of outcomes: strong, high-performing teams; better retention and low sickness rates; flourishing and growth of potential among staff; care that is person- and relationship-centred, safe and effective; sustained positive, improving workplace cultures; and effective partnerships built within and across settings. They suggest that workplaces where these guiding lights are in place are good places to work.

The commitment of one healthcare organisation to staff wellbeing, person-centredness and the promotion of healthful cultures led to a project to promote wellbeing and team effectiveness in community nursing in 2020. SEEDS (Supporting and Enhancing Empowerment and Development through Storytelling) became Phase 1 of this larger project and used a series of workshops to help community nurses share their stories and reflect on them. They were then helped to consider ways to support their wellbeing, challenge the status quo and develop team effectiveness. The result of Phase 1 was the co-design of an interactive resource – CAKE – to support individual and team wellbeing and effectiveness. This first iteration of CAKE (Caring for each other; Attending to what's happening; Keeping connected; Enabling and Empowering) had seven slices. This version (and the later refined version) had four key stages. Within the first stage, the slices entitled 'checking in and checking out', 'developing shared ways of working' and 'creating a shared purpose' facilitate the creation of a safe space to tell stories. 'Storytelling' is central in the second phase and in the storytelling slice there are recorded stories using metaphor and focusing on a range of practice issues. Also in that slice is the method for creating and sharing people's own stories. The third phase is concerned with 'reflection' and 'action planning'. These two slices were designed to follow storytelling to help participants consider the issues, feelings and critical questions that assist in the action-planning process. The 'wellbeing and team effectiveness strategies' slice offers suggestions for actions teams might like to consider. The fourth phase of CAKE is 'evaluation'. The evaluation slice offers tools to evaluate the process of using CAKE and the goals identified in the action plan. These phases did not need to be undertaken together, but were designed to be used flexibly and dynamically. The purpose of each slice is outlined in Table 1. This article reports on Phase 2 of this project, which pilot tested the resource and its model of facilitation. The digital resource that emerged as a result of the pilot is now widely available for teams across health and social care. It can be viewed at listenupstorytelling.co.uk/cake.

Table 1: CAKE: Overview of slices in Phase 1

Slice	The purpose of each slice is to:
Checking in and checking out	Create a space to help everyone feel comfortable and focused, and to leave distractions outside the group
Ways of working	1. Create shared agreements about how the team wants to work together 2. Create conditions where team members feel safe and brave to tell their stories
Creating a shared purpose	Create a shared understanding of wellbeing/self-care/team effectiveness (depending on the team's priority). This will become a shared vision/goal for the team
Storytelling	1. Help individuals within the team to create and share their stories 2. Raise issues from practice that may represent good practice or may be challenging
Reflection and action planning	1. Encourage individual and team reflection on the stories, based on a reflective model 2. Agree the issues arising from reflection that individuals and the teams want to prioritise. The team will be able to identify actions that need to be taken and document them on an action plan
Wellbeing and team-effectiveness strategies	Give some examples of strategies that could be used to promote individual and team wellbeing and team effectiveness
Evaluation	1. Evaluate whether the goals of each session have been met 2. Identify the goals in the action plan that have been met, looking at what does and doesn't work within the team 3. Evaluate the process of using CAKE, for example, how the team is working together, the resources used and the facilitation 4. Embed evaluation into the action plan

Aims and objectives

Phase 2 of the project had four main aims:

1. To develop facilitators of CAKE
2. To test the prototype CAKE resource in a range of contexts
3. To evaluate the experience of CAKE for facilitators and users
4. To create a digital version of CAKE

Methodology and methods

Facilitator preparation

Preparation and support of the facilitators was central to this pilot study. The mode of facilitation was based on the work of Hardiman and Dewing (2014), whose Critical Ally model is the first of two sequential models aimed at developing expertise in the facilitation of practice development. The aim of the Critical Ally relationship is to enable novice practitioners to learn in and from practice in their workplace and, at the same time, to help them become more skilled in facilitation. Theoretically grounded in the principles of practice development and critical social science, the model aligns well with the methodology used to co-design the CAKE resource and the proposed implementation method.

According to Manley et al. (2021), practice development is:

> *'Fundamentally about person-centred practice that promotes a safe and effective workplace culture where all can flourish'* (p 3).

As a methodology explicitly focused on the micro-level of practice, Manley and colleagues (2021) suggest practice development, with principles that include collaboration, inclusion and participation, offers a coherent approach to unravelling the complexities of practice, helping person-centredness to

be realised. Given the intention of practice development is to develop person-centred cultures, this model of facilitation can be a catalyst to transforming cultures within teams to ones that privilege wellbeing. Hardiman and Dewing (2014) and McCance et al. (2013) advocate for facilitation that has the explicit intention of promoting person-centredness by focusing on attitudes, behaviours and relationships.

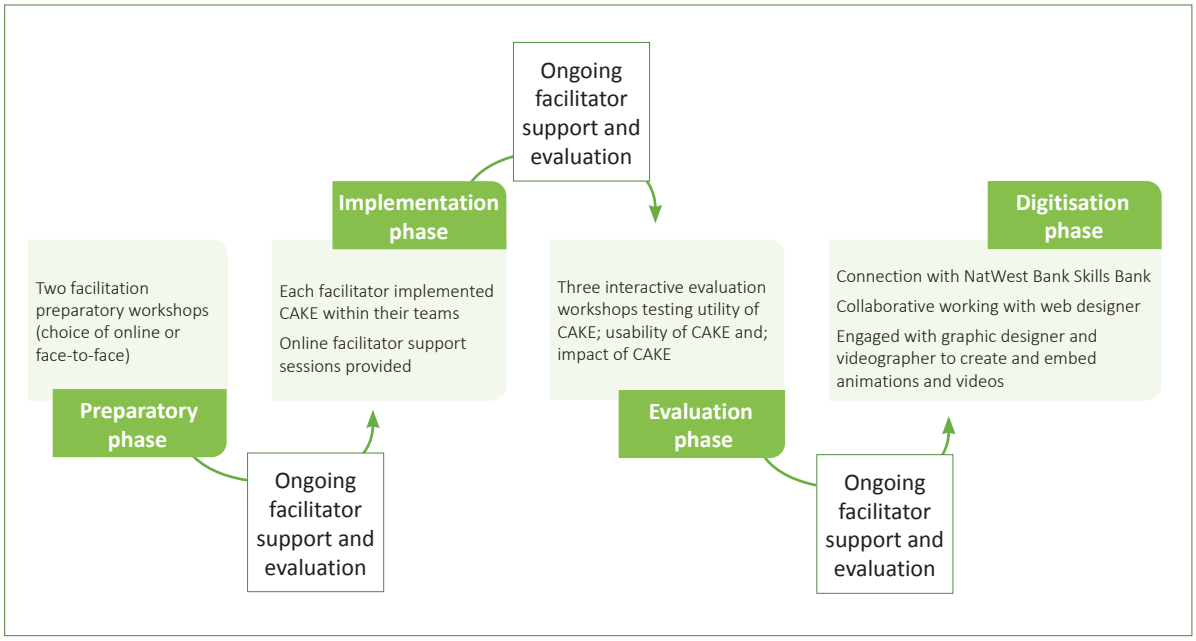
Evaluation approach

The evaluation approach of Phase 2 of this study adopted the practice development principles of collaboration, inclusion and evaluation, drawing on Fourth Generation Evaluation (Guba and Lincoln, 1989). This evaluation method has moved beyond the scientific or positivist paradigm to the constructivist paradigm. Relativism, the underpinning ontological perspective of constructivism, values multiple truths and experiences. The evaluation approach in Phase 2 therefore adopted multiple methods of data collection, enabling different perspectives to emerge. To assist emergence of these experiences, data collection occurred during and at the end of the project. Spaces for discussion of the emergent themes from the evaluation were an ongoing feature of the project.

Project design

The overall project design is outlined in Figure 1. During the preparatory phase, facilitators engaged in one of two preparatory workshops. CAKE was role modeled, giving participants the opportunity to experience it, and an overview of the Critical Ally model was given, with space for discussion and planning about how to implement CAKE in their workplaces. Evaluation sheets outlining each slice were given to capture the utility of CAKE. During the implementation phase, facilitators chose how they would facilitate CAKE within their own teams. Some facilitators and teams set aside dedicated time, while others incorporated activities into everyday practice, working both synchronously and asynchronously. Throughout the implementation phase, facilitators received peer support via eight drop-in sessions whose purpose was motivation and ongoing evaluation of the resource. Additional one-to-one sessions were available on request. During the drop-in sessions, reflective discussions were facilitated with the purpose of gaining further insight into the utility of CAKE. Each facilitator had the opportunity to share their stories from practice and highlight what was going well and less well. These data were captured by the workshop facilitators and transferred to a spreadsheet.

Figure 1: Project design



At the final evaluation workshops (online and face-to-face) multiple methods of data collection were used (Table 2) to capture stakeholder data, the usability and impact of CAKE, and stories of facilitating CAKE. Stakeholder data were collected via a short questionnaire; data giving insight into usability was captured on a flipchart in the face-to-face workshops and on Padlet (a free online notice board app) during the online workshops. A discussion space was facilitated within the evaluation workshop, where facilitators shared stories of their highs and lows, the challenges and opportunities experienced while facilitating CAKE with their teams, as well as the reactions of their teams to CAKE. Facilitators were also asked to note which activities they used using flipcharts or via Padlet.

Table 2: Data collection

Data collection (face-to-face and online data-collection methods)	**Purpose**
Questionnaire	Stakeholder data: • Team member numbers • Roles of individuals in teams
Questionnaire/Padlet	Usability of CAKE. For each slice, participants were asked: • What's going well? • What's not going so well? • What changes would you and your team recommend?
Stories during facilitated discussions	• Highs and lows of implementing CAKE • The challenges and opportunities experienced while facilitating • Teams' reactions
Questions on flipchart/Padlet	Impact of CAKE: • What stages of CAKE have been embedded within the team? • What has the impact been – on you? – on individuals within the team? – on the team? • What new actions have been implemented as a result of using CAKE?

Participants

The sample was purposive and participation was voluntary. As the aim of the resource was to promote individual and team wellbeing and effectiveness within healthcare teams, we sought participants who were enthusiastic about using the resource in practice to be facilitators. We therefore invited community nurses who had participated in SEEDS; we also raised awareness of the resource through professional networks and conference presentations inviting potential participants to be involved in this project, and extended the sample beyond nursing to wider health and social care teams. The inclusion and exclusion criteria can be viewed in Table 3.

Table 3: Inclusion/exclusion criteria

Inclusion criteria	• Health and social care practitioners who will have the opportunity to facilitate within their team • Health and social care practitioners who have support from their managers
Exclusion criteria	• Practitioners who would not be supported to test CAKE within their teams • Practitioners who could not attend both the preparation and evaluation workshops

Ethical approval was granted by Queen Margaret University research ethics committee.

Data analysis

Qualitative data from the evaluation workshops, the drop-in sessions, online Padlets and the two sets of CAKE questionnaires (utility of CAKE and demographic data) were analysed using an adapted thematic analysis (Figure 2; Braun and Clarke, 2022). Authors CD and KM read and re-read the data to familiarise themselves with them. Keywords and phrases were highlighted to generate initial codes, which were supported by quotes from the raw data. Using a coding grid, critical discussion and debate, codes were clustered to generate initial themes. Further refinement of themes generated overarching themes and subthemes.

Figure 2: Thematic analysis (Braun and Clarke, 2022)

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Become familiar with the data	Generate initial codes	Search for themes	Review themes	Define themes	Write-up

Findings

The findings of this project illuminated the experiences of the facilitators implementing CAKE (n=17) and the individuals using CAKE at the 17 sites (n=130). Fifteen facilitators were female, two were male; 16 were in Scotland and one in England. Ten facilitators attended at least one drop-in session, seven attended one of the evaluation drop-in sessions. Six facilitators attended a formal evaluation session. The professional roles of the facilitators are shown in Box 1.

Box 1: Professional roles of CAKE facilitators

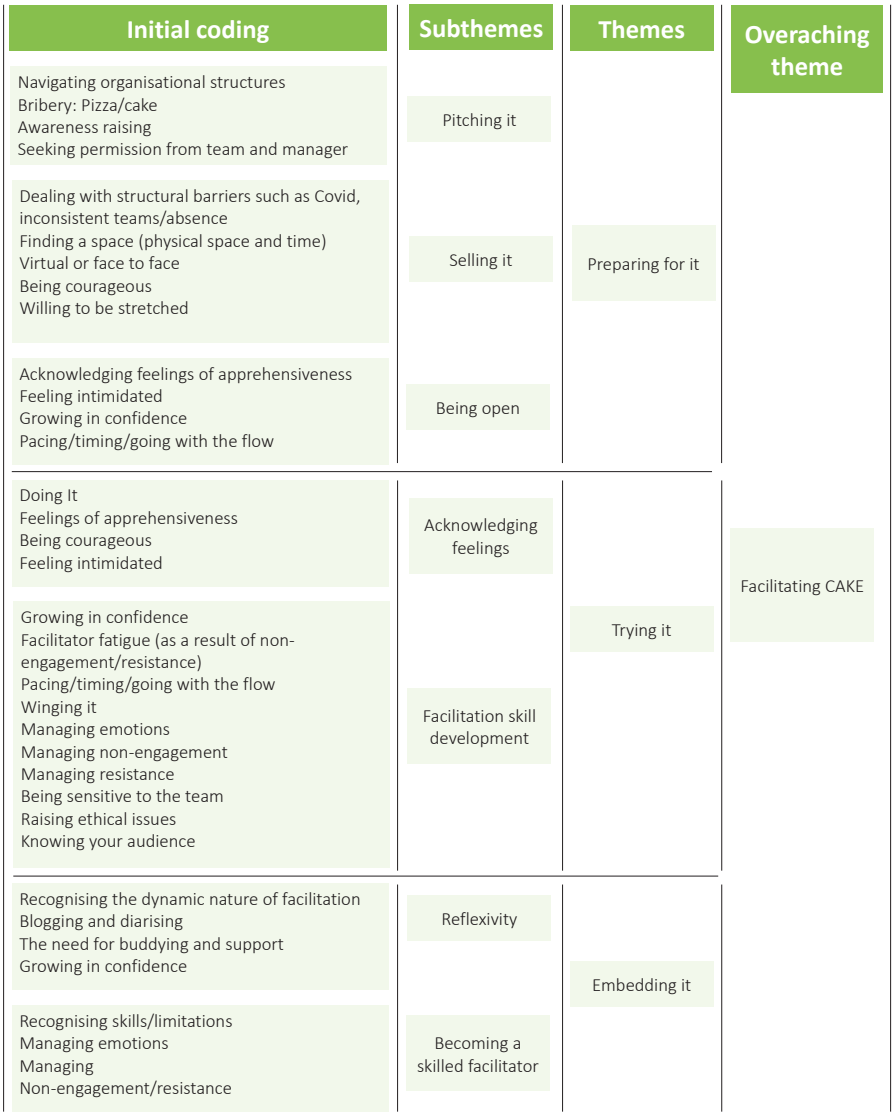
- Three district nurses leading community teams
- Four community nurses
- Two health visitors
- Two nurses from acute care (one charge nurse and one staff nurse)
- One team leader
- One care home team leader
- One nurse clinical educator
- One allied health professional clinical educator
- One academic
- One arts therapies team leader

Two themes emerged: facilitating CAKE (Figure 3) and experiencing CAKE (Figure 4).

Facilitating CAKE

Facilitators described transitioning through three phases: preparing for it, trying it and embedding it, demonstrating their development as facilitators. The audit trail of these themes is in Figure 3.

Figure 3: Facilitating the use of CAKE



Theme: preparing for it

Three subthemes emerged under this theme: 'pitching it', 'selling it' and 'being open'. To prepare for implementing CAKE, facilitators described how they had to *pitch it* to teams and they did this through awareness raising, making the resource available, incentivising with cake and pizza, and offering the opportunity to talk about the resource. One facilitator shared her frustration around getting started with CAKE:

> *'I've done a lot of planning. There's not much buy-in due to summer and staffing'* (Community team leader).

Another shared that '*it was challenging to get the team together*'. One emphasised the need to make time:

> *'I think for me it is to make time and keep going as the staff on our base are great at participation'* (District nurse).

Another community nurse acknowledged she could have been more assertive to progress sessions. The facilitators also had to *pitch it* to team leaders and managers to gain support. One community nurse identified '*rostering dedicated time*' in negotiation with managers. This theme was also concerned with '*negotiating organisational barriers*'. The project took place during the Covid-19 pandemic, which had implications for support. Additionally, facilitators reported inconsistency in teams due to short staffing and absence, and difficulty finding spaces (physical space and time) for discussion about how the model could support the implementation of strategies to promote wellbeing and team effectiveness. The community team leader was keen to involve care home colleagues but found this challenging:

> *'There was no response from my second invite to managers in care homes. They're very stretched right now so not the right time.'*

Some facilitators adapted sessions by using virtual means of communication rather than face-to-face interactions:

> *'Padlets worked well for evaluation. Better anonymised and done in their own time, but need to chase up'* (District nurse).

Theme: trying it
This had two subthemes, 'acknowledging feelings' and 'facilitator skill development'. Facilitators shared how they acknowledged their colleagues' '*feelings of apprehensiveness*'. The impact of apprehensiveness may have been evident in some reluctance to engage with the resource, according to the health visiting team leader. She explained that these feelings dissipated through using CAKE:

> *'It [CAKE] gives structure and a sense of safety when tackling issues. It established shared and individual values and supports teams to adhere to these and respect others.'*

At the beginning, the health visitor team leader shared how she had only managed a few check-ins and that she had not always managed check-outs as colleagues often left early. One community nurse reported that colleagues were anxious about using the check-in activity. Facilitators voiced how they needed to '*be courageous*':

> *'I was most nervous about the storytelling slice. Needs time. Really surprised about how well exemplars worked'* (District nurse).

Over the course of the project, facilitators reported how they and their teams became more comfortable using the resource.

> *'I have been trying lots of methods but not tried things that I don't feel comfortable with myself, e.g., laughter yoga'* (District nurse).

To do this, facilitators needed to be '*willing to be stretched*'. As they used the resource, they felt that they were '*growing in confidence*'. Facilitator skill development was the second subtheme of 'trying it'. Facilitators reported growing in confidence as they became more aware of pacing, timing and how they experienced '*going with the flow*'. Going with the flow reflected descriptions of when they felt they were '*winging it*'. One district nurse gave insight into her facilitator development:

> *'My timings are not great. Initially nervous and rushed. I felt pressured. I think I have calmed down and feel easier with the process.'*

However, the district nurse thought time was a factor that challenged her facilitation.

> *'Some folks find evaluation difficult, especially when you are only doing 30-40 minute sessions.'*

Others acknowledged frustration and fatigue because of non-engagement or resistance. On the subject of colleagues who were reluctant to engage, one of the district nurses said:

'You don't force, just give options... they can just observe and explore... why.'

She shared that it was when this continually happened that she experienced facilitator fatigue.

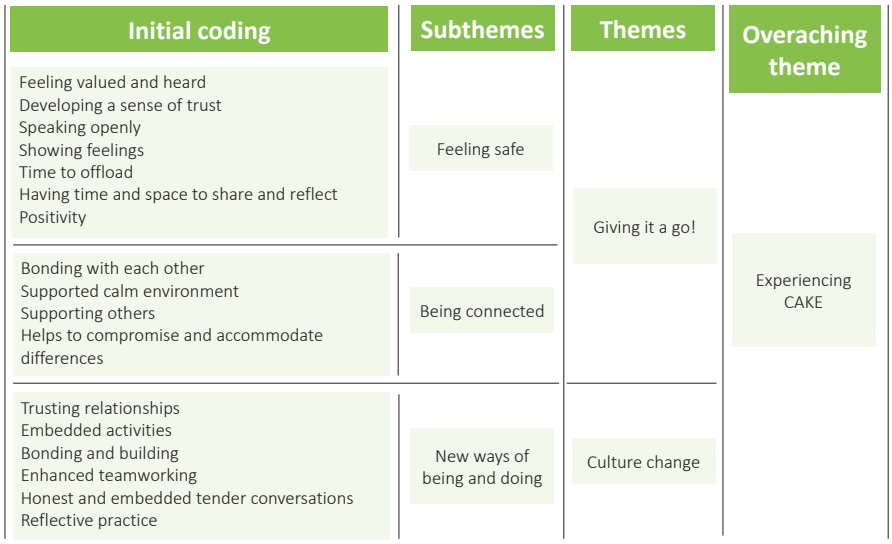
Theme: embedding it
This theme had two subthemes, 'reflexivity' and 'becoming a skilled facilitator'. Facilitators began to recognise the '*dynamic nature of being a facilitator*' honing their skills through reflexivity. To help with this, they were '*blogging and diarising*' but recognised the '*need for buddying and support*'. Within this theme, facilitators recognised their '*growing confidence*'. They reported being able to, '*manage emotions*', '*raise ethical issues*' and '*manage non-engagement and resistance*' by '*being sensitive to the team*'. They described the importance of '*knowing your audience*'. One district nurse was rewarded:

'I did four sessions then left [her role] but the team want more!'

She shared how activities were now embedded in teamworking, for example, self-care activities, taking a break, more questioning of each other, '*acknowledging the support they get and give*'.

Experiencing CAKE
Two themes emerged for participants experiencing CAKE: 'giving it a go' and 'culture change' describe their journey.

Figure 4: Experiencing CAKE



Theme: giving it a go!
This has two subthemes, 'feeling safe' and 'being connected'. Team members' quotes are woven throughout the following text, as well as in pullouts. They shared how they felt the environment created by using CAKE made them feel safe. The community team leader told of the need for team members to give themselves permission to give the resource 'a go':

'Once they [the team]'re in it, they realise what they get out of it. They just really need to give themselves permission.'

According to one team member, '*We feel guilty about showing our emotions'* when time was created for them to '*offload*', '*share'* and *'reflect*'. A fellow team member said:

'Telling the stories made you feel good, proud and positive.'

Participants described developing *'a sense of trust*', '*a sense of positivity*' and a '*supportive environment*'. One team member described how engaging in CAKE helped her to know her team better:

'We are a strong team, but we know each other better after this experience.'

Another thought it was particularly useful as a '*bonding exercise*' and another said it was particularly useful as a new member of the team. The outcome was described as feelings of being '*valued and heard*' and not judged, because they felt able to '*speak openly*' and to '*show their feelings*'. They described, '*bonding with each other*,' '*supporting others*' and said the resource helped to '*compromise and accommodate differences*'.

Theme: culture change
Participants articulated how they were embedding the activities of CAKE into everyday practice. They described developing '*trusting relationships*' where they were '*bonding and building'*. They spoke of '*paying attention to each other daily*', resulting in '*enhanced teamworking*'. Participants described CAKE as a means to have '*honest and embedded tender conversations*'. One participant considered CAKE to contain tools for different contexts, and it also was viewed as a catalyst for reflective practice.

Discussion
This project reveals the potential of the CAKE resource to promote individual and team wellbeing and effectiveness. The approach taken to evaluation enabled the experiences of the facilitators implementing CAKE and their teams to emerge. Despite the availability of myriad wellbeing apps, to our knowledge this is the only resource that uses storytelling and empowers teams to work together to plan to develop individual and team wellbeing and effectiveness. We believe there is potential in this resource to create a culture that makes teams, in the words of Cardiff et al. (2020), 'good places to work'. In the first of their guiding lights, those authors described collective leadership as a dynamic, emergent and interactive influence process among team members. CAKE offers a person-centred resource for leaders to engage with team members, encouraging a leadership and followership dynamic that aims to develop team wellbeing and effectiveness. Being relational and facilitative in its approach, collective leadership aligns well with the Critical Ally model (Hardiman and Dewing, 2014). This model of facilitation is gentle, fosters trust and friendship, and highlights the importance of professional respect, shared values, authentic presence and willingness to participate. This reflects Cardiff et al.'s second guiding light, 'living shared values'. The Critical Ally model offers a range of facilitative strategies and tools that are visible within the CAKE resource. Our project reveals the importance of at least one team member having prepared to facilitate by participating in the facilitator workshops. However, we believe using CAKE as an intervention and the Critical Ally model as the facilitative approach offers the potential to develop everyone's facilitation skills, creating a sense of shared responsibility.

The importance of facilitation as a key factor in successful implementation of evidence into practice is well recognised in implementation science. Original work by Rycroft-Malone and colleagues (2002), which developed the PARiHS (Promoting Action on Research Implementation in Health Services) model, was further refined by Harvey and Kitson (2016) as the i-PARHIS model. They describe facilitation as the active ingredient to implementation and a need for a network of facilitators to help navigate complexity. A new construct within i-PARHIS is the 'recipient', highlighting the important role of teams in terms of willingness to make changes in practice, aligning with the intention of the Critical Ally model (Hardiman and Dewing, 2014). Slater and colleagues (2009) also emphasise positive relationships in teams. They contend such relationships have an impact on staff development opportunities, research

use and autonomy over decision making. This emphasis on positive engagement is reflected in the findings of our project, where successful implementation of CAKE depended on 'selling it' and 'pitching it' as facilitators prepared for implementation. It is also reflected in the 'gentle language', a key strategy of CAKE. This eased the teams' initial apprehension about engaging with CAKE but also promoted a sense of safety and connectedness with others in their teams as they experienced CAKE. This important aspect of preparation is covered in the facilitation workshops.

The i-PARIHS framework (Harvey and Kitson, 2016) emphasises the importance of context as an enabler of evidence implementation and defines it as a mix of leadership, culture and orientation towards evaluation – all aspects given attention to in CAKE. According to the literature, collective leadership is also operationalised through the fundamental activity of developing a shared purpose, which sets the direction of the team (Carson et al., 2007; Akhtar et al., 2016; Cardiff et al., 2020). This is a key activity within the CAKE resource and a strategy used by Critical Allies (Hardiman and Dewing, 2014). The importance of 'knowing each other' as persons to achieve connectedness within the team is also a feature of collective leadership that is enabled in the CAKE resource by using the slices 'checking in and checking out' and 'developing shared ways of working'. These two slices, plus 'creating a shared purpose' aim to develop a safe space within a team where people can feel courageous enough to share stories of their experiences in practice, reflecting the third guiding light, 'safe, critical, creative, learning environments' (Cardiff et al., 2020). The findings of our project suggest the facilitators and teams created a sense of safety together, which enabled individuals within teams to share their stories and work out the key aspects of their culture that they needed to change in order to achieve wellbeing and team effectiveness. These spaces also enabled facilitators to grow their expertise. Much is written in the literature about the importance of creating safe or brave spaces (see for example, Cook-Sather, 2016). She suggests safety implies being in one's comfort zone but a re-envisioning of the term to include brave spaces recognises an individual's vulnerability and the need for courage in innovating and taking risks (Arao and Clemens, 2013). Courage is referred to often in our findings, as is the recognition of vulnerability, especially by the facilitators who grew in confidence as their facilitation skills developed. It also enabled essential conversations within teams that can be challenging. Participants referred to these as 'tender conversations', which Mannix (2021) suggests are conversations in which we 'listen well'. Mannix refers to tender conversations as being a shared endeavour undertaken by people in partnership that have a deliberate intention of understanding different perspectives and sense making. To engage in these conversations, facilitators felt reassurance by having the CAKE resource visible. We posit that the approach adopted by Critical Allies enables these conversations because of the partnership approach and because, as Hardiman and Dewing (2014, p 8) suggest, 'they work authentically in a two-way process between trust and mutual respect'.

The last guiding light is 'change for good' (Cardiff et al., 2020). The intention of the CAKE resource is to create wellbeing and team effectiveness within teams and our findings suggest change was made for good, by creating a healthful culture. McCormack and McCance's (2021) definition of healthful culture suggests relationships are collaborative and decision making is shared. The intention of the 'reflection', 'action planning', 'strategies for wellbeing and effectiveness' and 'evaluation' slices is for teams to engage together to identify issues within their workplace culture, while acknowledging the feelings this generates and deciding on ways forward that are mutually agreeable and beneficial. Mackay and Jans (2022) describe healthful relationships in work with clinical supervisors and students in practice. They suggest that healthful relationships are evident when persons experience a sense of 'being in practice together while supporting each other to seek their full potential' (Mackay and Jans, 2022, p 232). The authors go on to describe relationships that are mutually respectful, accepting of differences, have shared expectations, offer hope, and are open to learning, unlearning and relearning. McCormack and McCance (2021) also suggest innovation is supported in a healthful culture. We contend that CAKE is a resource that can help teams create a healthful culture within their workplace.

Limitations

Although 17 facilitators were prepared to participate in this project, only 10 contributed to the ongoing drop-in sessions and final evaluation workshop. We are currently preparing to undertake projects to further test the feasibility of the CAKE resource.

Conclusions and implications for practice

This pilot project suggests that CAKE offers a novel interactive resource to promote wellbeing and team effectiveness. Its structure and process help develop gentle facilitation practices within teams, which create safe spaces to enable stories of practice to be shared. Taking time to reflect together enables teams to understand what is going on within the workplace culture. Rather than stopping at reflection, CAKE is structured to encourage teams to co-create action plans to help them move forward with a view to creating good places to work.

If CAKE is to play a part in addressing the pressing issues of recruitment and retention in nursing, teams need encouragement and support from managers in the development of facilitators and in the prioritisation of staff wellbeing. This project was carried out during the Covid-19 pandemic – a time when nurses were arguably at their most stressed and vulnerable. Staff wellbeing needs to shift from a culture that is tokenistic to one where safe spaces are prioritised for nurses and their health and social care colleagues to share issues and problem solve, so that the workplace becomes a good place to work. We believe CAKE is a powerful resource to achieve this.

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