



AN IMPACT EVALUATION OF 'OUT IN THE FIELD'

A RETREAT FOR NHS STAFF

Candidate Number: YWZR1

Partner Organisation: Out in the Field

Dissertation Supervisor: Stacy Hackner

Date of Submission: 03/09/2023

Acknowledgements

Out in the Field

I would like to express my gratitude to the Out in the Field team for allowing me to partner with them for this dissertation. The warm welcome and support I received was second to none. Thank you to my supervisor there, Jessie Teggin, who made this opportunity possible, but also to the wider team, Jane, Liz, Jen, Miriam, Sam, Deborah, Sarah, Beryl, Jacqui, and Mark, all of whom made my experience as enjoyable as it was educational.

The Creative Health MASc

A special thanks to my personal and dissertation supervisor, Stacy Hackner, for her much-needed care and guidance in navigating my studies. In addition, thank you to Dr. Thomas Kador, Prof. Helen Chatterjee, and Dr. Ranjita Dhital for developing such a unique and engaging course.

Family and Friends

Thank you to my family for your constant support, and thank you, George, for being the sunshine on rainy days.

Abstract

The NHS plays a vital part in the healthcare of UK citizens; however, it also places substantial demands on its workforce. These demands can lead to burnout and a reduced sense of well-being in staff, especially following the COVID-19 pandemic. In response to these issues, a one-day retreat, 'Out in the Field' (OITF), was developed using non-clinical creative health approaches to support NHS staff well-being. This dissertation conducts an impact evaluation of OITF, assessing its effectiveness in supporting the well-being of NHS staff.

Objective

The primary objective of this dissertation is to evaluate the effect of OITF on the well-being of participating NHS staff. The study investigates participant well-being pre-retreat and post-retreat to measure its impact. Hypotheses predict that OITF will have both short and long-term positive benefits on the well-being of staff members, demonstrate a need to support NHS employees and encourage further retreats or interventions for staff.

Methods

Literature review: A review of existing literature establishes the context in which this dissertation was conducted by exploring current issues within NHS staff well-being. It then explores a theoretical framework to understand the components contributing to good well-being. Lastly, the review explores the current literature supporting activities and techniques used by the retreat, such as forest bathing, Sophrology and storytelling.

Data Collection: Data was collected using a mixed-methods approach involving a combination of pre-retreat, post-retreat, impact surveys and action research. Action research involved researcher journaling, participant observation and a mindful stone-painting activity with participants to create an in-depth and holistic approach to understanding participant experience and evaluation of the retreat.

Data Analysis: Quantitative survey data was examined through statistical analysis; graphs and charts were produced to represent the data visually. Qualitative survey data and action research data were examined using thematic analysis and coding through the data analysis software 'Quirkos'. Common themes and patterns were used to create pie charts representing participant responses, while word clouds visualise the language used by participants in describing their experience.

Results

The impact evaluation revealed a need to support NHS staff's well-being based on overall participant response. Identified short-term benefits include relaxation, team connection and feeling valued. Evidence of medium-term impact demonstrated the use of techniques at home and in the workplace following the retreat and empowerment to change the work environment. However, some staff still felt that their work life was the most significant drain on their well-being.

Implications

Possible implications of this dissertation include an incentive for further retreats and interventions to support NHS staff and other healthcare organisations. In addition, this dissertation provides a model that could be used in future interventions to improve staff well-being and alleviate workforce attrition. Results may also inform resource allocation and future policy in supporting the well-being of NHS employees.

Conclusion

The OITF programme represents promising initiatives to support NHS staff well-being. This dissertation evaluates the effectiveness of the retreat, using a mixed-methods approach to create a holistic and in-depth assessment. It also incorporates an interdisciplinary approach to well-being from a creative health angle. Findings demonstrate the potential to improve the lives of healthcare professionals by offering non-clinical support, ultimately benefitting both staff and patients.

Table of Contents

Acknowledgements	2
Abstract	3
Contents	5
List of Figures and Images	6
Acronyms	7
1. Introduction	8
1.1 Context.....	8
1.2 Concepts.....	11
2. Literature Review	12
2.1 Theory and Context.....	12
2.2 Retreat Activities.....	13
2.3 Summary.....	17
3. Methods	10
3.1 Surveys.....	18
3.2 Action Research.....	20
4. Results	23
4.1 Surveys.....	23
4.2 Action Research.....	51
5. Discussion	55
5.1 Creating a Sense of Well-being: Concepts and Themes.....	55
5.2 Interpretations of Survey Findings.....	55
5.3 Factors Influencing Well-being.....	57
6. Conclusion	61
6.1 Conclusion of Results.....	61
6.2 Wider Implications.....	62
Reference List	63
Appendices	72
Appendix 1- Out in the Field Itinerary.....	72
Appendix 2- Consent Form.....	74
Appendix 3- Information Leaflet.....	75
Appendix 4- Thematic Analysis.....	76

List of Figures & Images

Images

- Image 1- 'The Big Barn' as photographed by the author.
- Image 2- 'Refreshments' as photographed by the author.
- Image 3- 'The Lawn' as photographed by the author.
- Image 4- Meenfield Wood, as photographed by the author.
- Image 5- 'Lunch' as photographed by the author.
- Image 6- 'The Darent Valley' as photographed by the author.
- Image 7- Collage of Participant Artwork.
- Image 8- Example of Participant Artwork.
- Image 9- 'The Canopy' as photographed by the author.
- Image 10- 'Flowers at the Quadrangle' as photographed by the author.

Figures

- Figure 1- 'Siegel's Triangle of Well-being' (Codrington, 2010).
- Figure 2- Concept of Nature Therapy (Song, Ikei and Miyazaki, 2016).
- Figure 3- Survey breakdown.
- Figure 4- 'How would you currently describe your levels of stress and anxiety pre-retreat?'
- Figure 5- 'How would you currently describe your general mental/emotional health pre-retreat?'
- Figure 6- 'How would you currently describe your physical health pre-retreat?'
- Figure 7- 'What are your motivations for attending this retreat?'
- Figure 8- 'What do you hope to get out of this retreat?'
- Figure 9- 'Do you have any reservations or fears about attending this kind of retreat?'
- Figure 10- 'What is your experience of connecting with nature to improve your health and well-being in the last 24 months?'
- Figure 11- 'Which of the following activities and practices do you feel are valuable in improving your mental and physical well-being?'
- Figure 12- 'Overall, how did you feel about the day?'
- Figure 13- 'How would you describe your experience of forest bathing today in a few words or one sentence?'
- Figure 14- 'How would you describe your experience of the mind-body practices today in a few words or one sentence?'

Figure 15- 'How would you describe your experience of the reflection sessions and conversations in a few words or one sentence?'

Figure 16- 'What was the most valuable for you from the day?'

Figure 17- 'Do you feel clearer about how you might better support your well-being?'

Figure 18- 'Since the retreat, I have spent more time in nature'.

Figure 19- 'If you have spent any more time in nature since the retreat, to what extent has this benefitted you?'

Figure 20- 'Since the retreat, I have practised some new mind-body exercises in my daily life'

Figure 21- 'If you have practised any new mind-body exercises since the retreat, to what extent has this benefitted you?'

Figure 22- 'Since the retreat, I have felt more positive about my work in general'

Figure 23- 'Since the retreat my relationships with colleagues at work have been more positive'.

Figure 24- 'I have made some positive changes in my eating habits since the retreat'.

Figure 25- 'Since the retreat I feel more empowered to shape my work environment'.

Figure 26- 'What is the biggest drain on your wellbeing now?'

Figure 27- Identified themes and subthemes.

Figure 28- Number of Participants Who Continued Practises After the Retreat.

Acronyms

OITF- Out in the Field

NHS- National Health Service

FB- Forest Bathing

1. Introduction

1.1 Context

1.1.1 Opening Statements

The National Healthcare Service (NHS) is integral to the UK's healthcare provision. It is fundamental in providing free healthcare services to all citizens in the UK, regardless of their income. Nevertheless, the NHS is greatly politicised and has been subject to increasing cuts to funding (Pollock, 2016). It is a system that is in crisis (De Zulueta, 2020, pg.27). Healthcare practitioners are experiencing high levels of burnout, which has become further strained after the COVID-19 pandemic (De Zulueta, 2020). Therefore, more must be done to support staff well-being to alleviate symptoms of burnout and prevent workplace attrition (Rammell and Burdess, 2023).

This dissertation presents an impact evaluation of 'Out in the Field', a retreat for NHS staff well-being. It analyses whether Out in the Field (OITF) as a holistic experience impacted the well-being of staff who attended the retreat between 2022-2023. Furthermore, this dissertation investigates non-clinical techniques used at the retreat, such as forest bathing, Sophrology, nutrition and storytelling, evaluating their effectiveness in improving well-being.

This evaluation is divided into several interconnected sections. First, a literature review expands on the need to support NHS staff well-being and provides a theoretical framework to conceptualise well-being. It also briefly discusses similar retreats before analysing the non-clinical methods used at OITF. The methods and results sections detail how the impact evaluation was conducted and present the outcomes. A mixed-methods approach was used, involving secondary data in the form of pre-retreat, post-retreat and impact surveys provided by OITF. This was combined with action research conducted by the researcher. Lastly, the discussion section further evaluates whether the retreat was impactful, how it can be situated within the broader context of Creative Health, and the implications on further research and NHS staff support.

1.1.2 Researcher Positionality

Before attending the retreat, the researcher had no prior involvement in OITF. In accordance with the team at OITF, it was established that it was important that the presence of a researcher did not take away from the participant's experience of the retreat. To achieve this, the researcher joined the facilitator team, helping to lead and guide the day and running activities. The researcher attended eight retreats, allowing for data collection over multiple days.

The researcher's positionality as a young, white female should not have affected the data collection, and positionality was well suited to the demographic of participants, most being female. However, other facilitator team members work for the Darent Valley Hospital and are integral to the relationship between the hospital/participants and the retreat. Consideration is given to the possibility of participants filling out the surveys in a way that they hope will appeal to these staff members.

1.1.3 Out in the Field

Out in the Field is a one-day retreat in the Darent Valley, Kent, designed to support the well-being of NHS staff. Its formation was a direct response to hardships faced by staff during COVID-19 but continues post-COVID, with increasing studies revealing the pandemic aftermath and the need to continue to support staff (Lacobucci, 2023). The retreat is open to all staff members, from doctors and nurses to support staff and admin. Currently, it predominately supports staff from the local hospital 'Darent Valley Hospital' with intentions of growing to support more healthcare staff from other locations. The retreat's setting is a large barn in a family-run educational retreat site named 'The Quadrangle', with opportunities for log fires, hot water bottles, blankets, teas, and coffees throughout the day.



Image 1- 'The Big Barn' as photographed by the author.



Image 2- 'Refreshments' as photographed by the author.



Image 3- 'The Lawn' as photographed by the author.

The retreat utilises multiple activities and techniques to create a holistic experience. These include forest bathing, Sophrology, medicinal cooking/nutrition and storytelling sessions. To briefly explain, Forest Bathing (FB) involves a short walk to Meenfield Wood, where the participants explore the woodland through their senses. Sophrology is a mind-body practice in which participants learn relaxation techniques to be applied at work and home. There are also opportunities to talk to a nutritionist and a short talk on nutrition. The nutritional element ties in with nature (plant-based nutrition) and self-care, informing participants how they can support their health through medicinal cooking. The day incorporates constant opportunities for group and personal reflection. However, in the second part of the day, there is a dedicated storytelling section in which the cohort splits into smaller groups and can share personal stories. It is a rare opportunity to speak and just 'be', which can have a psycho-therapeutic effect for both the group and the individuals (Morrice 2020). Other activities include reflection, stone painting or swimming in the river. The retreat is designed to be tailored to the individual; none of the activities are compulsory, and participants are free to choose what they join in with based on their needs and abilities. A breakdown of the itinerary for the day is provided in *Appendix 1*.



Image 4- 'Meenfield Wood', as photographed by the author.



Image 5- 'Lunch' as photographed by the author.



Image 6- 'The Darent Valley' as photographed by the author.

1.2 Concepts

1.2.1 Creative Health Concepts

By nature, this dissertation directly relates to concepts in Creative Health due to the use of non-clinical interventions and supporting healthcare staff well-being. In addition, its use of arts-based research demonstrates an approach to data collection through creative methods. Creative Health is an approach to health and well-being using creative methods (Daykin, 2019). To further expand, Creative Health is defined in an APPG report as creative expression through art, craft, dance, film, creative writing, singing, and engagement in surroundings to provide an individual experience that can have positive effects on mental and physical health/well-being (2017 p.10). The OITF retreat utilises activities such as forest bathing and storytelling, which are considered creative health interventions. Therefore, this inquiry into OITF, combined with the use of arts in research as a form of data collection, leads to a holistic understanding directly related to creative health concepts.

1.2.2 Interdisciplinarity

The interdisciplinary approach is defined as the integration of disciplines and the synthesis of knowledge or methods from differing fields for the objective of solving complex problems (Aldrich, 2014). The interdisciplinary approach is distinguishable from the similar approaches of multidisciplinary or transdisciplinary due to its integration of disciplines to create a cohesive and holistic perspective or argument (Keestra et al., 2016). Whereas multidisciplinary and transdisciplinary usually juxtapose differing disciplinary perspectives.

With this definition in mind, this impact evaluation takes an interdisciplinary approach from many angles. The study combines non-clinical techniques and creative health concepts with the support of healthcare staff. In addition, data collection utilises a mixed-methods approach, using quantitative and qualitative data, action research and arts-based research methods. Lastly, the theoretical framework using 'Siegel's triangle of well-being' is an approach to understanding well-being that intertwines neuro-psychological understandings of the brain, sociological understandings of meaningful relationships and an understanding of the mind. In this way, scientific and sociological disciplines work together to produce an interdisciplinary understanding and conceptualisation of well-being. This concept is utilised within this dissertation to enhance knowledge of participant well-being.

2. Literature Review

2.1 Theory and Context

2.1.1 Defining Well-being

As this dissertation aims to understand whether the retreat supports the well-being of NHS staff, a definition of well-being must be identified. Huppert and So describe well-being as flourishing or “the experience of life going well” (2013, p.838). Good well-being is much more than the absence of mental disorders. Instead, it is the opposite, understood as the ability to feel good and function effectively in everyday life (Huppert and So, 2013).

2.1.2 Siegel’s Triangle of Well-being

Siegel’s ‘triangle of well-being’ (2010b) is a theoretical framework to understand how an improved sense of well-being can be developed. As depicted in *Figure 1*, Siegel’s triangle is an interdisciplinary theoretical approach to understanding well-being through three essential components: the mind, the brain and relationships (Siegel, 2006). Although these three components can function separately, Siegel argues that they can influence each other and work together to promote integration. Siegel argues that this integration creates and promotes effective and healthy mental functioning, which leads to an improved sense of well-being (Codrington, 2010). To explain further, this integration or ‘working together’ refers to energy and information flow. The mind is defined as the process that regulates energy and information flow. Relationships are defined as how information and energy are shared among two or more people. Lastly, the brain is the mechanism by which information and energy flow throughout the body (note that it is not limited to the skull). Siegel argues that these three components are irreducible elements that must function correctly and relate to one another effectively to achieve a healthy mental state (Siegel, 2010a). For example, effective communication in relationships can alter how synapses fire off in the brain, promoting healthier brain structures through relationship experiences. Similarly, a healthy state of mind with the ability to recognise and regulate emotion is supportive in creating stable and strong relationships (Siegel, 2010b).

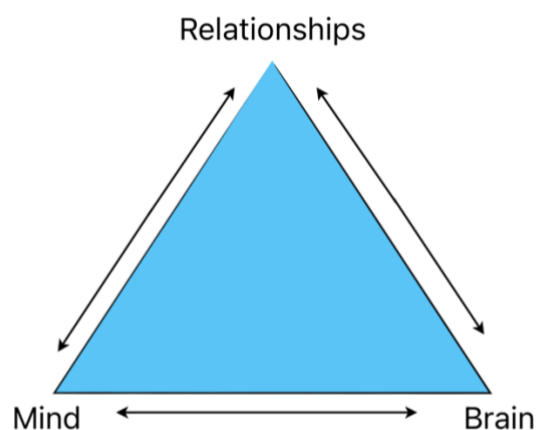


Figure 1- 'Siegel's Triangle of Well-being' (Codrington, 2010).

According to Siegel, this framework is useful in approaching well-being assessments and interventions (Siegel, 2010b). This dissertation uses the framework to better understand and theorise about whether the OITF retreat as a holistic package supports well-being.

2.1.3 Healthcare in Crisis

Evidence suggests that there is a need for improved well-being support for NHS staff so that they may continue to care for patients. De Zulueta states that "healthcare in the UK is in crisis" (2020, pg.27). Doctors and nurses are experiencing high levels of burnout, which is strained further after the COVID-19 pandemic (De Zulueta, 2020, pg.27). The term 'burnout' refers to a "syndrome of depersonalisation, emotional exhaustion and feelings of reduced achievement" (Rammell and Burdess, 2023, p.523). Literature suggests that a mechanistic approach to complex, interacting biological systems combined with increasingly unhealthy environments leads to rising demand for healthcare systems and their staff (Heeks, 2019; Orrow, 2021). However, there may be other causes for burnout. Woolf et al. state that the NHS faces a workforce crisis, with approximately 1 in 10 vacant positions (2023). A 2022 report by the World Health Organisation identified the UK as having the lowest number of medical staff per 10,000 population in Western Europe (WHO, 2022). This staff shortage intensifies feelings of burnout, and with evidence supporting that burnout leads to workforce attrition, the cycle continues (Rammell and Burdess, 2023). Other causes of burnout among healthcare staff include a lack of recovery from mental health disorders and PTSD since the COVID-19 pandemic (Lacobucci, 2023). Therefore, there is a measurable need to continue staff support, even after the subsiding of the COVID-19 pandemic.

In addition, NHS workplaces were found to be unsupportive of staff, with evidence of the undermining of healthcare professionals and unacceptable amounts of bullying (West 2020). Prioritising clinician well-being improves patient experience (De Zulueta, 2020; Heath, 2019). For this reason, staff experience should be given equal priority to patient experience at all levels of the healthcare system. It is well evidenced that enhanced staff well-being translates to improved patient outcomes, fostering trust and optimism, which spurs patient recovery (The Lancet 2019). Gerada (2020) argues that fostering resilience is not the solution but rather returning control to knowledgeable and committed health practitioners by giving them the proper support, space, time, and adaptive energy to 'bounce back' and sustain relationships and self-care (Gerada, 2020). Gerada argues that this will alleviate the vulnerability to depression that healthcare practitioners face today (2020). Therefore, what is needed is greater empathy and compassion for colleagues, reduced isolation, enhanced peer support and improved teamwork -all of which the retreat at OITF attempts to achieve (De Zulueta, 2020; Krüger, 2019).

2.2 Retreat Activities

OITF is not the only retreat for healthcare staff in the UK. Pre-existing studies of retreats have demonstrated effective approaches to supporting staff. For example, a yoga retreat for doctors found that participants felt more mentally aware following the retreat, and many integrated yoga/mindfulness into their day-to-day lives going forward (Whitehouse and Patel, 2020). Similarly, Cleary and Horsfall (2015) found that team-building retreats for healthcare staff can help facilitate effective communication, enhance collegiality, and contribute to a healthy workplace environment. Lastly, a day-long retreat for healthcare staff utilising contemplative practices such as yoga and meditation identified a significant

decrease of anxiety in participants following the retreat, with participants reporting intentions and confidence to incorporate mindfulness practices into their lives (Cunningham and Çayir, 2021). Therefore, there is evidence of the effectiveness of retreats designed especially for healthcare staff. However, none of these retreats follow the same structure and activity combination as OITF. OITF combines forest bathing, Sophrology, nutrition, storytelling, and reflections, creating a unique experience. Therefore, a breakdown of the literature on the effectiveness of these techniques is provided below.

2.2.1 Forest Bathing

Forest bathing (FB) is a preventative medicine practice that originated in Japan. ‘Shirin-yoku’, as it was first coined in 1982 by Tomohide Akiyama, is directly translated as ‘forest bathing’ (Miyazaki, 2021). It involves bathing the senses in the environment of the forest and experiencing nature up close (Miyazaki, 2021). The practice has now made its way to the UK, with organisations such as ‘The Forest Bathing Institute’ conducting research to expand knowledge on its benefits, with the hope of making it more widely available through the NHS (The Forest Bathing Institute, 2023).

FB is considered a form of nature therapy (Hansen, Jones and Tocchini, 2017). Nature therapy is a practice of engagement with nature, in which nature can be considered a partner in the therapeutic process to achieve preventative medical effects (Berger, 2020; Song, Ikei and Miyazaki, 2016). These ‘medical effects’ include psychological relaxation and boosted immune function. To expand, Song, Ikei and Miyazaki (2016) provide a conceptual model, which can be seen in *Figure 2*, starting with a ‘stressed state’, which then points to “restorative effects of nature”, the hypothesis being “psychological relaxation” and ‘immune function recovery’. These effects demonstrate evidence-based medicine “EBM”, which in turn shows a “Preventative medical effect” (Hansen, Jones and Tocchini, 2017).

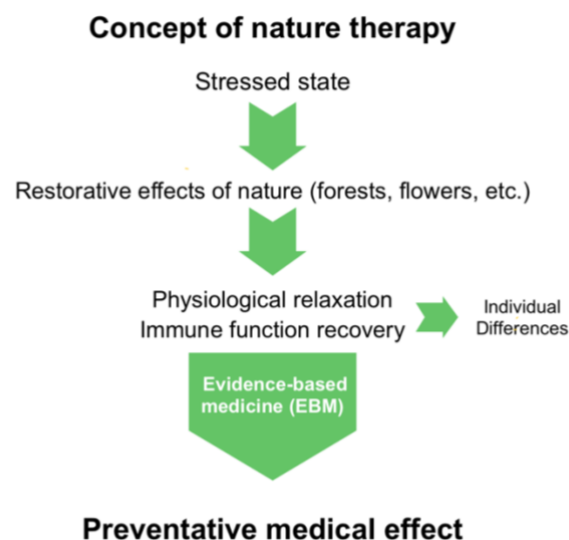


Figure 2- Concept of Nature Therapy (Song, Ikei and Miyazaki, 2016).

As seen above, the definition of nature therapy encompasses many forms. However, this dissertation focuses particularly on the practice of FB. FB’s strengths lie in it being an accessible method which is low cost and adaptable to needs, with few negative side effects

(Brook, 2019; Fullham et al., 2021). It also strengthens the human-nature relationship, encouraging care for the environment through nature connection (Richardson and Butler, 2022; Jones, 2021; Pollan, 2001). This is not a focus within this dissertation but is one of the ways that FB and other forms of nature therapy are beneficial in broader contexts.

A growing body of scientific evidence supports the psychological and physiological benefits of FB. As seen in *Figure 2*, these benefits include relaxation and resetting the parasympathetic nervous system to alleviate stress, depression and anxiety, but also improve physical health by building immunity and regulating blood pressure (Miyazaki, 2021; Vincent, 2019; Beresford-Kroeger, 2019; Peck, 2019). Bragg and Atkins conducted a systematic review showing broad evidence for nature therapeutics across the UK, including forest bathing. The review acknowledges increasing recognition of the importance of nature for mental health. For example, its ability to improve concentration and facilitate cognitive restoration (2016). Further studies demonstrate FB's ability to facilitate healing from trauma, providing an alternate approach to thinking about pain and aiding personal healing (Johnstone, 2019).

Moreover, Heeks (2019) explores how nature can facilitate a 'super-resilience', helping to tackle the systematic overload experienced within the NHS. Heeks acknowledges the severity of burnout and overstress in some parts of the UK healthcare system, highlighting that although systematic changes are needed, short-term mitigation is a necessary focus; he presents forest bathing as an alleviator (2019). Forest bathing can offer an 'outside the box' approach to improvements in mood, range of feeling and self-esteem (Heeks, 2019). Although it may not change the systematic issues faced within the UK healthcare system, it could be used to provide a form of 'first aid' to help alleviate some of the issues faced by staff in the meantime.

2.2.2 Sophrology

Sophrology is an active relaxation technique drawing on theories around relaxation, meditation, visualisation, and mind/body awareness exercises (Antiglio, 2019). Techniques and exercises used in Sophrology include controlled breathing, mental imaging, and dynamic relaxation (Grevin et al., 2020). The technique was first developed in 1960 by Professor Alfonso Caycedo as a non-clinical approach to dealing with trauma and depression (Parot, 2019). It draws on varying sources such as phenomenology, clinical hypnosis, yoga, Buddhist meditation and Japanese zen to create a method that attempts to be applicable to everyday life (Parot, 2019). Sophrology is popular in countries such as France, Spain, Belgium and Switzerland. It is regularly used in medicine, education, and sports, among other fields, because of its preventative and restorative qualities (Parot, 2019).

Mindfulness and relaxation techniques, such as Sophrology, have both psychological and physical benefits, such as improving stress, mood, anxiety, and physical pain (Luberto et al., 2020; Lancaster, Klein and Knightley, 2016). In addition, studies have shown that they positively affect psychological processes, such as decreasing emotional reactivity and reducing repetitive thinking (Luberto et al., 2020). Regarding physical benefits, studies have found stress-related physiological outcomes such as hypertension, immune function, tinnitus, and reduced heart rate (Luberto et al., 2020; Grevin et al., 2020).

These techniques could particularly benefit healthcare employees. As mentioned previously, due to increasing demands placed on healthcare practitioners, there is an increased need for mental/emotional support. Mindfulness training can support this by promoting self-care and improved well-being (Irving, Dobkin, and Park, 2009). For Thomas-Emrus and her experience as a 'stressed-out GP', Sophrology supported her to gain control and separation between her work and personal life (2020).

Currently, a study is taking place on whether Sophrology can improve the well-being of hospital staff, of which the protocol of the randomised controlled trial has already been published (Dutheil et al., 2023). They aim to demonstrate the effectiveness of a hospital sophrology intervention for healthcare professionals at risk of stress-related disorders (Dutheil et al., 2023). Dutheil et al. identify that the workplace environment plays a significant role in the well-being of medical staff, particularly those working in emergency departments who are exposed to psychosocial risk factors because of their work (2023). Healthcare workers and non-healthcare staff in hospitals can be at risk of major psychosocial problems and stress at work, with the working environment described as the leading risk factor. Dutheil et al. hypothesise that neurolinguistic programming associated with Sophrology may improve mental (anxiety and depression), physical, and social health, especially benefitting healthcare workers at risk of stress-related disorders. However, the study's final results are estimated to become available in 2028 (ClinicalTrials.gov, 2023). The discussion section will further investigate this hypothesis, exploring correlations between the literature and the data collected.

2.2.3 Storytelling

Storytelling is one of the activities used at OITF to encourage connection and has been researched widely by scholars. According to Drumm (2013) and Corkhill (2020), personal storytelling is a large part of connecting and making sense of the world. In group settings, a personal story relates to individual and shared realities. This is significant as stories that relay emotions or values can reveal better understanding between people, especially when differences or similarities between experiences are revealed (Drumm, 2013). According to Little and Frogget, "storytelling has the potential to gain access to the complexity of both individual and shared realities in a way other methods struggle to achieve" (2009, p.470). In this way, the technique can have a unique psycho-therapeutic effect (Morrice, 2020).

Listening, by the other participants, is as much part of the healing process as the active telling of a story (Bednar and Welch 2013). According to Bednar and Welch (2013), it is not uncommon to find that a person is not genuinely listening but preparing to respond, continue the conversation, offer advice, or express their ideas. The opportunity to speak uninterrupted, without fear of questions, and on the other hand, to listen freely, closely, without worrying about finding 'the right words to say', can be a novel experience for some. In these group settings, a type of 'co-creation' of narrative evolves (Bednar and Welch, 2013). In addition, although assuming the posture of the 'listener' requires conscious effort and focused attention, the listener is vital to the opportunity to learn and facilitate a sense of emotional connection (McCann et al., 2019).

Storytelling can sometimes trigger a range of emotions, such as shame, anxiety, or frustration, leading to concern for the participant's well-being (McCann et al., 2019).

However, literature suggests that the positive effects of telling one's story often outweigh any emotional distress encountered (Drumm, 2013). Drumm (2013) argues that storytelling and reflecting have a cathartic effect and can be a catalyst for recovery, adding therapeutic value. McCann et al. expand on this idea, arguing that personal storytelling can foster emotional healing by decreasing physical pain and reducing conflict (2019). This element of reducing conflict is especially valuable within the context of OITF in strengthening colleague relationships.

2.2.4 Nutrition

It is well-researched that healthy eating is fundamental to physiological function. Proper nutrition can have transformative effects, reducing the risk of cancer, diabetes, and heart disease, assist immune function, and support successful ageing, among many other factors (Campbell and Campbell, 2016; Qian et al., 2019; Rosa, 2019; Bojang and Manchana, 2023). However, there is also evidence that nutrition supports psychological function. A scoping review revealed that appropriate nutrition and healthy eating can improve mental health (Suárez-Lopez, Bru-Luna, and Martí-Villar, 2023). For example, studies suggest that low levels of magnesium and high levels of calcium may provoke anxious states. In addition, supplementing vitamin D improves mental health status, although healthy nutritional habits generally decrease depressive symptoms (Suárez-Lopez, Bru-Luna, and Martí-Villar, 2023). Laird discusses stress reduction through the practice of medicinal cooking. She argues that whilst nutrition supports normal cell function, active engagement with plants as a natural 'medicine' can provoke creativity and imagination, reducing stress (2019).

Engagement with food goes beyond medical benefits; it can also be a vessel for social interaction. "Ritual and celebration often revolve around food" (Laird, 2019, p.5). Food plays a central role in everyday life. It can be significant to individuals in many ways, for example, religious practice and ceremony. However, for the majority, food signifies a means of coming together (Henderson, 2006). We talk *through* food, and through discussion of food and the opportunity to slow down and digest, we feel more open and communicative. Food offers a medium for exploring more meaningful discussions, complex topics, aspirations, anxieties, ideologies and judgements. It generates memories and initiates storytelling (Ferguson, 2014; Laird, 2019; Henderson, 2006).

To relate this to NHS staff well-being, Sharma and Sharma found that healthcare staff, especially frontline workers who worked through COVID-19, have a heightened vulnerability to mental health issues due to long working hours and patient load (2023). In addition, new legislation calls for access to hot and cold food 24 hours a day for NHS staff after studies identified a lack of nutritious meals and snacks available during working hours (Torjesen, 2022). Due to this, along with the evidence that proper nutrition can support mental health and possibly even collegiality in the role food plays in social interaction, hospitals and healthcare systems should have strategic plans for improving availability and promoting healthy eating behaviours (Sharma and Sharma, 2023).

2.3 Summary

This literature review has demonstrated a need to support NHS staff well-being and proposes a theoretical framework to understand, evaluate and create an improved sense of well-being. It then briefly discussed examples of other retreats for the well-being of staff.

These retreats follow a different structure than OITF. Therefore, the individual activities provided at the retreat were discussed and evaluated, revealing both psychological and physical benefits. Understanding the benefits of individual activities is heightened by the limited literature on how these activities synthesise to create a holistic therapeutic experience. This concept will be further explored within the discussion.

3. Methods

Research Aims and Design

As outlined in the introduction, this dissertation is an impact evaluation of OITF, examining individual activities and the retreat as a whole to determine the impact on participant well-being. A mixed-method approach was used to evaluate the retreat. Firstly, the surveys (pre-retreat, post-retreat, and impact) provide extensive quantitative and qualitative data. Secondly, action research provides a more detailed examination, filling the gaps between the survey data and allowing for individualistic insight into the effectiveness of the retreat.

The research design and aims were co-produced with the dissertation partner, with survey documents made available by OITF. OITF were interested in evaluation, not just for ensuring best practice, but to support the evidence of the effectiveness of techniques such as forest bathing and Sophrology in supporting NHS staff well-being.

3.1 Surveys

3.1.1 Protocol

In total, 780 completed surveys were made available to the researcher by the partner organisation. These surveys were collected both electronically and in a paper format. Surveys were presented to participants before the retreat (via email), directly after the retreat (in person) and 3 months later (via email). The questions from these surveys were mostly qualitative, with some quantitative questions in the pre-surveys, and all surveys were anonymised. The types of questions varied across surveys, and some were changed between the 2 years. Participants were not required to fill out surveys or answer all questions, and not doing so did not affect their opportunity to attend or benefit from the retreat. In some cases, this has led to small differences in the number of participants who answered some questions. The surveys were analysed by the researcher between April and August 2023. Ethical approval was not necessary for this secondary data; however, data protection procedures were abided by. A breakdown of the surveys made available can be seen below in *Figure 3*.

SURVEY BREAKDOWN

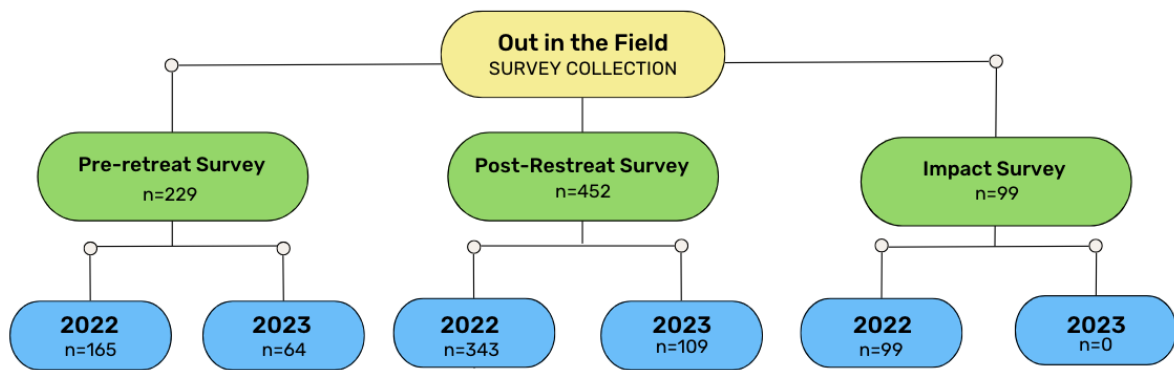


Figure 3- Survey breakdown.

3.1.2 Pre-retreat surveys

The pre-retreat surveys were important for research but also part of team preparation, detailing any allergies, injuries or other needs that may impact the participant's ability to participate in the day. This makes the pre-surveys slightly different, as they played a much more significant role than just evaluation. However, participants were also invited to discuss what they expected from the day and their current state of well-being. 229 participants completed the pre-retreat surveys over two years (2022 and 2023).

3.1.3 Post-retreat surveys

The post-retreat surveys were offered to participants in person via hard copy at the end of the retreat. Survey questions focused on the effectiveness of the retreat, their experiences of the individual activities, the day as a whole, what could have been better and whether they had learnt skills to improve their well-being. The data from these surveys can be considered short-term data. 452 participants answered the post-retreat surveys over two years (2022 and 2023).

3.1.4 Impact Surveys

The impact surveys were emailed to participants 3 months after the retreat to collect data on the medium-term impact on well-being and identify whether techniques had been utilised following the retreat. Impact survey response was smaller in number as only the 2022 impact surveys could be analysed. There were 99 valid responses to the impact survey. These were analysed to provide both quantitative and qualitative insight into the long-term impacts of the retreat and additional insight into the well-being of participants, such as their current greatest mental health drain.

3.1.5 Analytical Approach

Due to the mixed methods approach, two approaches to analysis were used, corresponding to quantitative and qualitative questions. Quantitative data was statistically analysed and presented using Microsoft Excel. Qualitative data was coded and then thematically analysed

using the software Quirkos. A breakdown of survey questions and results can be viewed in the results section.

3.1.6 Ethical Considerations

OITF provided the surveys as secondary data. Confirmation was sought that they were conducted within GDPR regulations and were collated and anonymised. For this reason, respondents were not required to fill out consent forms to complete the surveys.

3.2 Action Research

Action research was carried out alongside the surveys to produce an in-depth understanding of the effectiveness of OITF. Action research engages phenomenological approaches, encompassing a wide range of methods involving collective and self-reflective inquiry (Altrichter et al., 2002). In the context of this dissertation, this included researcher reflections (journal and photographic journal), participant observation, and active engagement in activities in a social context. This design requires in-depth reflexivity and a transition from outsider to insider research, allowing for new paths of insight (Méndez-López, 2013). A copy of the researcher's journal is not provided within this dissertation. However, selected quotes are presented and discussed to enrich the context and meaning behind this evaluation and provide further insight. As discussed with the partner organisation, the presence of a researcher needed not to take away from the participants' experience. Therefore, participant observation was used as a method in which the researcher takes part in activities, interactions, and events, immersing themselves in the culture without the intention to alter it (DeWalt and DeWalt, 2011). Lastly, the researcher facilitated a mindful stone painting exercise as an opportunity to conduct deeper conversations with participants about their experience and create a visual presentation of the participant experience. Further discussion of these approaches is provided below.

3.2.1 Autoethnography

Autoethnography is a form of participatory action research involving the researcher reflecting on their personal experience (Ison 2008). Distinct from autobiography, it places the self within the social and cultural context and assumes that experiences of the self are culturally and socially constructed (Reed-Danahay, 2019). Therefore, the autoethnographic reflections consisted of the researcher's experience at the retreat, whether the researcher found it impactful for their own well-being, as well as details and nuances noticed throughout partaking in the retreat. In addition, photo-journaling was used as a visual aid; photos included surroundings, experiences, and objects that resonated with the researcher. Due to ethical considerations, photos did not include any identifiable participants. In addition, it was not always appropriate to take photographs during activities due to their sensitive nature. To comply, many of the photographs were taken before the participant's arrival or after the participant's departure, capturing the experience through objects and settings. One exception for this was photographing participant artwork, which is discussed further below.

Autoethnography has come under criticism, with questions on the legitimacy of the researcher's perspective (Dumitrica, 2010). However, one benefit to incorporating autoethnography into the data collection is to allow for lived experience (Vang et al., 2023). Lived experience is an inquiry that values person-centred knowledge that can provide

insight into research, policy, and practice (Gatera and Singh, 2021). The method utilises lived experience as a source of truth, enabling inquiry in fields in which research is less extensive, such as creative health interventions (Mapp, 2008). In this dissertation, autoethnography allows for an ongoing dialogue, which can reaffirm or query participant responses and quantifiable data. In this way, it demonstrates a conscious engagement by the researcher and a better understanding of the collective experience.

3.2.2 Participant Observation

Participant observation was selected because it is a way to understand the impact on participants without altering their experience of the retreat. It is a process in which the researcher immerses themselves in a group's activities, interactions, and culture to learn without intentionally disrupting the group (DeWalt and DeWalt, 2011). Methods such as interviews may require participants to set aside time to partake, whereas participant observation emphasises everyday interactions or observations rather than direct inquiry, allowing the group to proceed as they normally would with minimal disruption (DeWalt and DeWalt, 2011). Participant observations were not covert but openly acknowledged. Covert approaches can be beneficial in accessing more secretive groups and may be seen as less disruptive. However, this technique raises questions of ambiguous consent (Roulet et al. 2017). OITF has a relaxed and open atmosphere, yet participants may discuss sensitive topics or experience moments of vulnerability. To preserve participant dignity and freedom of research, it was essential that the researcher's methods were openly disclosed and the opportunity to decline or question methods was offered. As participants are not required to give written consent when using this method, the researcher was careful not to include any identifiable qualities about participants and kept observations largely generalised. For example, noticing body language and levels of engagement with activities and one another. This method complimented the autoethnographic reflections and was key to evaluating whether the researcher's reflections echoed the experiences of other participants in the group.

3.2.3 Mindful Stone Painting

The stone painting session was an optional activity for participants, which took place after lunch. Participants selected a stone and were given various mediums, such as oil pastels, acrylic pens, paint, and permanent markers. The participants were encouraged to consider words, images or colours that resonated with them so far from the day but were otherwise free to create whatever they wanted without restriction. A few prompt images were provided featuring generic words and designs to help inspire participants.

The stone painting activity is a creative research technique that can go beyond standard techniques such as surveys or interviews (Hield and Thomas, 2012). To further expand, standard approaches such as the interview, forms or questionnaires do not naturally enable a complex or imaginative reflection or recollection of events, and they can be easily led by the researcher (Hield and Thomas, 2012). However, creative techniques allow the participants to share or better understand their experiences in a way that promotes equity. Allowing participants to use art in research promotes equality within the research process instead of the quality of research outputs (for example, only allowing artists to use art in research) (Kara, 2015). In this way, creative techniques such as stone painting can be used to prove

the value of work in a way that allows the participant to partake in a more reflective manner.

In addition, partaking in the creative activity can help participants consider or process their experience before filling out a formal evaluation form such as the post-retreat survey (Hield and Thomas, 2012). The creative process may not always collect a wealth of information in a predictable or ordered way (Kara, 2015). However, it is an opportunity for participants to respond in a less pressured format, allowing participants to be active in the data collection process by creating a visual or symbolic representation of the things that have resonated with them throughout the day. In addition, the activity was used to facilitate conversation between the participant and researcher in an informal manner, leading to a more detailed and in-depth understanding of the participant's perspectives (Kara, 2015).

3.2.4 Ethical Considerations

Participant observations were kept anonymous, with no identifiable features written or recorded. All photos taken in the process of photo journaling did not feature any identifiable people within them. Instead, photographs were taken of the Quadrangle building and objects (with permission from the Quadrangle) or nature. Photographs and explanations of stone art were recorded with consent from participants and anonymised. An information leaflet and consent form were provided to participants, which can be viewed in *Appendix 2 and 3*.

3.2.5 Analytical Approach

Analysis of action research data followed a similar process to the analysis of the qualitative survey data. The data was transcribed and uploaded to the software Quirkos. It was then coded and thematic analysed to identify themes, trends, and similarities. There is an element of subjectivity when it comes to thematic analysis. Therefore, an awareness of researcher bias and objectivity remained important. To achieve this, the coding process was revisited and revised multiple times to check on its validity. A second data analyst not involved in the retreat could strengthen objectivity and avoid researcher bias.

4. Results

4.1 Surveys

4.1.1. The Pre-Retreat Survey

About the respondents to the survey

There was a total of 229 respondents to the pre-retreat survey, all of whom attended the retreat following the survey. Questions were both qualitative and quantitative. None of the questions were compulsory; therefore, the number of respondents may vary between questions. The pre-retreat surveys indicate what mental and physical state the participants are arriving in, for example, their current stress level. This is useful to measure whether OITF had an impact on the well-being of participants when compared with the post-retreat and impact surveys. The results for each pre-retreat survey question are presented below.

In questions 1 to 3, respondents answered on a scale of 1 to 10 (1 = very poor and 10 = very good). These first three questions relate to levels of mental and physical health and are followed by a qualitative question in which participants comment on issues they are currently experiencing.

1. 'How would you currently describe your levels of stress and anxiety pre-retreat?'

As evidenced in *Figure 4*, levels of stress and anxiety pre-retreat are spread among all numbers in the scale, with a mean average of 5.7 and a mode of 3 indicating high levels of stress and anxiety among respondents.

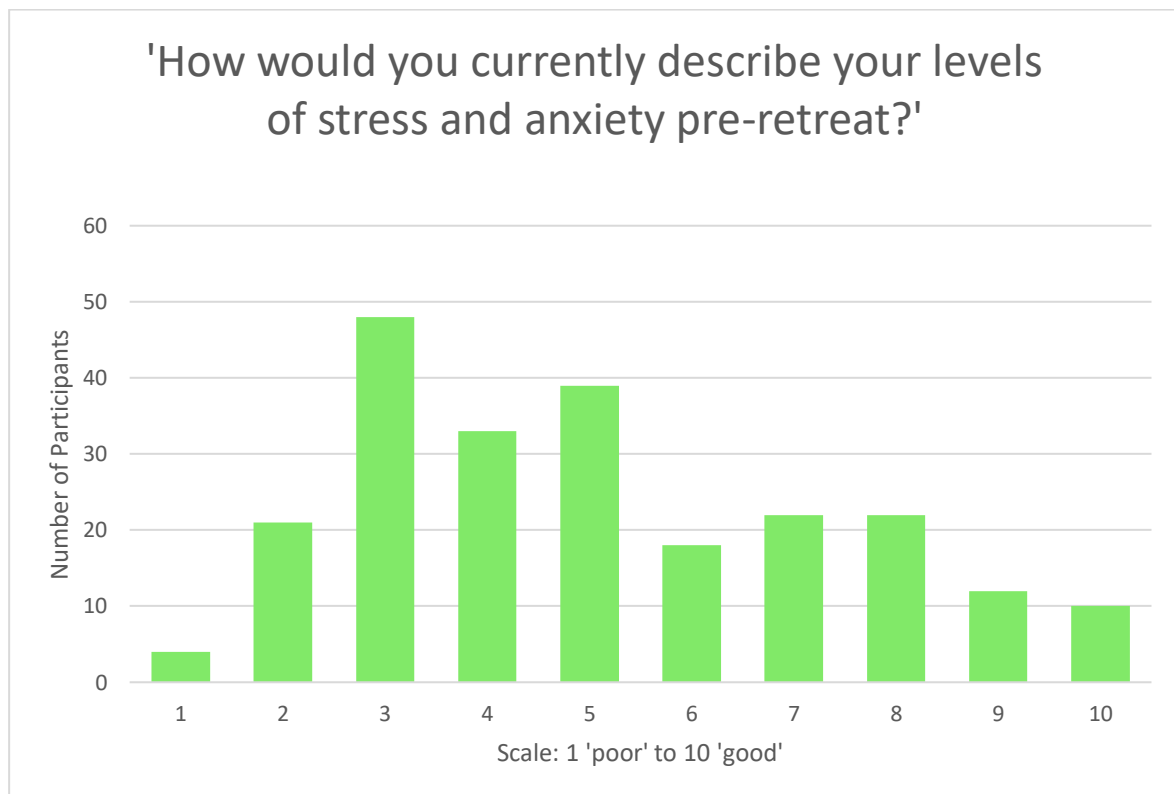


Figure 4- 'How would you currently describe your levels of stress and anxiety pre-retreat?'

2. 'How would you currently describe your general mental/emotional health pre-retreat?'

Figure 5 presents respondent ratings of their mental/emotional health. The scores are distributed across all numbers, with a mean average of 5.9 and a mode of 5 (47 participants). This indicates that the general mental/emotional health of respondent's pre-retreat varies, but with some participants scoring near the lower end of the scale, indicating that they may benefit from well-being support. This score is higher in the level of stress, indicating that stress relief may be of higher importance.

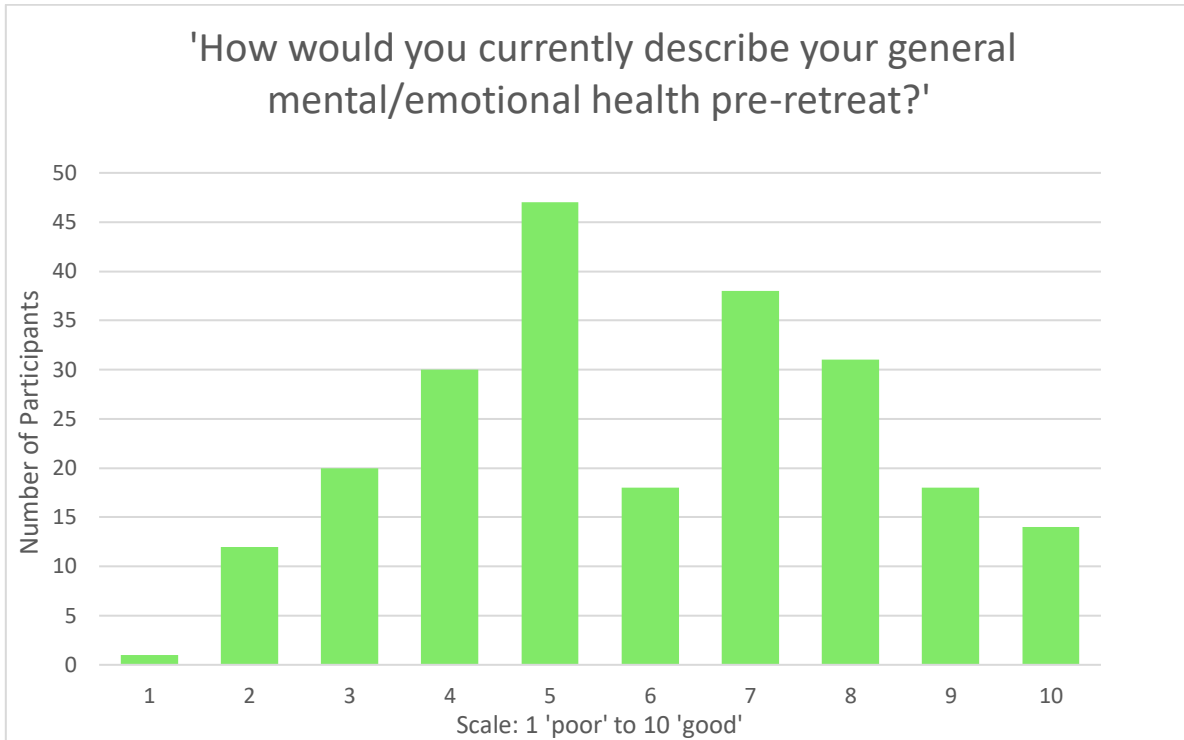


Figure 5- 'How would you currently describe your general mental/emotional health pre-retreat?'

3. 'How would you currently describe your physical health pre-retreat?'

Figure 6 suggests that participants' physical health scores higher than emotional/mental health, with the mean average being 6.4 and a mode of 5. This indicates that the physical health needs of participants are less of a priority than emotional/mental health and stress.

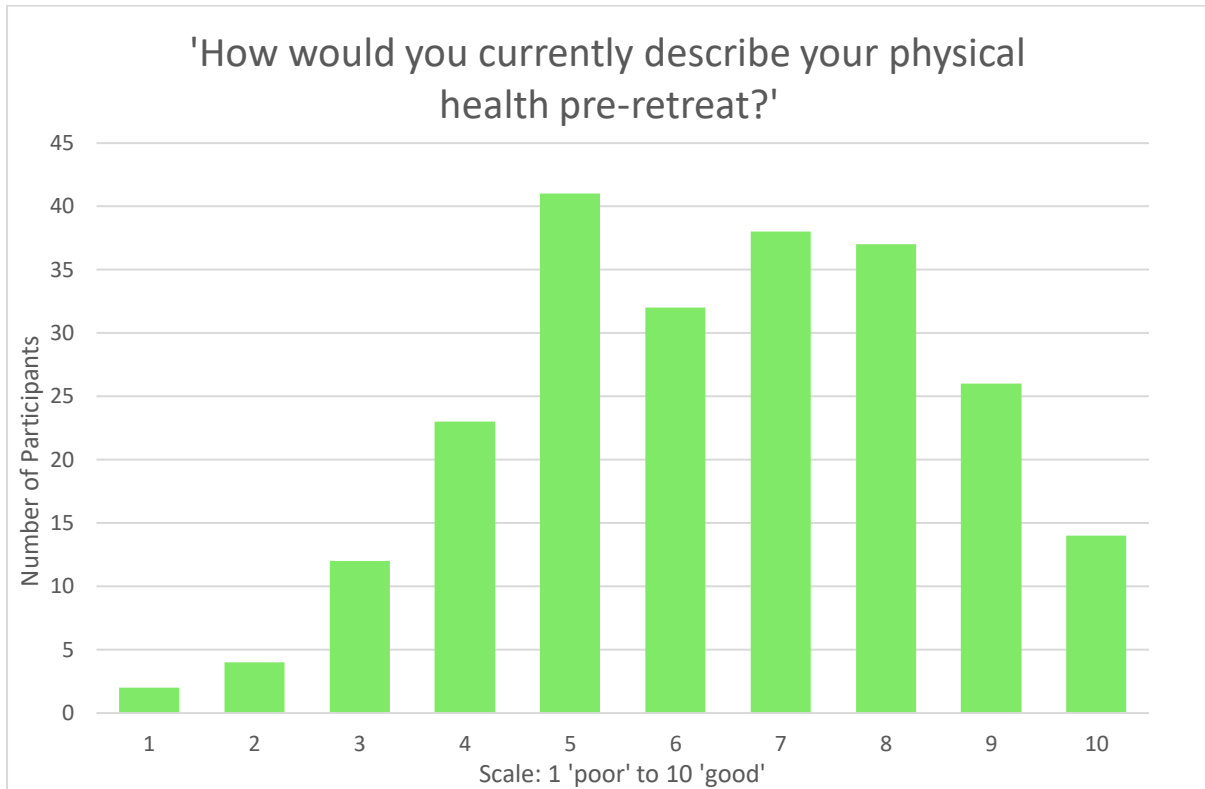


Figure 6- 'How would you currently describe your physical health pre-retreat?'

4. 'Please describe any emotional, psychological or physical health issues you may be currently experiencing.'

As Figures 4-6 show, not all respondents were experiencing poor levels of physical and mental well-being. 113 respondents out of 229 (49%) did not describe any psychological or physical health issues in question 4. Respondents reported more psychological issues than physical ones. 31 reported physical issues (14%), whereas 92 reported psychological issues (40%). 25 respondents reported both psychological and physical health issues (11%). Out of those who responded, the most listed physical issues included fatigue, back pain and menopause. The most cited psychological issues include stress, anxiety, depression, or pandemic-related psychological issues, for example, PTSD.

The following three questions relate to the respondent's expectations and reservations about attending the retreat.

5. 'What are your motivations for attending this retreat?'

Motivations for attending the retreat were grouped into themes using thematic analysis in Quirkos. These themes could then be represented in a pie chart, showing the distribution of responses as seen in *Figure 7*. 67 participants (29%) did not respond to the question and are not included in the chart. *Figure 7* shows varied motivations. The most listed motivations for attending were team building, relaxation and learning new techniques.

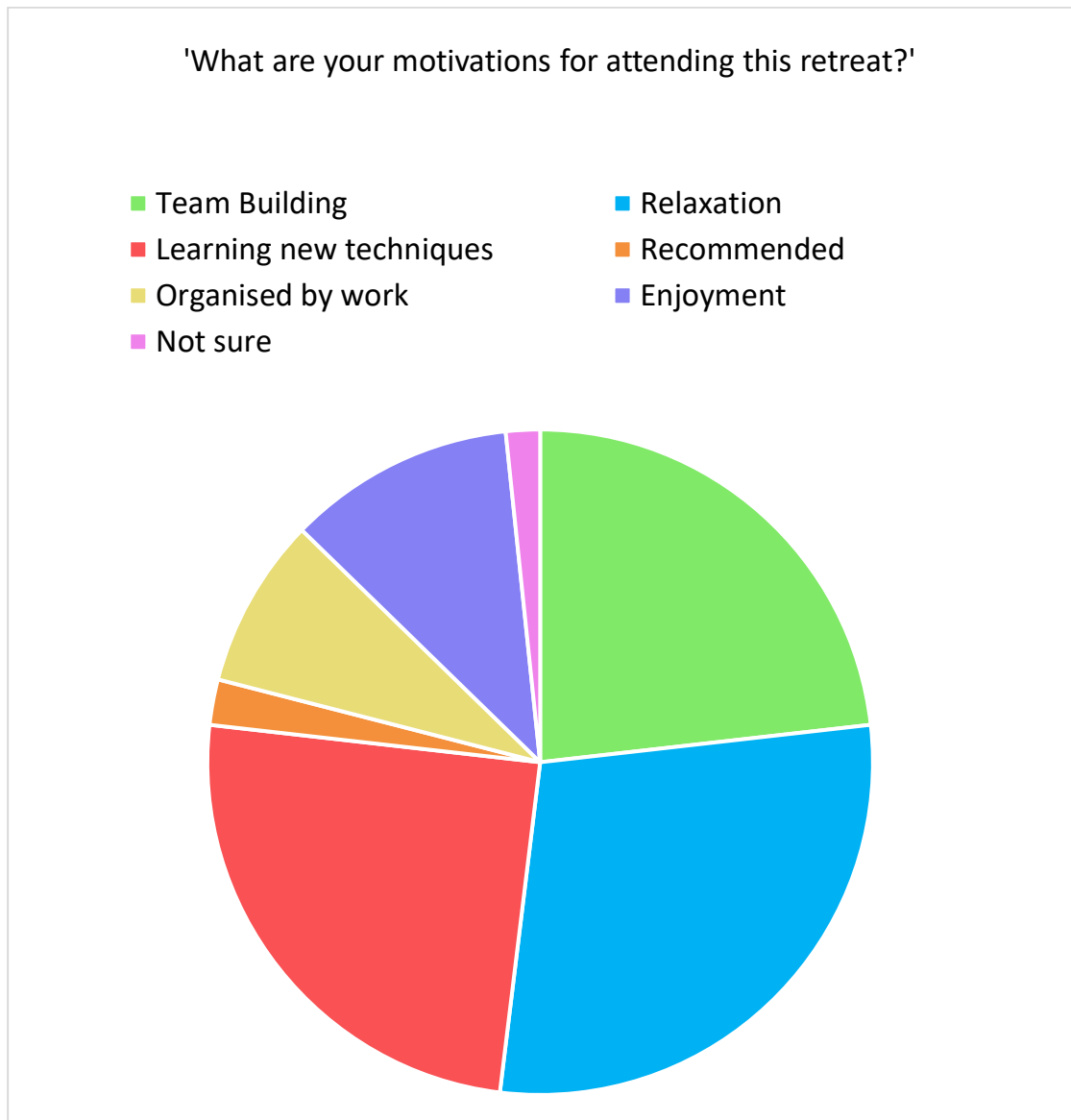


Figure 7- 'What are your motivations for attending this retreat?'

6. 'What do you hope to get out of this retreat?'

Responses were grouped into themes using thematic analysis in Quirkos. They were then presented in a pie chart to show what types of responses participants gave and the volume of participants who responded with similar answers (*Figure 8*). 81 participants (35%) did not provide a response. This is not represented in the chart. *Figure 8* shows that responses were varied, but the most cited response to what participants hoped to get out of the retreat was relaxation, closely followed by learning and team bonding.

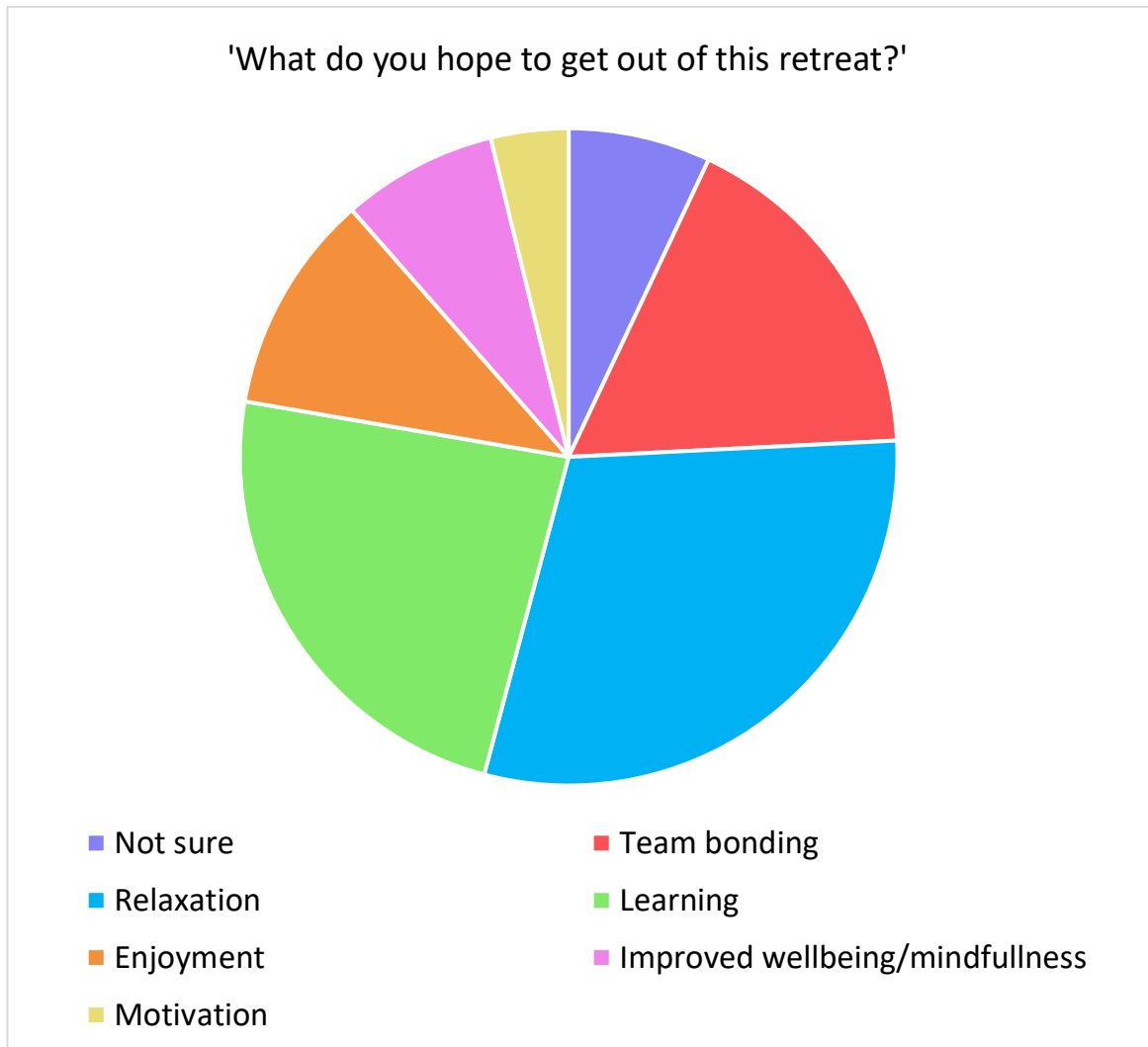


Figure 8- 'What do you hope to get out of this retreat?'

7. 'Do you have any reservations or fears about attending this kind of retreat?'

Responses were grouped into themes using thematic analysis. They could then be represented in a pie chart to show what types of responses participants gave and the volume of participants who responded with similar answers (see *Figure 9*). 69 participants (30%) did not respond, whilst 97 participants (42%) reported having no fears or reservations. These are omitted from the chart. 3 responses did not fit into a theme, so were categorised as other. These responses were fear of getting COVID-19, being asked to do activities that were against their religion, and how the group responded to the activities. Like questions 5 and 6, responses were varied, but the most listed fear/reservation was sharing/storytelling.

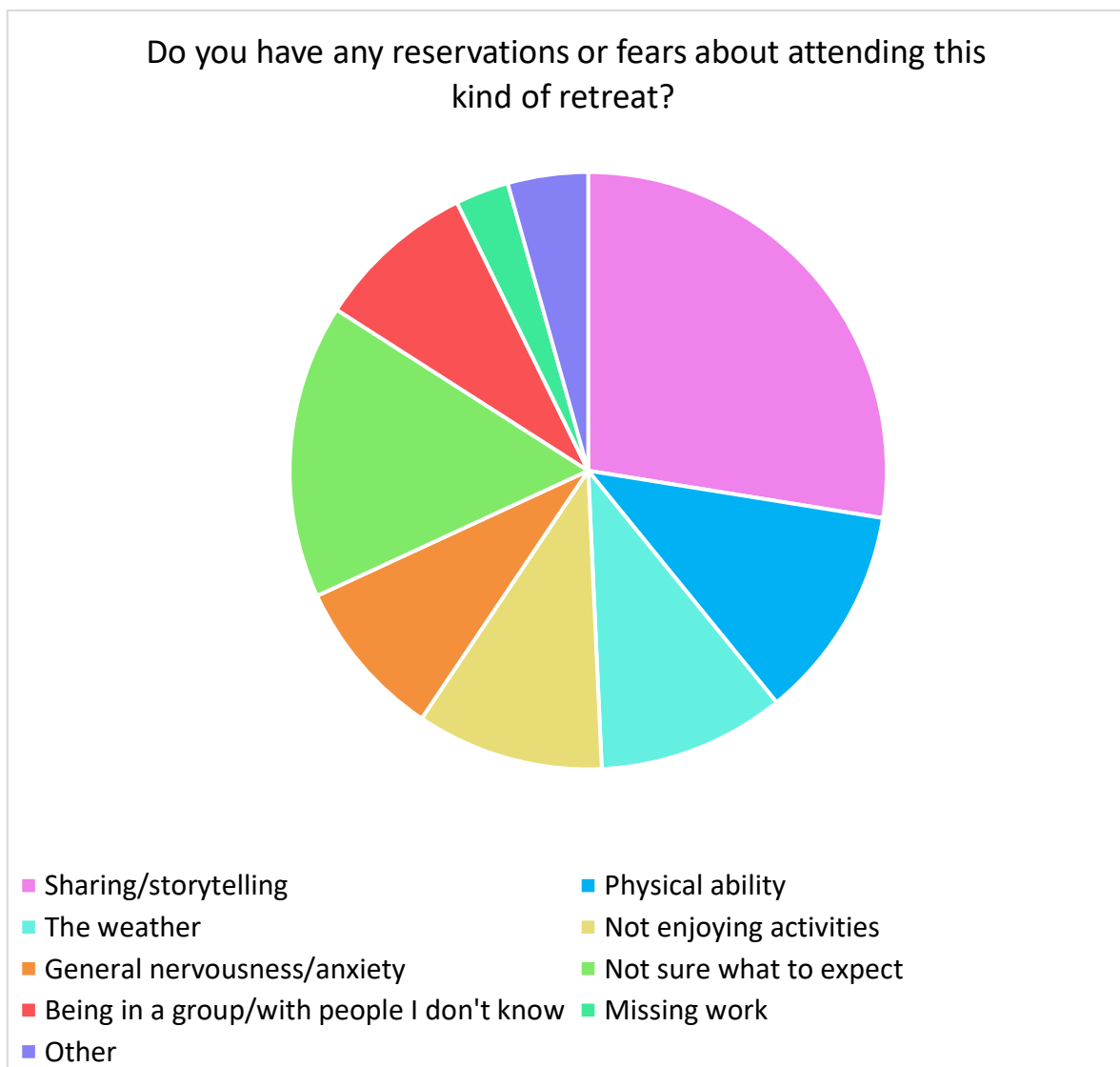


Figure 9- 'Do you have any reservations or fears about attending this kind of retreat?'

8. 'What is your experience of connecting with nature to improve your health and well-being in the last 24 months?'

This question relates to whether participants previously used nature connection to improve their well-being. As is shown in *Figure 10*, most respondents have little to no previous experience, with a mean average of 4.8 but a mode of 1 (49 respondents).

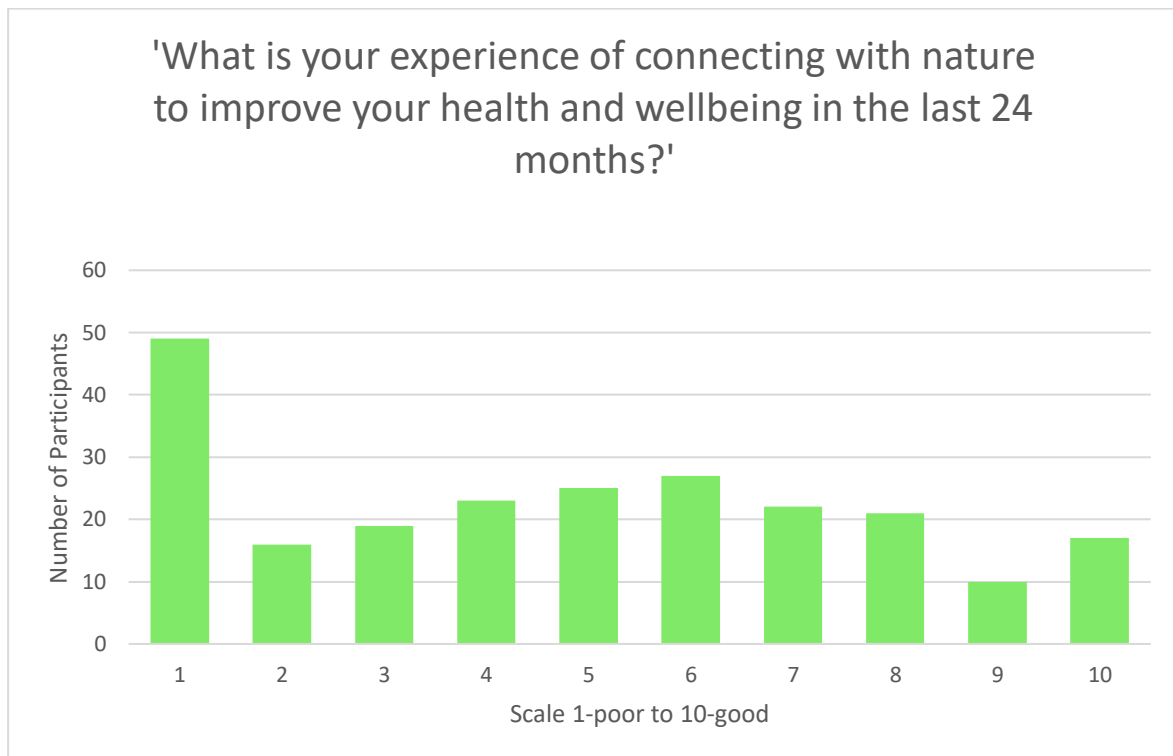


Figure 10- 'What is your experience of connecting with nature to improve your health and well-being in the last 24 months?'

9. 'Which of the following activities and practices do you feel are valuable in improving your mental and physical well-being?'

Participants were asked what activities and practices they felt were valuable in improving their mental and physical well-being. Respondents could tick multiple boxes and suggest 'other' activities they engage in.

Activities listed in the survey were:

- Healthy eating and nutrition
- Mindfulness/Meditation
- Yoga
- Nature connection practices
- Group Sharing and reflection
- Other
- None

The distribution of responses was represented in a bar graph (see *Figure 11*). Most respondents felt that at least one of the activities suggested is valuable for improving mental/physical well-being. This demonstrates an awareness of activities by participants before attending the retreat.

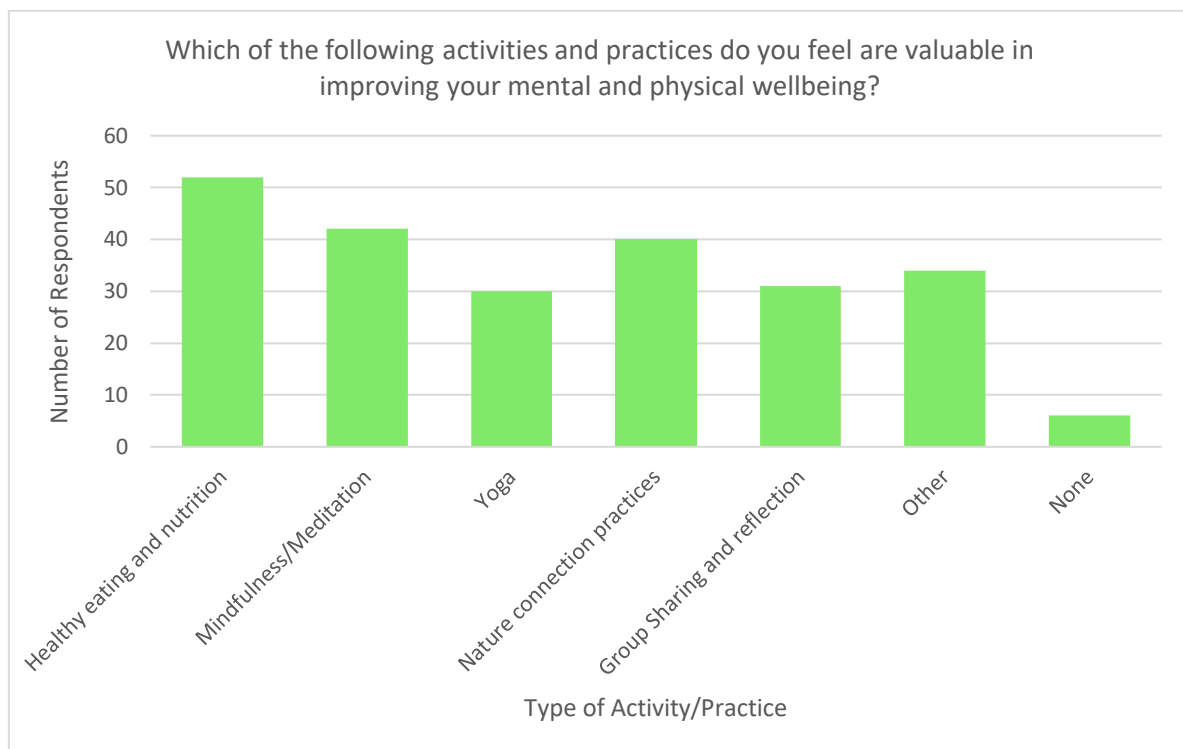


Figure 11- 'Which of the following activities and practices do you feel are valuable in improving your mental and physical well-being?'

The 'other' category invited respondents to clarify what activities they used. Described 'other' activities were as follows:

- Physical exercise (8 respondents)
- Talking therapy (4 respondents)
- Travel/Holiday (3 respondents)
- Wine
- Less time on social media
- Cooking & baking
- Walks
- Cycling
- Hypnotherapy
- Drumming
- Cold Exposure
- Window shopping
- Faith/belief
- Singing
- Counselling
- Massages
- Gym
- Reading
- Drawing
- Reiki
- Time with pets
- Reflexology
- Acupuncture
- Vitamins/supplements
- Time with friends/family

Pre-Retreat Survey Overview

The results of this pre-retreat survey demonstrate that prior to attending the retreat, participants had some knowledge of non-clinical practices that are beneficial to physical and mental well-being. Yet overall, respondents had little experience in connecting with nature for the benefit of their well-being. Respondents' motivations and hopes include team bonding, relaxation and learning techniques, while fears largely revolve around personal sharing and storytelling. Questions 1-3 demonstrate a need to support participants' mental and emotional health, whilst support with physical health is identified as less important.

5. 'What was the most valuable for you from the day?'

Responses to question 5 were grouped into different themes using thematic analysis in Quirkos. All respondents answered this question. Some answers did not fit into a category, so they were grouped as 'other' and listed below. *Figure 16* shows a visualisation of the most popular themes of the day. Forest bathing and team building were the most commonly listed as valuable, yet the varied distribution shows that many different aspects of the day -including the whole day- were valued depending on the individual.

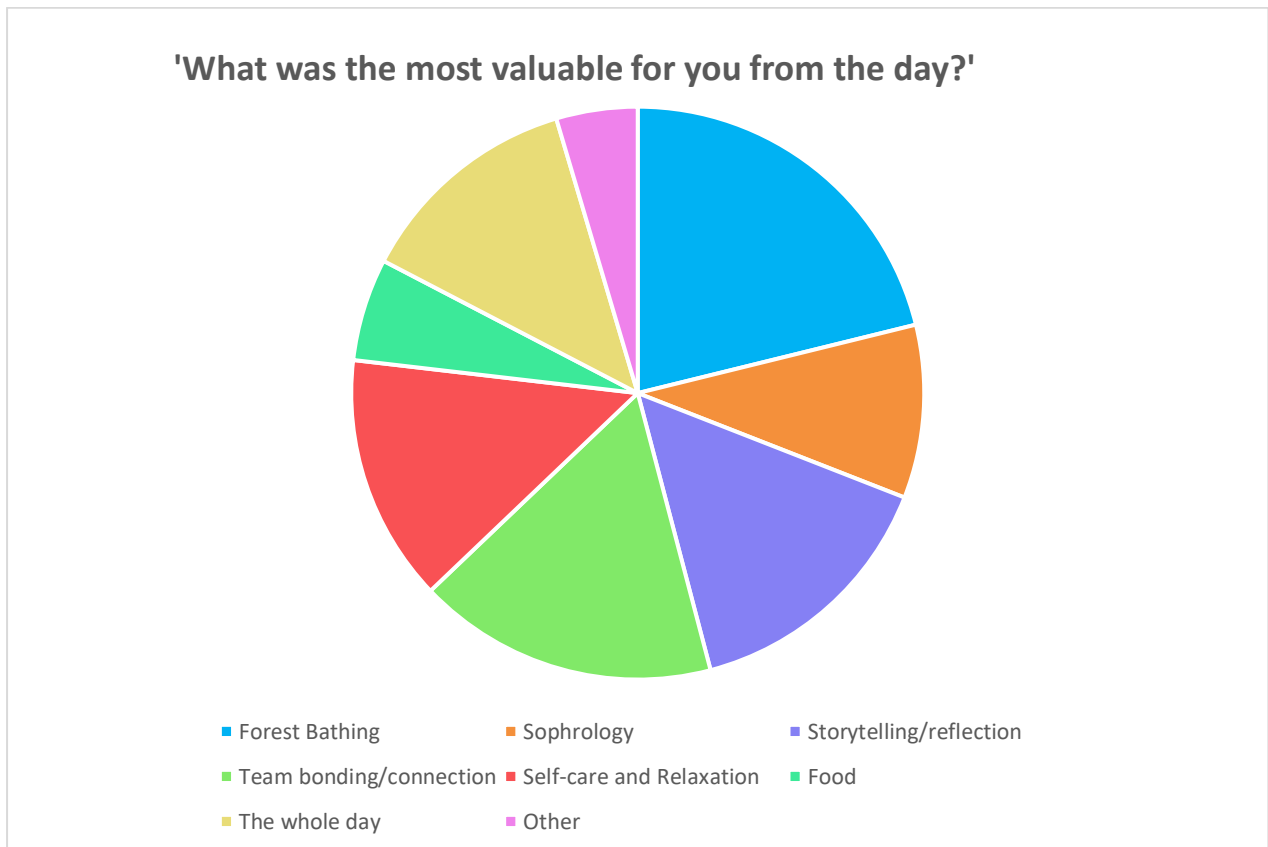


Figure 16- 'What was the most valuable for you from the day?'

'Other' responses which did not suit a theme are listed below. A number of these relate to feeling valued by the NHS trust, which is important to recognise in relation to this dissertation.

- Remembering that I'm only human
- Learning how to be in the moment and to connect
- The staff we're very good in understanding
- Knowing the trust is keen to keep staff on a Wellness path
- Helps me to express my problems and department problems
- Worrying achieves nothing
- Feeling like I was important and I do matter
- Being included and not judged
- Seeing everyone being kind to one another seeing everyone relaxed and recognising That I need to talk more

- How caring everyone is towards each other
- I learnt not to judge anyone by their personal appearance
- To know that the NHS cares about its staff and it's not just about what we do for the patients.
- Being able to recognise that NHS staff require these days
- Honesty
- Real sense of acceptance and inclusivity despite not knowing 90% of the group
- Able to use these techniques at home
- Memories that cannot be taken away
- I think people to welcome us in such a warm and unconditional way.
- Better understanding
- Learn to be more kind, helpful compassionate and maintain privacy and dignity for every individual
- I can't pull out from empty, I need to take care of myself in order to take care of my patients and others.
- Getting to know the trust care about us and getting to Relate with colleagues outside work. This is really amazing.
- The positive energy

6. 'Is there anything you would suggest we do differently, expand on, include, or restructure for future workshops?'

Using thematic analysis in Quirkos, suggestions were grouped into similar responses and are listed below. 234 respondents (52%) answered with 'no' or did not respond to the question. Responses were varied, with some conflicting responses, such as more walking and less walking. Due to the variation, responses are listed instead of presented in a chart.

General:

- Future/regular sessions
- Opportunity to bring family/pets
- Make sessions available to all staff
- Follow-up in the workplace
- Whole team days
- Run as part of the trust appraisal alongside the well-being conversations.
- Discuss issues within NHS for example, racism.

Activity-specific suggestions:

- Closer forest/less walking/hill climbing
- More walking
- More variety in activities
- More time for activities
- Alternatives to forest bathing in cold weather/for those who are unable
- Smaller groups for story-telling
- Food/taste element to forest bathing
- No story-telling
- Less guiding/talking during forest bathing
- More time to explore the grounds
- More time de-briefing people's feelings

Suggestions for additional activities:

- Yoga
- Music/Music therapy
- Drawing/art therapy
- Sports
- Games
- Craft
- Massage
- Reiki
- Additional team bonding activities
- More outdoor activities
- Roaring/laughing exercises
- reflexology

Day length:

- Shorter day
- Longer day/more time for activities

- Multiple days
- A weekend retreat

Food:

- More vegan options
- More meat options
- More food (volume)
- More variety of food
- Shorter lunch break
- Provide Breakfast
- Provide hot chocolate
- More information about nutrition
- Provide menu information

Practical suggestions:

- Print recipes
- Clearer instructions for what to bring
- More explanation of activities before attending
- Walking sticks
- More toilet breaks
- Encouraging participants not to use phones
- Comfier chairs
- Check for scheduled woodcutting during forest bathing
- A microphone
- Remind people to bring water to the forest
- Be clearer on the level of challenge with walking to the forest
- Information about local services and holistic opportunities.
- Resources for wider education on activities

Selected responses from question 6:

“Talk about the impact of BLM racism on people of colour and how NHS has been initially racist I felt not many white people understand the impact of this issue for black people. I think it remains the elephant in the room.”

“I think it was a lovely way to spend the day with our team to get to know them better and decompress from a very stressful job only wished we could do it more often.”

“This exercise really helped the mind, body and soul, and please would recommend this retreat to be organised as often as possible.”

“Grateful for this opportunity; every aspect has its own purpose, and for that reason, nothing to change.”

7. 'Do you feel clearer about how you might better support your well-being?'

95% of respondents said that they felt clearer about how they might support their well-being. Other responses include somewhat, no or no response. A visual representation is provided below in *Figure 17*.

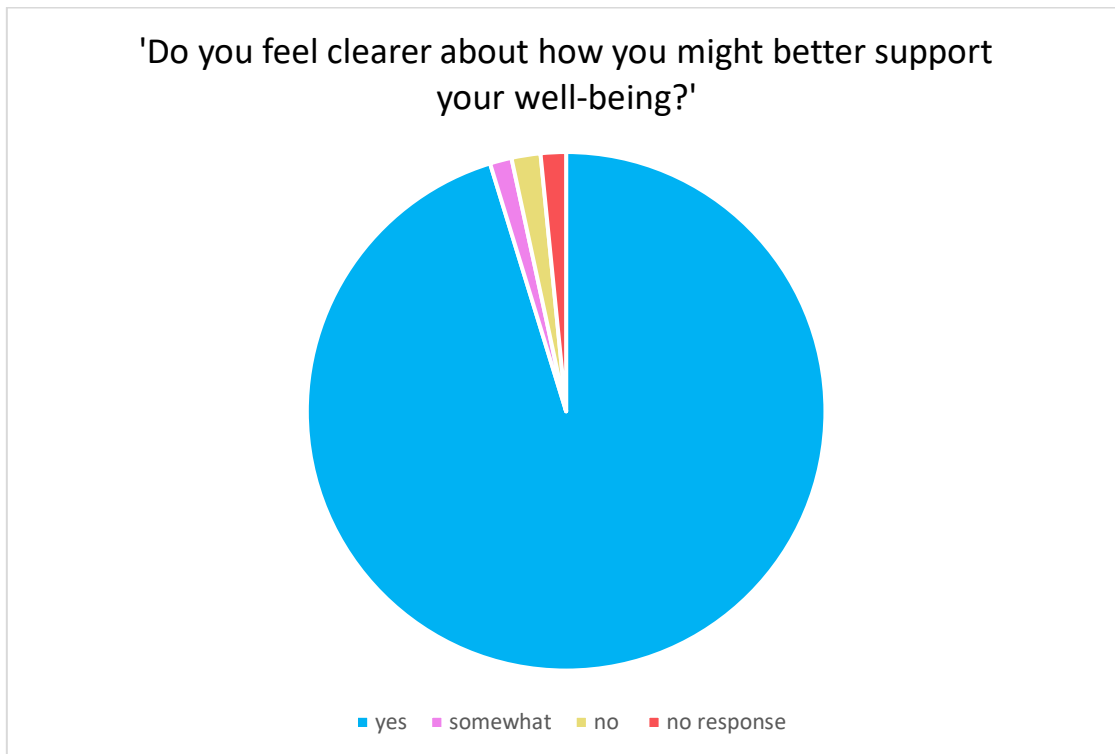


Figure 17- 'Do you feel clearer about how you might better support your well-being?'

8. 'Would you recommend the retreat to a colleague? Yes / No'

All respondents answered this question, 100% of participants answered yes.

Post-Retreat Survey Overview

The results from the pre-retreat survey suggest that respondents felt positive and satisfied with the retreat. The data demonstrates effects such as relaxation (important to engaging the parasympathetic nervous system), connecting to one another, connecting to the self, and learning skills to take away. When compared to the pre-retreat survey, in which participants hoped to learn techniques, relax, and bond with their team, it can be concluded that these hopes were fulfilled during the retreat.

4.1.3 Impact Survey

About the respondents to the survey

The impact survey was completed by participants 3 months after the day of the retreat. 99 participants filled out this survey, all of whom completed it in 2022. The survey consists of quantitative and qualitative data, which has been reflected in the results. In addition, it was not compulsory for respondents to answer all questions. Therefore, there may be variations in the number of respondents for each question. Responses to all impact survey questions are provided below.

1. 'Since the retreat, I have spent more time in nature'.

Question 1 of the impact survey shows that 88% of respondents 'agreed' or 'strongly agreed' to spending more time in nature following the retreat (See *Figure 18*). 100% of respondents answered the question.

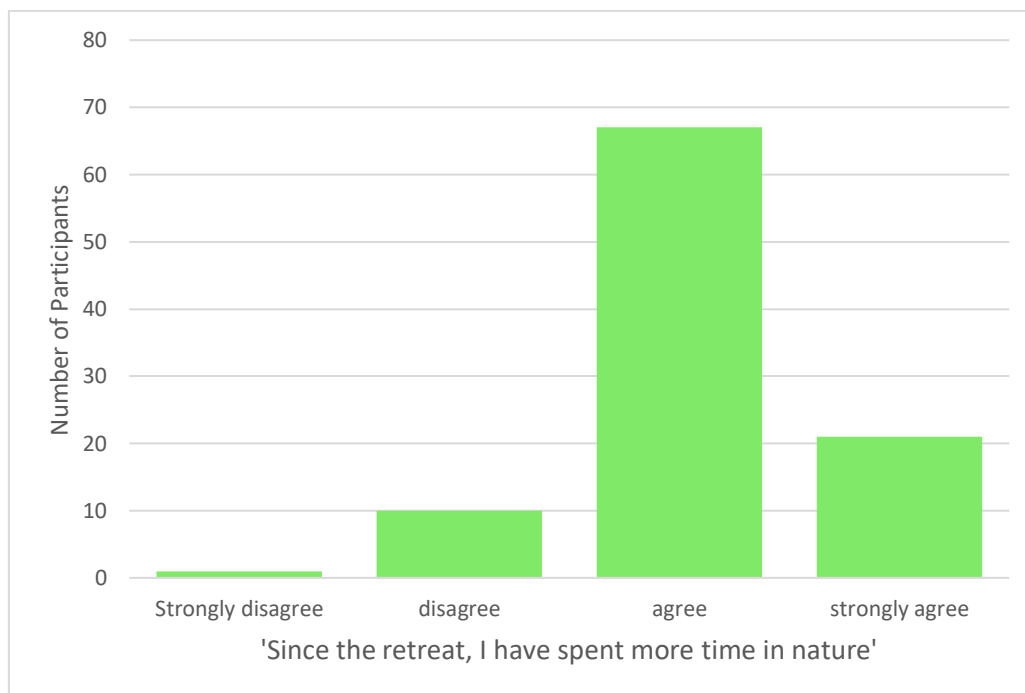


Figure 18- 'Since the retreat, I have spent more time in nature'.

2. 'If you have spent any more time in nature since the retreat, to what extent has this benefitted you?'

Respondents were asked to what extent spending more time in nature has benefitted them. 90% of participants who continued the practice responded with "some" to "a lot", suggesting moderate to substantial benefits for respondents (See *Figure 19*). This calculation excludes the 10 participants who did not continue the practice.

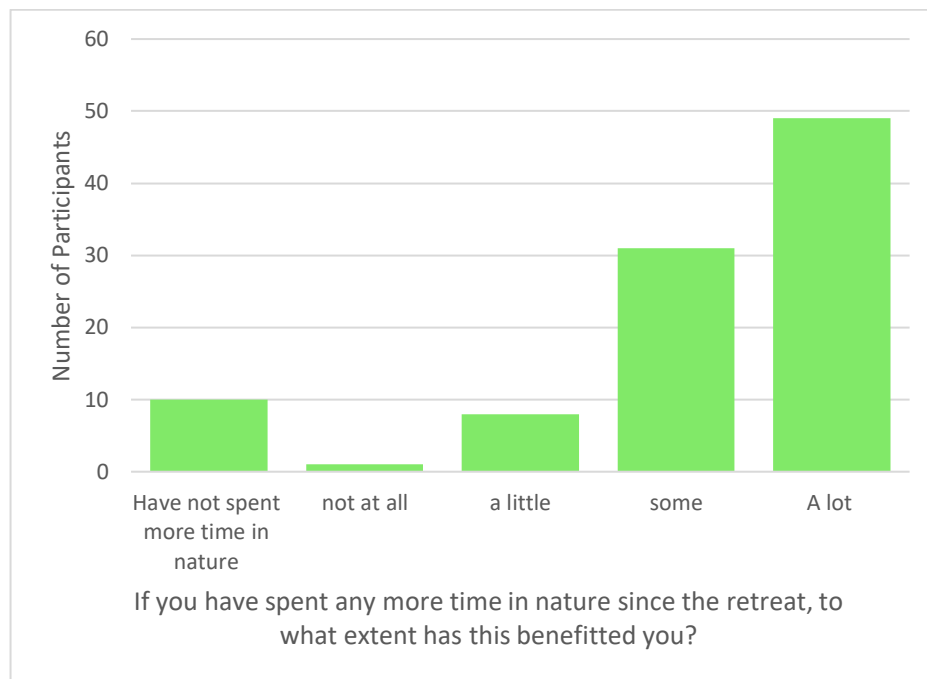


Figure 19- 'If you have spent any more time in nature since the retreat, to what extent has this benefitted you?'

3. 'Please describe any benefits you have experienced from spending more time in nature'

The benefits experienced as described by the participants include:

- Feeling more relaxed
- Feeling calm
- reduced anxiety
- Having more energy
- Improved fitness
- Replacing negative habits such as drinking alcohol
- Improved performance at work
- Happiness
- Reduction in stress
- Mindfulness and clarity

4. 'Since the retreat, I have practised some new mind-body exercises in my daily life'

Question 4 shows that 78% of respondents 'agreed' or 'strongly agreed' to using mind-body exercises following the retreat (see *Figure 20*). 100% of respondents answered the question.

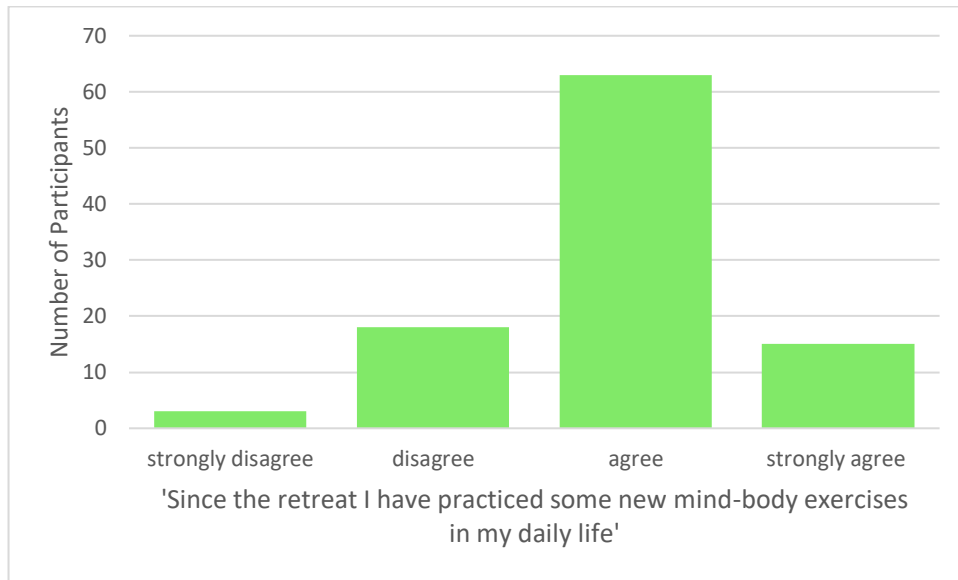


Figure 20- 'Since the retreat, I have practised some new mind-body exercises in my daily life'

5. 'If you have practised any new mind-body exercises since the retreat, to what extent has this benefitted you?'

Participants were asked to what extent incorporating mind-body practices has benefitted them. 80% of participants who continued the practice responded with "some" to "a lot", with most participants responding with 'a lot' suggesting significant benefit (see *Figure 21*). This calculation excludes the 20 participants who did not continue the practice.

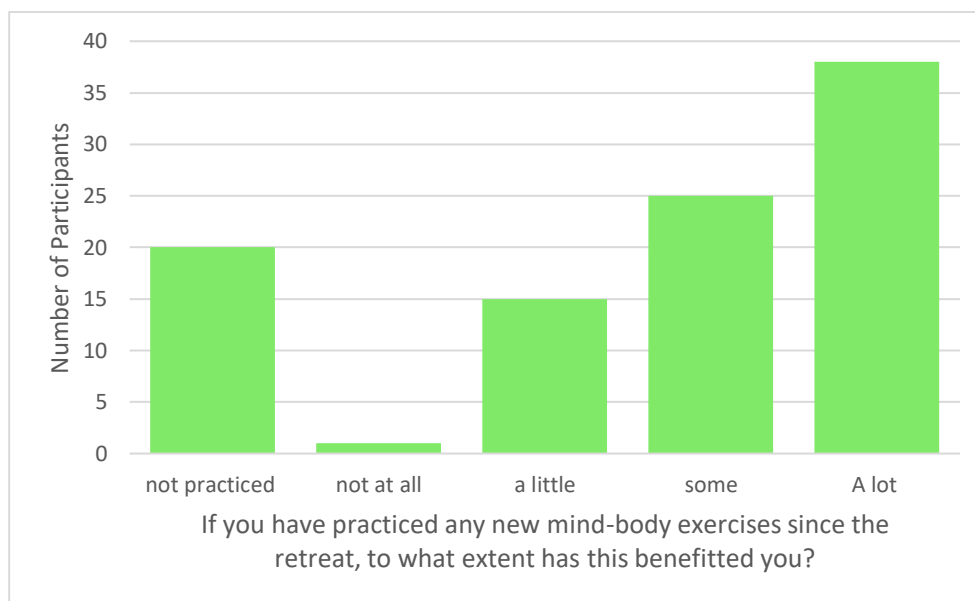


Figure 21- 'If you have practised any new mind-body exercises since the retreat, to what extent has this benefitted you?'

6. 'Please describe any benefits you have experienced'

The benefits described by the participants include:

- Feeling less stressed
- Feeling more relaxed
- Mental clarity
- Improved focus
- Smoking less
- Improved sleep
- Feeling less tense at work
- Improved mental health
- Reduced pain
- Peace of mind
- Feeling more energised
- Feeling more connected to themselves
- Improved ability to manage emotions
- Reduced anxiety

7. 'Since the retreat, I have felt more positive about my work in general.'

As shown in *Figure 22*, 77% of participants felt more positive about their work in general following the retreat, answering the question with "agree" or "strongly agree". 100% of respondents answered the question.

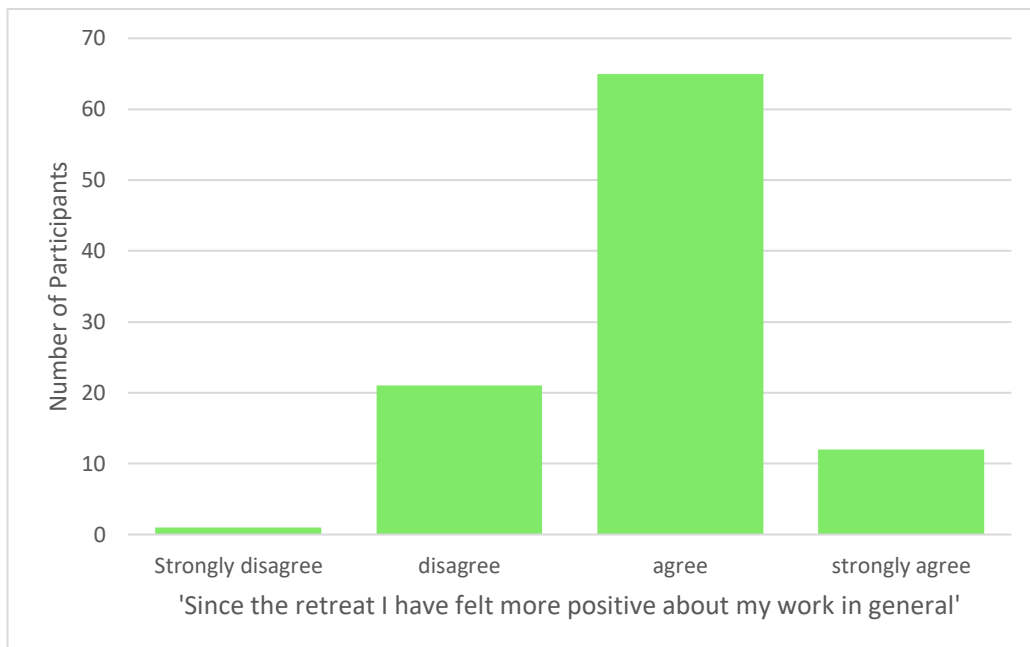


Figure 22- 'Since the retreat, I have felt more positive about my work in general'.

8. 'Since the retreat my relationships with colleagues at work have been more positive'

As evident in *Figure 23*, 87% of respondents answered with "agree" or "strongly agree" when asked whether relationships with colleagues have been more positive since the retreat. 100% of respondents answered the question.

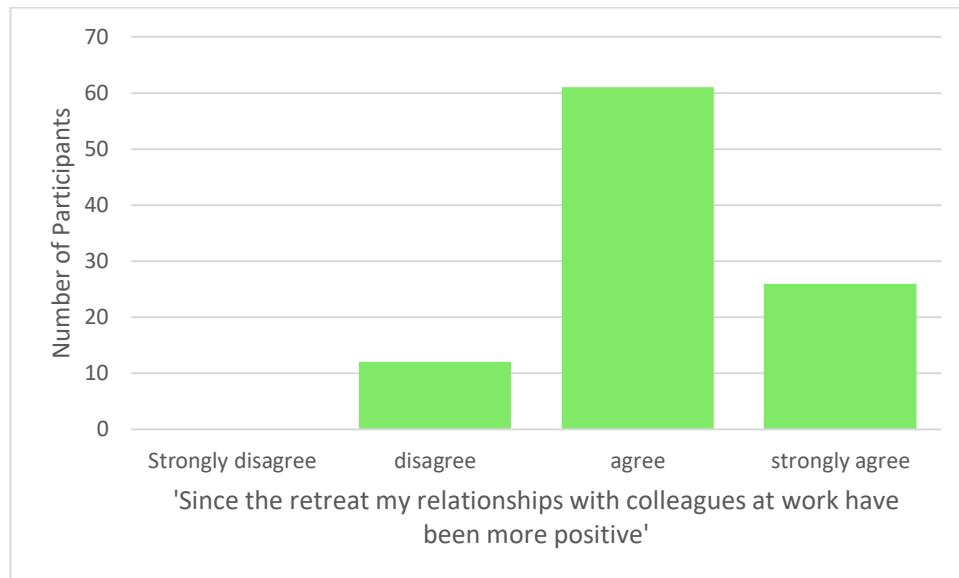


Figure 23- 'Since the retreat my relationships with colleagues at work have been more positive'.

9. 'Please describe any positive changes you have experienced in which your relationships with colleagues at work since the retreat'

Positive changes described by participants include:

- Knowing staff better
- Feeling like a more cohesive team
- More patience/tolerance for staff members
- Seeing people as more than just work colleagues
- Improved communication
- More honesty and understanding
- Happier team
- Practising learned activities with other team members
- Change in team culture
- Looking after each other more/asking about colleagues' wellbeing.
- Improved teamwork
- Seeing other team members in a more positive light
- A sense of belonging
- A more integrated team

10. 'I have made some positive changes in my eating habits since the retreat'

Respondents were asked if they had made any positive changes to their eating habits since the retreat. 64% of participants responded with “agree” or “strongly agree,” compared with 35% of participants who reported no positive changes (see *Figure 24*). 100% of respondents answered the question.

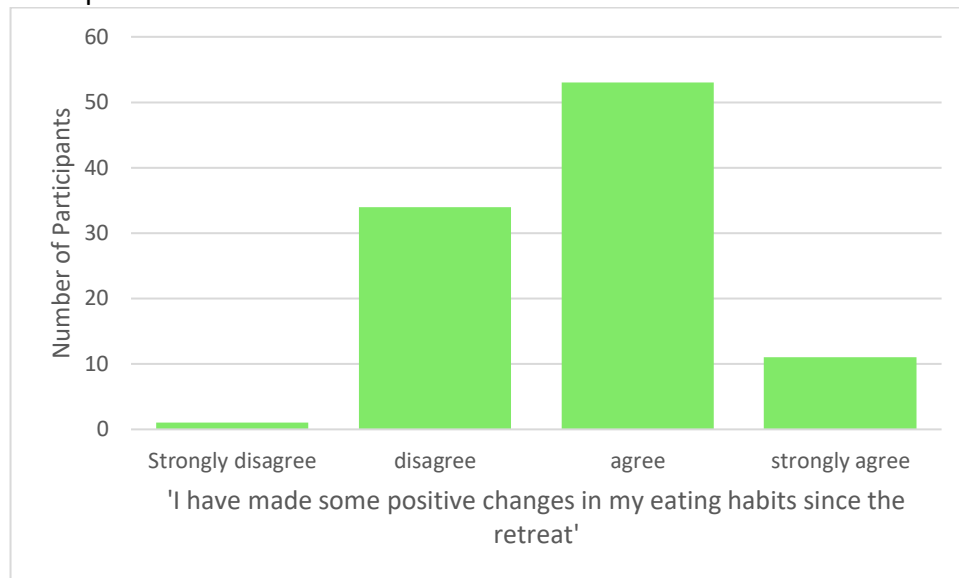


Figure 24- 'I have made some positive changes in my eating habits since the retreat'.

11. 'What changes have you made to your eating habits?'

Changes described by participants include:

- Cooking/eating more plant-based meals
- Healthier/more nutritious eating
- Making more mindful food choices
- Trying out new recipes
- Eating more fruit and vegetables
- Reducing the consumption of alcohol
- Eating more colourful meals
- More motivation to eat healthily
- Cooking more often
- Eating less unhealthy snacks
- Eating three meals a day
- Increased awareness of how food choices can impact wellbeing
- Joining support groups for healthier eating
- Quitting smoking

12. 'Since the retreat I feel more empowered to shape my work environment'

As shown in *Figure 25*, 72% of respondents felt more empowered to shape their work environment following the retreat, answering "agree" and "strongly agree" to question 12. 100% of respondents answered the question.

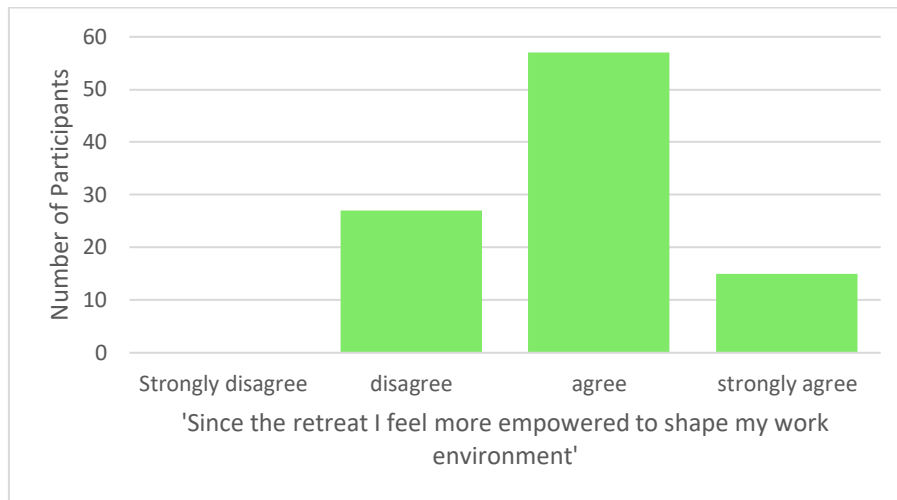


Figure 25- 'Since the retreat I feel more empowered to shape my work environment'.

13. 'What is the biggest drain on your wellbeing now?'

The respondents were asked what the biggest drain on their well-being was at the time. As this question was qualitative, responses were grouped into different themes using thematic analysis in Quirkos. A bar graph was created to visualise these themes and the volume of similar answers. 9 participants did not respond to this question. As evident in *Figure 26*, work-life was the largest drain on respondent well-being (32% of participants). Work-life in this context consisted of responses such as pressure/demands at work, staffing levels, work stress, organisational problems, and work environment.

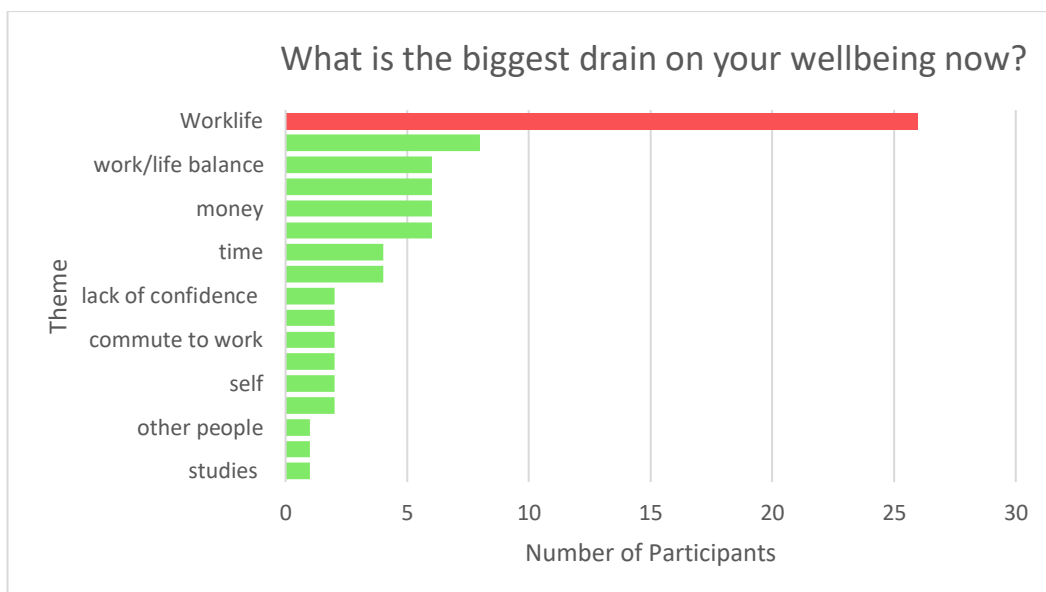


Figure 26- 'What is the biggest drain on your wellbeing now?'

14. 'What has helped you make any positive changes since the retreat?'

18 participants (18%) directly stated activities/techniques learnt at the retreat as what helped them to make positive changes, for example, Sophrology or nature connection.

44 respondents (44%) described additional experiences/takeaways from the retreat, which are described below:

- Taking more time to relax and take care of the self.
- A feeling of being supported by the trust.
- Feeling inspired and having more ideas on how to manage stress.
- Talking with colleagues more, being more mindful of colleagues' wellbeing.
- Improved self-awareness
- Knowing that there is help, and support.
- A change in mindset
- Changes to diet and exercise
- Listening to the body
- Believing they are not alone at work or in struggles
- A more supportive work environment
- Having more coping mechanisms
- Giving themselves permission to prioritise their wellbeing
- A general feeling of improved well-being or increased awareness
- Partaking in activities set up at work inspired by the retreat (Mindful Mondays)
- Not taking on more than they can bare.

6 participants (6%) described other activities that are not explicitly related to the retreat:

- Making changes in personal life, e.g. moving house.
- Religious/spiritual practices
- CBT
- Changing roles at work
- Retiring
- Quitting Smoking

4 participants (4%) expressed that there had not been any positive change:

- The mindfulness practices did not help them to relax.
- Too busy
- Nothing has helped.
- No changes have been made.

27 Participants (27%) did not respond to the question.

15. 'What has been a challenge to making the changes you wanted to make?'

42 participants (42%) did not respond to this question.

6 participants (6%) answered with nothing or not sure.

The most common response by participants was time/being too busy (24 participants, 24%).

The second most common response was problems at work (8 participants, 8%). Other responses are listed below:

- Being too tired
- Home life
- Lack of motivation
- Poor physical health
- The negativity of others
- The weather
- Having enough space
- Lack of sleep
- Money
- Maintaining changes
- Poor mental health
- Not enjoying healthy food.

16. 'What other positive change have you observed in yourself, others or your workplace since the retreat?'

39 respondents (39%) did not respond to this question.

3 respondents (3%) expressed that there had not been a positive change.

57 Respondents (57%) mentioned additional positive changes, which are listed:

- Improved happiness/positivity
- Improved sleep
- Having more energy
- More appreciation for life
- Stronger working relationships
- Better rapport with colleagues
- More open-mindedness
- Taking proper breaks
- Not holding on to grudges
- Reflecting on the day often
- Colleagues are conscious of each other's well-being and having supportive conversations.
- Colleagues being 'nicer' and more tolerant of each other
- Feeling more relaxed
- More openness
- Taking time to take care of themselves
- Using techniques learnt at the retreat at work
- More motivation
- Decisions to change work roles

- Practising techniques learnt at the retreat with family members

Selected responses by participants:

“People are happy to share and open up and seem more happy and committed at work, that their voices are heard and that how they feel actually matters”

“I think we all tend to be much more aware of our own well-being and that of others, and that's really important and means a lot to all of us. I think I'm calmer, I'm hoping my colleagues feel the same! We've all been through so much, and I think it was the perfect opportunity to appreciate that and to reflect on it.”

“I also go back to that day and think about how I thought I could not get up the hill, I pushed myself so much that was physically hard for me, there have been a few times now when I have been for a walk, and if I am struggling, I think back to that day and remind myself I can do it.”

Impact Survey Overview

The impact survey results demonstrate that there has been a medium-term lasting effect on participants after the retreat, with many participants incorporating some of the practices learnt on the retreat into their daily lives. In addition, the survey shows a positive impact on the participants' work-life, such as feeling empowered to shape the work environment and improvements in relationships with colleagues. However, many participants felt that their work-life was still the biggest drain on their well-being.

4.2 Action Research

4.2.1 Journal Entries/Participant Observation

Journal entries/participant observations provide insights into staff intention, researcher reflection, observations of groups and conversations with participants. The data was coded and thematically analysed, and 5 key themes were deduced. These themes were connection, therapeutic effect, value, engagement, and holistic experience. The key themes and illustrative data from journal entries are presented below. *Appendix 4* provides a more extensive analysis of themes and sub-themes.

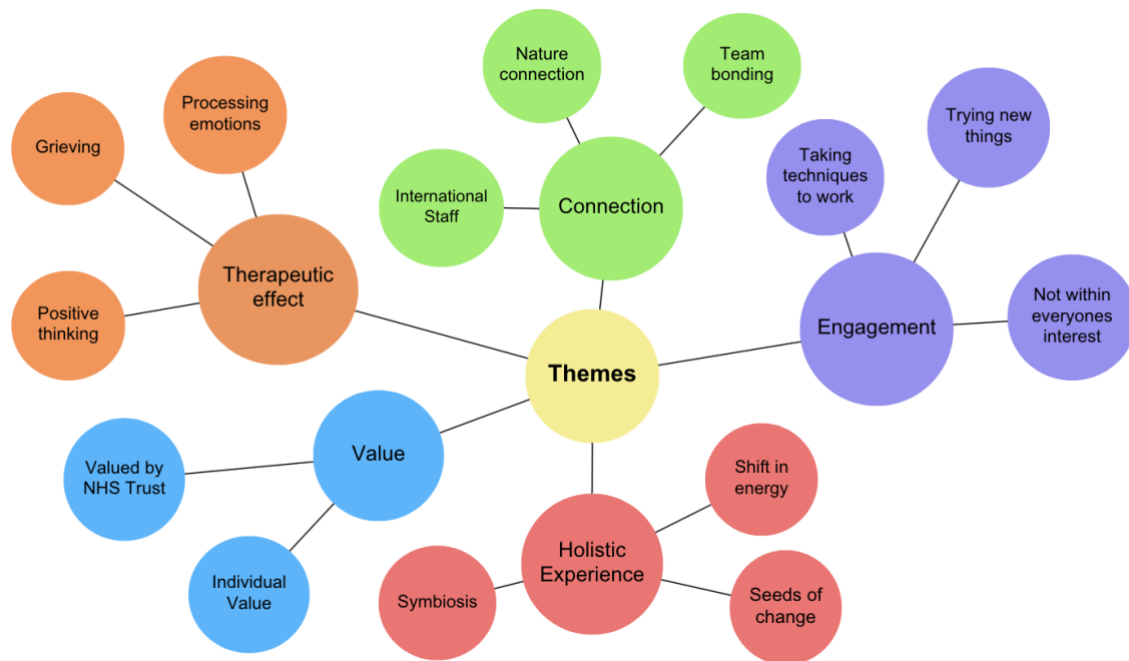


Figure 27- Identified themes and subthemes.

Connection

Team Connection

Participant response: *“At work, I have to be tough or ‘macho’, but here, I get the chance to be real and open with my teammates”.*

Support for international staff

“I spoke to two international participants today. They told me about how, as international staff, they found themselves going from work to home and back, not knowing what they could do in the local area in their free time and not knowing ways to get to know people. They expressed appreciation for the retreat, were excited to see the area, meet other colleagues and enjoy the activities. They felt that it was important that I include this in my research, as the NHS has a high level of international staff, and they felt very separate and isolated”.

Engagement

Taking techniques to work

“Two participants said they were inspired to take their lunch break together to do 15 minutes of breathing and 15 minutes of walking in nature”.

Not within everyone's interests

"Today we have a very different demographic in participants than usual, more men than women, and younger than normal. The group seems quite disengaged with the activities; there is less contribution to reflection and less emotion. As staff, we discussed how the retreat is usually attended by participants who have a prior interest in the activities. We discussed how we might adapt the retreat (or whether we should) to make it effective for different people, such as the young men attending this retreat".

Therapeutic Effect

Processing emotions

"I have already noticed the activities' impact on my life. During a stressful train journey, I revisited a forest bathing experience I had earlier that week. Visualising the forest, mimicking the breathing exercises and remembering the feeling, I felt the panic leaving, replaced with total calm and confidence that I could succeed that day. It was incredibly transformative to me in that moment".

Grieving

"A number of participants saw death and grieving in the forest, one participant was reminded of war and trenches; the silent single file walk being one of stealth... we assume that participants will see life and growth in nature, but instead, it is the opposite for some participants."

Value

Feeling valued by the NHS Trust

"A participant expressed that the NHS is always talking about the importance of taking care of mental health, but going on the retreat made them feel as if their workplace did actually care about their mental health, putting words into action".

Valued as individuals

"Feedback from participants that they thought the retreat would be focused around work, but they actually could look at themselves and their well-being holistically, including family life and work".

Holistic Experience

Symbiosis

"Each activity has its place at the retreat. The forest bathing, sophrology and lunch allow for inner reflection and deep relaxation, which in turn allows participants to open up and have meaningful conversations during the story-telling session. In isolation, these activities might have less of an effect; as a researcher and an observer, it is visible to me that the retreat is a whole package and should be viewed as a whole, in addition to its individual elements".

A shift in energy

"There is a noticeable in environment and energy, from nervous and sceptical, at the beginning of the day, to genuine content, appreciation and laughter at the end, with participants mentioning how meaningful the experience has been for them".

4.2.2 Mindful Stone Painting



Image 7- Collage of Participant Artwork

As can be seen in Image 7 above, the images created by participants are varied but include a dominant representation of trees/nature. It must be noted that this activity took place after lunch, so rather than being a reflection on the whole day, it reflected the 'day so far' of which a large chunk of this had been forest bathing. Participants had taken part in lunch/nutrition/medicinal cooking, some group reflection and some sophrology. The text used by participants on the stones includes: "Peace", "quiet", "life", "be kind", "calm", "fluid", "be present", "grace" and "I am enough". These chosen words could represent emotions or thoughts that resonated with participants. Having said this, the chosen text can depict some but not all what participants chose to express. The use of colour, image and symbolism can express "complex ideas for which words are inadequate" (Hinz, 2006, p.5). As representations and meanings differ between individuals, the participant must be asked what their chosen image represents (Scott, 2021). An example of this is provided below.



Image 8- Example of Participant Artwork

When asked by the researcher about their choice of image, this participant explained that one stone (Image 8- on the right) represented her experience of forest bathing, a feather they had noticed and appreciated and some butterflies they watched during the session, bringing feelings of awe. The second stone (on the left) represented a memory that had come to mind during the session of exploring the forest and climbing trees as a child.

The creative activity also allowed for conversations to take place between participants and the researcher. Some discussions involved feeling valued in the workplace and gratitude for being able to come on the retreat. One of the participants asked questions about how to get to the forest, expressing a keenness and excitement to take her young family for a walk on the public footpaths. Other participants talked about wishing they had more time and space to engage in artistic activities as they felt it would be helpful for their mental health and well-being.

[Action Research Overview](#)

The data collected through action research revealed insightful information that the survey data did not provide, for example, the impact of the retreats on international staff. The themes that were identified include connection, engagement, therapeutic effect, value and holistic experience. Overall, the action research highlights the importance of variety in the individual experience. In addition, the mindful stone painting exercise provides a visual/creative representation of the participant experience in the form of text, colour, symbol, and image. These representations can be used to further evaluate the retreat by providing an alternative platform for participants to reflect and depict their experience.

5. Discussion

5.1 Creating a Sense of Well-being: Concepts and Themes

This dissertation is an impact evaluation of OITF, assessing whether the retreat creates a sense of improved well-being for the NHS staff who participated. Siegel's 'triangle of well-being', discussed in the literature review, provides a conceptual framework for creating an improved sense of well-being through stimulating the integrative functioning of the mind, the brain and relationships (Codrington, 2010). The effectiveness of OITF can be evaluated by considering whether these three elements are evident in the retreat. Thematic analysis is one way to explore this. For example, the theme 'connection' suggests that OITF provided an opportunity for team bonding in a way that is not possible in a work environment. One participant expressed this:

"at work I have to be tough or 'macho', but here I get the chance to be real and open with my teammates".

Siegel suggests that forming healthy relationships allows for shared experiences, improved communication and understanding between two more people, allowing for connection and, as a result, improved well-being (Siegel, 2010b).

The theme of 'engagement', particularly in trying new techniques or intending to continue learned practices, can be associated with reinforcing healthy and balanced functioning in the brain. Engagement with techniques such as Sophrology is particularly well-suited to training the brain to reinforce positive thinking patterns (Parot, 2019). Participant observation revealed that some participants intend to continue these learned practices: *"Two participants said they were inspired to take their lunch break together to do 15 minutes of breathing and 15 minutes of walking in nature".*

Lastly, the 'therapeutic effect' theme, such as processing emotions, particularly negative emotions, for instance, grieving, allows the mind to heal and regulate. An autoethnographic journal entry reads as follows:

"I have already noticed the activities' impact on my life. During a stressful train journey, I revisited a forest bathing experience I had earlier that week. Visualising the forest, mimicking the breathing exercises and remembering the feeling, I felt the panic leaving, replaced with total calm and confidence that I could succeed that day. It was incredibly transformative to me in that moment".

The mind is a corner of the triangle that allows for the regulation of energy and information flow. It allows for the synthesis and integration of each element, leading to an improved sense of holistic and sustainable well-being (Siegel, 2010a).

As demonstrated through the thematic analysis, OITF utilises each corner of Siegel's triangle, creating an experience that approaches well-being holistically and sustainably. Additional themes such as 'value' are discussed below alongside an interpretation of findings from the surveys.

5.2 Interpretation of Survey Findings

The pre-retreat survey data indicated a need to support NHS staff well-being, identifying high levels of poor mental/emotional well-being in some participants, with 40% describing psychological issues they were experiencing, such as stress, anxiety, fatigue, and depression. When comparing with the post-retreat survey data, whilst there were no indicators of the removal of these symptoms, there was evidence of their alleviation, with responses

including having more coping mechanisms, a general feeling of increased well-being and recognising the need to take care of oneself. In addition, word clouds seen in Figure (1,2,3) demonstrate positive effects such as feeling relaxed, positive, refreshed, peaceful, helped and heard, indicating that the retreat offered immediate relief from poor mental/emotional health. This shows that OITF provides short-term alleviation of symptoms of stress and poor emotional/mental health.

Evidence of medium-term benefits demonstrates the potential for long-term impact, continuing beyond the immediate relief that the retreat provides. The impact survey indicates a lasting effect for most participants, including lifestyle adjustments such as changes in diet or spending more time in nature. Most notably, the impact survey demonstrated an improvement in the work environment, with 77% of participants feeling more positive about their work, 87% experiencing improved relationships with colleagues, and 72% feeling empowered to shape their work environment. However, a third of participants still felt that their work life was the most significant drain on their well-being. Therefore, improving relationships, positivity in the workplace and empowerment to shape it are even more important.

The results indicate that this improvement could be achieved through further retreats. For example, the impact survey data shows that participants increased support and care for one another following the retreat, as demonstrated through question 9: 'Please describe any positive changes you have experienced in which your relationships with colleagues at work since the retreat'. Responses included feeling like a more cohesive team, more patience/tolerance for colleagues, seeing people as more than work colleagues, improved communication, practising learned activities with other team members, and looking after each other more/asking about colleagues' well-being. Similarly, question 14 asked: 'What has helped you make any positive changes since the retreat?'. Participants responded with a feeling of being supported by the Trust, talking with colleagues more, being more mindful of colleagues' well-being, knowing that there is help and support, believing they are not alone at work or in struggles, a more supportive work environment, and partaking in activities set up at work inspired by the retreat (Mindful Mondays). Participants identified the element of team bonding as important to them. One respondent stated:

"I think we all tend to be much more aware of our own well-being and that of others, and that's really important and means a lot to all of us. I think I'm calmer, I'm hoping my colleagues feel the same!" We've all been through so much, and I think it was the perfect opportunity to appreciate that and to reflect on it."

When participants were asked what they felt was most valuable from the day, 17% of participants mentioned the opportunity for team bonding and connection. One respondent stated:

"I think it was a lovely way to spend the day with our team to get to know them better and decompress from a very stressful job only wished we could do it more often."

In alignment with Siegel's triangle of well-being (Codrington, 2010), recognition should be given to the idea that team connection plays a role in well-being. These responses demonstrate improved awareness, support and tolerance between colleagues, which is crucial to improving collective well-being among teams and the workplace environment.

5.3 Factors Influencing Well-being

Whilst the retreat is a holistic package, for purposes of evaluation, it is helpful to break down the retreat into its activities to analyse further the factors influencing participant well-being. When asked what was most valuable from the day, participants' responses were varied, covering all activities in the retreat. This was expected, considering individual needs and interests. However, the impact survey highlighted which techniques participants continued following the retreat and could be considered a sign of longer-term success. *Figure 28* visually represents to what extent participants continued practices of forest bathing, Sophrology and nutrition following the retreat.

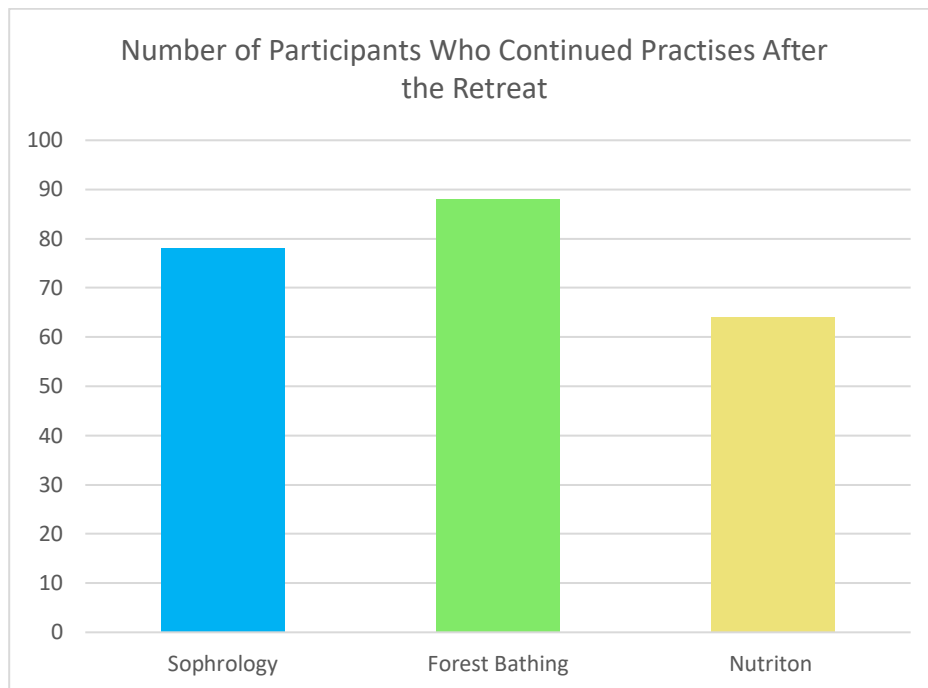


Figure 28- Number of Participants Who Continued Practises After the Retreat.

As the graph shows, all three activities (forest bathing, Sophrology and nutrition) were continued after the retreat, with forest bathing utilised the most. A breakdown of the effectiveness of each activity is discussed below. Note that there is no data for group storytelling/reflection, as this activity is not easily applicable to daily living. However, as mentioned above, there is evidence of improved communication and care for each other's well-being, which can be considered a result of storytelling/group reflection. This is evidenced by responses to post-retreat question 4 from the impact survey: 'How would you describe your experience of the reflection sessions and conversations in a few words or one sentence?', for which responses indicated improved understanding and feeling heard among colleagues.

5.3.1 Forest Bathing

Since the retreat, 88% of participants have spent more time in nature. Out of those participants, 55% reported that it benefitted them 'a lot', and 35% of participants experienced 'some' benefit. Benefits described include feeling relaxed and calm, mental clarity, reduced anxiety and improved performance at work. This outcome supports and reflects the literature review, with previous studies finding FB beneficial for alleviating stress

and resetting the parasympathetic nervous system (Song, Ikei, and Miyazaki, 2016). Although outcomes such as 'relaxation' might sound trivial, there is developing research into the importance of relaxation techniques. The literature suggests that contemporary living means that many of us live in sympathetic states of constant stress and overwhelm, leading to mental and physical health issues (Miyazaki, 2021). Practices such as FB have been shown to help participants through relaxation techniques to reset and move back into those parasympathetic states, relieving stress, depression, and anxiety (Brook, 2019). The above results show that the forest bathing conducted at OITF achieves these same goals, and its outcomes of connection with nature are impactful in supporting the well-being of participants.

5.3.2 Sophrology

Since the retreat, 78% of participants agreed' or 'strongly agreed' to practising mind-body exercises (Sophrology) since the retreat. Of those participants, 48% said it had benefitted them 'a lot', and 32% said it benefitted them 'some'. Benefits described by participants include feeling less stressed, more relaxed, improved mental clarity and focus, reduced pain, improved sleep, and improved ability to manage emotions. Not only does the data suggest a resetting into the parasympathetic nervous system (much like forest bathing), but a positive change in participants' lives, for example, improved sleep, reduced pain or managing emotions. This reflects benefits found in the literature review, such as improved control over emotions, decreased emotional reactivity, reduced physical pain and improvements in mood (Antiglio, 2019; Luberto et al. 2020). In addition, claims that Sophrology is easily used in everyday life (Parot, 2019) is supported by the high level of participants who engaged in the technique following the retreat. This adaptability and ability to use techniques learnt at the retreat in daily life and in the workplace is vital in this context, as, for example, it empowers participants to alter their work environment.

5.3.3 Nutrition

Since the retreat, 64% of participants responded with 'agree' or 'strongly agree' to positively changing their eating habits. Described changes include cooking/eating more plant-based meals, eating 'healthier' in general, cooking more often, trying out recipes, eating more fruit and vegetables, increased awareness and thought about food choices, and reduction in 'unhealthy' habits such as smoking, drinking alcohol or eating unhealthy snacks. As the literature demonstrates, proper nutrition can improve brain function and have transformative effects, reducing the risk of cancer, diabetes and heart disease (Campbell and Campbell, 2016). However, most notably within the context of this retreat, appropriate nutrition and healthy eating have been demonstrated to improve mental health (Suárez-Lopez, Bru-Luna and Martí-Villar, 2023). Whilst 64% of participants reported making positive changes, this was less than other activities. Reasons for this could be financial, social or time-related limitations, such as food insecurity, which is directly linked with anxiety and depression or availability during work shifts (Sharma and Sharma, 2023; Torjesen, 2022).

5.3.4 Demographic Analysis

There is a large number of international staff within the NHS who are critical to supporting the NHS workforce crisis (Woolf et al., 2023). These staff members may significantly benefit from an opportunity to get to know their colleagues better. Action research revealed that some intentional staff might be experiencing alienation and loneliness:

"As international staff, they found themselves going from work to home and back, not knowing what they could do in the local area in their free time and not knowing ways to get to know people. They expressed appreciation for the retreat, were excited to see the area, meet other colleagues and enjoy the activities. They felt that it was important that I include this in my research, as the NHS has a high level of international staff, and they felt very separate and isolated".

As the excerpt suggests, international employees may benefit from additional support in integration into the UK, with reports of international staff feeling isolated (Spiliopoulos and Timmons, 2023). The retreat could provide a way of making international employees feel valued and welcomed, a chance to get to know their colleagues and see more of the surrounding area where they work.

One of the reasons the response to OITF is so positive is that many of the participants who chose to come to the retreat already had an interest in or openness to the activities. For autonomy, it is vital that participants who come to the retreat have chosen to or are referred and are prepared to partake in the activities the retreat provides. Active research revealed an occasion on which not all participants were keen to engage due to it being a whole team experience. A segment from the action research reads: *"Today we have a very different demographic in participants than usual, more men than women, and younger than normal. The group seems quite disengaged with the activities; there is less contribution to reflection and less emotion. As staff, we discussed how the retreat is usually attended by participants who have a prior interest in the activities. We discussed how we might adapt the retreat (or whether we should) to make it effective for different people, such as the young men attending this retreat".* However, the survey responses were surprisingly positive from this day, with some comments on the day being too long overall. The reception from this group appeared to be one of enjoyment but not of a therapeutic experience. Experiences of Enjoyment may still be valuable, as enjoyment is an outcome of stimulating the parasympathetic nervous system (Zhang et al., 2019). Moreover, sharing positive moments with other team members reinforces effective relationships and positive perceptions in the mind; both are essential in Siegel's triangle of well-being.

The impact of the retreat differs from person to person and between subgroups. Although some participants reported a more heightened benefit to well-being than others, the 100% recommendation rate indicates that every individual had a positive experience that they felt others could benefit from. In addition, 95% of participants felt clearer about how they might support their well-being through techniques and experiences from the retreat. This statistic indicates sustainability, as participants would not depend on attending the retreat for their well-being but are provided with tools to carry forward.

5.3.5 Value

During the COVID-19 pandemic, how we value NHS staff became a key topic of conversation (Day et al., 2022). However, this emphasis on value is dwindling now that the pandemic has ended. The literature review highlighted that many NHS staff are experiencing long-term problems since the pandemic, such as PTSD (Lacobucci, 2023). These issues impact their ability to work and, combined with NHS burnout, lead to workforce attrition (Rammell and Burdess, 2023). Therefore, there is an urgent need to continue to support NHS employees, and one of the ways to achieve this is by making sure staff feel valued. Evidence suggests

that the OITF retreat can establish this feeling of value in its participants. To further illustrate, themes of 'self-value' or 'self-worth' were evident in the mindful stone painting exercise. During the activity, discussions arose around feeling valued in the workplace. In addition, some of the art created by participants alludes to feelings of self-worth, including text such as "I am enough". An excerpt from participant observation evidences this notion: *"A participant expressed that the NHS is always talking about the importance of taking care of mental health, but going on the retreat made them feel as if their workplace did actually care about their mental health, putting words into action"*.

Showing staff they are valued through interventions such as OITF puts '*words into action*'. It could alleviate workforce attrition and improve well-being by instilling feelings of self-worth and collective value. In this way, creating a sense of value impacts the individual and the wider work environment.

6. Conclusion

6.1 Conclusion of results

6.1.1 Summary

The objectives of this dissertation were to evaluate whether OITF supported NHS Staff well-being. Quantitative and qualitative results demonstrated a need to support NHS staff well-being, followed by successful short-term and medium-term impacts on those who attended. These short-term impacts included relaxation, team connection and the learning of techniques. Medium-term impacts consist of utilising techniques at home/work with beneficial results, a feeling of empowerment to change their work environment, increased positivity towards work and observations of a more supportive work environment following the retreat. The themes identified through action research highlighted the importance of feeling valued and were used to ascertain that the retreat fulfilled the three elements of Siegel's triangle of well-being. Lastly, unexpected findings include how the retreat can especially support international staff, aiding them in getting to know their peers and feeling more integrated.

6.1.1 Limitations

- The problems faced by the NHS are mostly systematic (Heeks, 2019). The retreat cannot fix these systematic issues. However, what OITF can achieve is additional support or alleviation of poor well-being due to the work environment.
- Although data collection involved a large number of participants, many of these participants had a prior interest or awareness of the activities, and a large majority were female. The overwhelmingly positive responses to data collection could be attributed to this. A wider range of demographics representing more male perspectives could be beneficial to avoid sampling bias.
- Not all respondents continued to use the techniques learned following the retreat; for example, 36% of participants did not alter their eating habits. Further inquiry into why some participants do not continue practices or why some techniques are more commonly continued than others would be insightful (88% of participants spent more time in nature, compared to 64% who changed their eating habits).
- Some participants found the storytelling session emotionally difficult, felt vulnerable, or were not open to sharing. Although the literature suggests that emotional distress can be a catalyst for healing (Drumm, 2013), consideration for the emotional well-being of participants must be paramount. A safe environment and referral to additional support must be included in this practice.

6.1.2 Recommendations

Long-term survey data would help to indicate whether the retreat has a lasting impact, but this largely relies on participants taking the techniques learnt and bringing them into the workplace upon their own accord. To support this, the retreat should be made available to all staff and conducted semi-regularly to ensure a continuation of the positive effects. In addition, a similar retreat designed to appeal to a different demographic- for example, young male staff members- could be used to support participants with differing

interests/needs to ensure that all staff members can be supported in a way that is most relevant and effective for them.

6.2 Wider Implications

6.2.1 Contributions to Knowledge

This dissertation presented a unique way of supporting NHS staff, which could be used in broader contexts. It has demonstrated that healthcare practitioner well-being can be supported through creative health techniques that are low-cost and easily accessible. Moreover, this evaluation evidences how these techniques collaborate to construct rich and holistic healing experiences. The retreat and techniques could be a starting point for other interventions to create successful well-being support. Furthermore, this study could inform and support OITF's growth, with hopes that it can be helpful to more staff members and be conducted regularly.

In addition, this dissertation provides an example of the use of arts-in-research in a mixed-methods approach. Surveys allowed for direct inquiry, while action research and arts-in-research allowed for individual and unforeseen perspectives to arise. In this way, the data collection methods allowed for a detailed and holistic understanding that enabled the agency for respondents in the process. In addition, the interdisciplinary theoretical framework provided insights into the conceptualisation of well-being, which could guide future interventions and inquiry.

6.2.2 Concluding Comments

To finalise this impact evaluation, OITF was instrumental in supporting the participants who attended in improving their well-being and providing a space for healing and connection with colleagues. The effects of the retreat have begun to filter into the work environment with initiatives such as 'Mindful Mondays' and hopes for future retreats become more of a reality with research such as this supporting the effectiveness of retreats and non-clinical interventions.

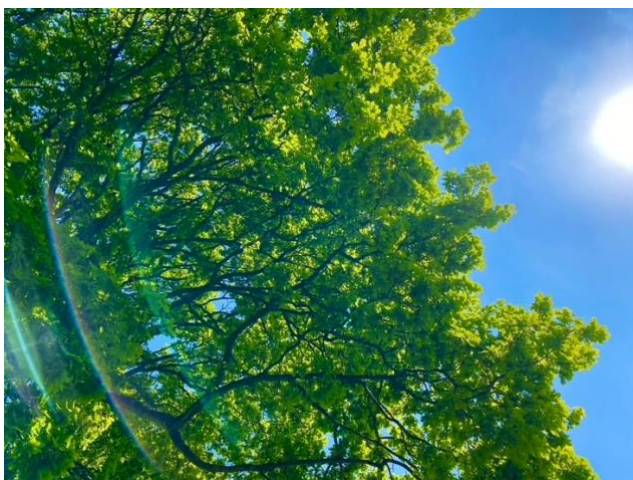


Image 9- 'The Canopy' as photographed by the author.



Image 10- 'Flowers at the Quadrangle' as photographed by the author.

Reference List

- Aldrich, J. (2014). *Interdisciplinarity*. [online] New York: Oxford Academic. Available at: <https://doi.org/10.1093/acprof:oso/9780199331345.001.0001> [Accessed 20 Apr. 2023].
- All-Party Parliamentary Group On Arts, Health And Wellbeing (2017). *Creative health: the arts for health and wellbeing*. APPG.
- Altrichter, H., Kemmis, S. and Zuber-Skerrit, O. (2002). The Concept of Action Research. *The Learning Organization*, 9(3), pp.125–131.
doi:<https://doi.org/10.1108/09696470210428840>..
- Antiglio, D. (2019). *The Life-Changing Power of Sophrology*. New World Library.
- Bednar, P. and Welch, C. (2013). Storytelling and Listening: Co-creating Understandings. *Cybernetics and Human Knowing. Research Gate. 0907-0877*, 20, pp.13–21.
- Beresford-Kroeger, D. (2021). *To Speak for The Trees: My Life's Journey from Ancient Celtic Wisdom to a healing vision of the forest*. S.L.: Timber Press.
- Bojang, K.P. and Manchana, V. (2023). Nutrition and Healthy Aging: A Review. *Curr Nutr Rep*, 12, pp.369–375. doi:<https://doi.org/10.1007/s13668-023-00473-0>.
- Bragg, R. and Atkins, G. (2016). *A Review of Nature-based Interventions for Mental Health Care (NECR204)*. Natural England Commissioned Reports, Number204.
- Brook, P. (2019). Managing Mental Health with Nature. *The Journal of Holistic Healthcare: Nature Connections*, 16(1), pp.15–17.
- Campbell, T.C. and Campbell, T.M. (2016). *The China Study: The Most Comprehensive Study of Nutrition Ever Conducted*. Dallas, Tx: Benbella Books, Inc.
- Cleary, M. and Horsfall, J. (2015). Teamwork and Teambuilding: Considering Retreats. *Issues in Mental Health Nursing*, 36(1), pp.78–80.
doi:<https://doi.org/10.3109/01612840.2014.981432>.
- ClinicalTrials.gov (2023). *WELL-being Improvement Following a SOphrology Intervention in Hospital Staff (So-Well)*. [online] www.clinicaltrials.gov. Available at:

<https://www.clinicaltrials.gov/study/NCT05425511?intr=Sophrology&rank=7>
[Accessed 11 Aug. 2023].

Codrington, R. (2010). A Family Therapist's Look Into Interpersonal Neurobiology and the Adolescent Brain: An Interview With Dr Daniel Siegel. *Australian and New Zealand journal of family therapy.*, 31(3), pp.285–299.

Corkhill, B. (2020). Words That Harm, Words That Heal. *The Journal of Holistic Healthcare: Mind-body Self-care*, 17(2), pp.38–42.

Cunningham, T. and Çayir, E. (2021). Nurse Leaders Employ Contemplative Practices to Promote Healthcare Professional Well-being and Decrease Anxiety. *JONA: The Journal of Nursing Administration*, 51(3), pp.156–161.
doi:<https://doi.org/10.1097/nna.0000000000000987>.

Day, G., Robert, G., Leedham-Green, K. and Rafferty, A.M. (2022). An Outbreak of appreciation: a Discursive Analysis of Tweets of Gratitude Expressed to the National Health Service at the Outset of the COVID-19 Pandemic. *Health Expectations*, 25(1), pp.149–162. <https://doi.org/10.1111/hex.13359>.

Daykin, N. (2019). Social Movements and Boundary Work in arts, Health and wellbeing: a Research Agenda. *Nordic Journal of Arts, Culture and Health*, 1(01), pp.9–20. doi:<https://doi.org/10.18261/issn.2535-7913-2019-01-02>.

De Zulueta, P. (2020). Schwartz Rounds: Sharing stories, humanising healthcare. *The Journal of Holistic Healthcare: Stories in Medicine* , 17(1), pp.27–31.

DeWalt, K.M. and DeWalt, B.R. (2011). *Participant observation : a guide for fieldworkers*. 2nd ed. Lanham Md. Plymouth: AltaMira.

Drumm, M. (2019). *The Role of Personal Storytelling in Practice*. [online] Iriss. Available at: <https://www.iriss.org.uk/resources/insights/role-personal-storytelling-practice>.

Dutheil, F., Parreira, L., Pereira, B., Baldet, M., Marson, F., Chabaud, C., Blot, M., Baker, J.S., Zak, M., Vallet, G.T., Magnon, V., Clinchamps, M. and Altun, S. (2023). SOPhrology Intervention to Improve WELL-Being in Hospital Staff (SO-WELL):

Protocol for a Randomized Controlled Trial Study. *International Journal of Environmental Research and Public Health*, 20(2), pp.1185–1185.
doi:<https://doi.org/10.3390/ijerph20021185>.

Dumitrica, D.D., 2010. Choosing Methods, Negotiating Legitimacy. A Metalogue on Autoethnography. *Graduate Journal of Social Science*, 7(1).

Ferguson, P.P. (2014). *Word of mouth: what we talk about when we talk about food*. Berkeley: University Of California Press.

Fullam, J., Hunt, H., Lovell, R., Husk, K., Byng, R., Richards, D., Bloomfield, D., Warber, S., Tarrant, M., Lloyd, J., Orr, N., Burns, L. and Garside, R. (2021). *A Handbook for Nature on Prescription to Promote Mental Health*. 1st ed. University of Exeter.

Gatera, G. and Singh, S. (2021). *Let's talk about lived experiences of mental health challenges | News*. [online] Wellcome. Available at: <https://wellcome.org/news/lets-talk-about-lived-experiences-mental-health-challenges> [Accessed 31 Jul. 2023].

Gerada, C. (2020). Medical Educations Changing Story. *The Journal of Holistic Healthcare: Stories in Medicine*. 17(1), pp.5–7.

Greater Good Science Center (2010). *Daniel Siegel on the Triangle of Well-Being*. [online] www.youtube.com. Available at: <https://www.youtube.com/watch?v=BGYUbc73JwY>.

Grevin, P., Ohresser, M., Kossowski, M., Duval, C. and Londero, A. (2020). First assessment of sophrology for the treatment of subjective tinnitus. *European Annals of Otorhinolaryngology, Head and Neck Diseases*, 137(3), pp.195–199.
doi:<https://doi.org/10.1016/j.anorl.2020.03.007>.

Hansen, M.M., Jones, R. and Tocchini, K. (2017). Shinrin-Yoku (forest bathing) and nature therapy: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, [online] 14(8), p.851.
doi:<https://doi.org/10.3390/ijerph14080851>.

Heath, I. (2019). Love's Labours Lost. *The Journal of Holistic Healthcare: Faith, Hope and Love in Healthcare*, 16(2), pp.4–10.

Heeks, A. (2019). Learning Super-resilience from Nature: Systematic Responses to Systematic Overload. *The Journal of Holistic Healthcare: Nature Connections*, 16(1), pp.20–23.

Henderson, H. (2006). Cooking up Memories: The Role of Food, Recipes, and Relationships in Jeannette Lander's *Überbleibsel*. *Women in German Yearbook: Feminist Studies in German Literature & Culture*, 22(1), pp.236–257.
doi:<https://doi.org/10.1353/wgy.2006.0001>.

Hield, A. and Thomas, T. (2012). *Creative Evaluation Toolkit*. [online] Artworks Creative Communities . Available at: [file:///Users/ellanahall/Downloads/2012-Creative-Evaluation-Toolkit%20\(3\).pdf](file:///Users/ellanahall/Downloads/2012-Creative-Evaluation-Toolkit%20(3).pdf) [Accessed 1 May 2023].

Hinz, L.D. (2006). *Drawing from within: Using Art to Treat Eating Disorders*. London; Philadelphia: Jessica Kingsley Publishers.

Huppert, F.A. and So, T.T.C. (2013). Flourishing Across Europe: Application of a New Conceptual Framework for Defining Well-Being. *Social Indicators Research*, [online] 110(3), pp.837–861. doi:<https://doi.org/10.1007/s11205-011-9966-7>.

Irving, J.A., Dobkin, P.L. and Park, J. (2009). Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary Therapies in Clinical Practice*, [online] 15(2), pp.61–66.
doi:<https://doi.org/10.1016/j.ctcp.2009.01.002>.

Ison, R.L. (2008). *Systems Thinking and Practice for Action Research In: Reason, Peter W. and Bradbury, Hilary eds. The Sage Handbook of Action Research Participative Inquiry and Practice*. 2nd ed. Reason, Peter W. and Bradbury, Hilary eds. *The Sage Handbook of Action Research Participative Inquiry and Practice (2nd edition)*., London, UK: Sage Publications, pp.139–158.

Johnstone, C. (2019). Gaian Psychology in Practice. *The Journal of Holistic Healthcare: Nature Connections*, 16(1), pp.7–10.

Jones, L. (2021). *Rewilding Our Minds*. [online] The American Scholar. Available at: <https://theamericanscholar.org/rewilding-our-minds/> [Accessed 30 Jul. 2023].

Kara, H. (2015). *Creative Research Methods in the Social Sciences: a practical guide*. Bristol: Policy Press.

Keestra, M., Rutting, L., Post, G., de Roo, M., Blad, S. and de Greef, L. (2016). An Introduction to Interdisciplinary Research: Theory and Practice. *Amsterdam University Press*. [online] Available at: <http://www.jstor.org/stable/j.ctt1bc540s>.

Krüger, K. (2019). Self-compassion and Resilience for Healthcare Professionals. *The Journal of Holistic Healthcare: Faith, Hope and Love in Healthcare*, 16(2), pp.14–17.

Lacobucci, G. (2023). NHS staff haven't recovered from pandemic's effects, says leading doctor. *BMJ*, 380, p.548. doi:<https://doi.org/10.1136/bmj.p548>.

Laird, A. (2019). The Nature-Human Connection and Health. *The Journal of Holistic Healthcare: Nature Connections*, 16(1), pp.3–6.

Lambert, N. and Stewart, N. (2007). Staff Retreat: Journey to Team Building. *Oncology Nursing Forum*, 34(2), pp.501–501. 1/3p.

Lancaster, S.L., Klein, K.P. and Knightly, W. (2016). Mindfulness and Relaxation: A Comparison of Brief, Laboratory-Based Interventions. *Mindfulness*, 7(3), pp.614–621. doi:<https://doi.org/10.1007/s12671-016-0496-x>.

Little, R.M. and Froggett, L. (2009). Making Meaning in Muddy Waters: Representing Complexity Through Community Based Storytelling. *Community Development Journal*, 45(4), pp.458–473. doi:<https://doi.org/10.1093/cdj/bsp017>.

Luberto, C.M., Hall, D.L., Park, E.R., Haramati, A. and Cotton, S. (2020). A Perspective on the Similarities and Differences Between Mindfulness and Relaxation. *Global Advances in Health and Medicine*, 9, p.216495612090559. doi:<https://doi.org/10.1177/2164956120905597>.

Mapp, T. (2008). Understanding phenomenology: the lived experience. *British Journal of Midwifery*, 16(5), pp.308–311. doi:<https://doi.org/10.12968/bjom.2008.16.5.29192>.

McCann, S., Barto, J. and Goldman, N. (2019). Learning Through Story Listening. *American Journal of Health Promotion*, 33(3), pp.477–481.

doi:<https://doi.org/10.1177/0890117119825525e>.

Méndez-Lopez, M.G. (2013). Autoethnography as a research method: Advantages, limitations and criticisms. *Colombian Applied Linguistics Journal*, [online] 15(2), p.279. doi:<https://doi.org/10.14483/udistrital.jour.calj.2013.2.a09>.

Miyazaki, Y. (2021). *Walking in the Woods*. United Kingdom: Aster.

Miyazaki, Y., Lee, J., Park, B. (2011). Preventive Medical Effects of Nature Therapy. *Nihon Eiseigaku zasshi. Japanese Journal of Hygiene.*, 66(4), pp.651–656.

doi:<https://doi.org/10.1265/jjh.66.651.%20PMID:%2021996763>.

Morrice, A. (2020). Some Reflections on Stories in General Practice. *The Journal of Holistic Healthcare: Stories in Medicine*, 17(1), pp.32–34.

Orow, G. (2021). Designing an Ecological Approach to Health. *BMJ*, pp.27–28.

doi:<https://doi.org/10.1136/bmj.n2827>.

Parot, F. (2019). *The Sophrology Method*. Octopus Books.

Peck, A. (2019). *The Green Cure*. Ryland Peters & Small.

Pollock, A. 2016, "NHS No More? The Journal of the Health Visitors' Association", *Community Practitioner*, vol. 89, no. 12, pp. 28-30.

Pollan, M. (2001). *The botany of desire: a plant's eye view of the world*. New York: Random House.

Pollan, M. (2009). *In defence of food: an eater's manifesto*. Turtleback Books.

Qian, F., Liu, G., Hu, F.B., Bhupathiraju, S.N. and Sun, Q. (2019). Association between Plant-Based Dietary Patterns and Risk of Type 2 Diabetes. *JAMA Internal Medicine*, 179(10). doi:<https://doi.org/10.1001/jamainternmed.2019.2195>.

Rammell, C. and Burdess, A. (2023). Burnout in Surgeons: A Ticking Time Bomb? *Surgery (Oxford)*, [online] 41(8), pp.523–527.

doi:<https://doi.org/10.1016/j.mpsur.2023.05.010>.

Reed-Danahay, D., 2019. *Autoethnography*. In: Paul Atkinson, ed., Sage Research Methods Foundations. London: SAGE Publications Ltd. Available at: <<https://doi.org/10.4135/9781526421036815143>> [Accessed 29 Aug 2023].

Richardson, M. and Butler, C.W. (2022). *The Nature Connection Handbook: A Guide for Increasing People's Connection with Nature*. [online] Available at: <https://findingnatureblog.files.wordpress.com/2022/04/the-nature-connection-handbook.pdf> [Accessed 30 Jul. 2023].

Rosa, H. (2019). Nose to tail nutrition and evolution. *Journal of Holistic Healthcare: The Real Food issue*, 16(3), pp.23–26.

Roulet, T. J. et al. (2017) Reconsidering the Value of Covert Research: The Role of Ambiguous Consent in Participant Observation. *Organizational research methods*. [Online] 20 (3), 487–517.

Sharma, L. and Sharma, D. (2023). Role of nutrition in minimizing mental and health-related issues during COVID-19: a systematic literature review. *Nutrition & Food Science*, [online] 53(4), pp.659–699. Available at: <https://doi.org/10.1108/NFS-12-2022-0421>.

Siegel, D.J. (2010). *The Triangle of Well-Being*. [online] Greater Good Science Center. Available at: https://greatergood.berkeley.edu/video/item/the_triangle_of_wellbeing [Accessed 22 Aug. 2023].

Song, C., Ikei, H. and Miyazaki, Y. (2016). Physiological Effects of Nature Therapy: A Review of the Research in Japan. *International Journal of Environmental Research and Public Health*, [online] 13(8), p.781. doi:<https://doi.org/10.3390/ijerph13080781>.

Spiliopoulos, G. and Timmons, S. (2023). Migrant NHS Nurses as 'Tolerated' Citizens in Post-Brexit Britain. *The Sociological Review*, 71(1), pp.183–200. doi:<https://doi.org/10.1177/00380261221092199>.

Suárez-López, L., Bru-Luna, L. and Martí-Vilar, M. (2023). Influence of Nutrition on Mental Health: Scoping Review. *Healthcare*, [online] 11(15). Available at: <https://doi.org/10.3390/healthcare11152183>.

The Forest Bathing Institute (2023). *Home*. [online] The Forest Bathing Institute. Available at: <https://tfb.institute/>.

The Lancet (2019). Physician burnout: the need to rehumanise health systems. *The Lancet*, 394(10209), p.1591. doi:[https://doi.org/10.1016/s0140-6736\(19\)32669-8](https://doi.org/10.1016/s0140-6736(19)32669-8).

Thomas-Emrus, L. (2020). Measurable Beneficial Effects: The Evidence of Using Meditation in Everyday Healthcare. *The Journal of Holistic Healthcare: Mind-body Self-care*, 17(2), pp.3–6.

Torjesen, I. (2022). Hospitals told to ensure staff can access healthy hot and cold food 24 hours a day. *BMJ*, [online] 379. doi:<https://doi.org/10.1136/bmj.o2729>.

Vang, M., Wolfgram, M., Smolarek, B., Lee, L., Moua, P., Thao, A., Xiong, O., Xiong, P.K., Xiong, Y. and Yang, L. (2023). Autoethnographic engagement in participatory action research: Bearing witness to developmental transformations for college student activists. *Action Research*, [online] 21(1), pp.104–123. Available at: <https://doi-org.libproxy.ucl.ac.uk/10.1177/14767503221145347>.

Vincent, M. (2019). Nurturing Wellbeing Through Nature. *The Journal of Holistic Healthcare: Nature Connections*, 16(1), pp.29–33.

West, M. (2020). *What Does The 2019 NHS Staff Survey Truly Tell Us About How Staff Needs Are Being Met?* [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2020/02/2019-nhs-staff-survey-are-staff-needs-being-met>.

Woods, T. and Crane, N. (2020). Margins to Mainstream: Enhancing Health and Wellbeing Through the Arts. *The Journal of Holistic Healthcare: Mind-body Self-care*, 17(2), pp.33–37.

Wolf, K., Papineni, P., Lagrata, S. and Pareek, M. (2023). Retention of Ethnic Minority Staff is Critical to Resolving the NHS Workforce Crisis. *BMJ*, 380, p.541. doi:<https://doi.org/10.1136/bmj.p541>.

WHO Regional Office for Europe (2022). *Health and care workforce in Europe: time to act*. [online] www.who.int. Available at:

<https://www.who.int/europe/publications/i/item/9789289058339> [Accessed 24 Aug. 2023].

World Health Organization (2023). *Constitution of the World Health Organization*. [online] World Health Organization. Available at: <https://www.who.int/about/governance/constitution>.

Zhang, S., Zhao, X., Zeng, Z. & Qiu, X. 2019, "The Influence of Audio-Visual Interactions on Psychological Responses of Young People in Urban Green Areas: A Case Study in Two Parks in China", *International Journal of Environmental Research and Public Health*, vol. 16, no. 10.

Appendices

Appendix 1- Out in the Field Itinerary

The Programme- Nature and Wellbeing Retreat	
Time	Activity and Intention
9:00	Arrive and refreshments- coffee/tea and light breakfast refreshments
9:30	Welcome and Framing Understanding the purpose and process for the day and to answer any questions before we start.
9:45	Mind-body Practice A chance to learn about and practice using Sophrology mind-body techniques to relax the body and mind and to become more present.
10:00	Group check-in- How are we arriving? A chance for each person to connect with others in the group and share a bit about how you are arriving to the start of the day.
10:25	Introduction to Forest Bathing
10:30	Break tea/coffee
10:45	Forest Bathing session (25-minute walk to Meenfield Woodland and then a 1.5 hour guided Forest Bathing session and a 25-minute walk back to the Quadrangle) You will have an opportunity to learn more about Forest Bathing and to experience the benefits of spending time under the canopy of trees. This will include: <ul style="list-style-type: none"> - Mindfulness exercises - Group sharing of experiences - Teaching about the well-being benefits of the forest <p>The walk to and from the forest will also be a chance to connect and to get to know one another.</p>
1:15	Lunch A chance to nourish our bodies and to get to know each other over lunch. Time with Miriam to explore nutrition and our nervous system. Time to rest, walk or talk with a friend
2:40	Mind-body Practice A chance to learn more about and practice Sophrology mind-body techniques. Sharing ideas for how to bring these practices into daily life.

3:10	<p>Storytelling and reflection session</p> <p>This session will provide an opportunity for you to listen to each other's stories and get to know each other a little better.</p>
4:10	<p>Break- tea/coffee and snacks</p>
4:25	<p>Looking forward- what are the ideas you have to enable your well-being?</p> <p>In new small groups, participants will discuss and reflect on this question. Back in the large group, we'll hear back from each group and collect the top ideas from the discussions</p>
5:10	<p>Mind-body practice</p> <p>A final chance to integrate and embody the experiences and learnings from the day.</p>
5:30	<p>Group check out- How are we leaving?</p> <p>Each person will share how they are feeling as they leave the day.</p> <p>Participants will be given a follow up survey which will be a chance to share feedback on experiences and learnings on the retreat.</p>
5:45	<p>Close</p>



Study no.	
Participant no.	

CONSENT FORM

Title of Project: An impact evaluation of Out In The Field: a retreat for NHS frontline staff.

This study has been approved by the UCL Research Ethics Committee (Project ID Number): 25303/001

Thank you for your interest in taking part in this research. Before you agree to take part, the person organising the research must explain the project to you. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you to decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

- 1. I have read the notes written above and the Information Sheet, and understand what the study involves.
- 2. I understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- 3. I consent to the processing of my personal information for the purposes of this research study. (*no personal information will be recorded in research unless explicitly requested by you*).
- 4. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- 5. I understand that I will not be contacted in the future by UCL researchers to participate in follow-up interviews as part of the project.
- 6. I understand that my participation will be recorded and I consent to the use of this material as part of the project.
- 7. I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Name of participant (please print):

Signed: Date:

Name of researcher (please print):

Signed: Date:



Out In The Field

Impact Evaluation Research

Research Project Information Leaflet

Hello, my name is Elana and I am a student at UCL studying my masters in Creative Health. I am here working in partnership with Out in the Field to assemble an impact evaluation on behalf of Jane and the team at OITF and conduct research for my dissertation.

I will be helping to facilitate your retreat, but I will also be taking photos and making notes for my research. However, none of the recordings will feature any personal or identifiable information. Instead, I will be recording my own observations around activities and their benefits. If you wish to contribute to my research and offer your own observations and reflections, this will be gladly received and will also be anonymised. If not, no worries! We hope you enjoy the retreat!

This leaflet explains in more detail why the research is being carried out and more on personal data. Please feel free to ask me if anything is unclear to you or you have any questions.



What is the Purpose of the research?

The purpose of my research is to evaluate the short and long-term impacts of Out in the Field on an individual level but also for teams in the NHS. I will be observing what practices are being used, whether they are effective and how a culture or behaviour evolves as a result of the retreat. This research will be used for the completion of my dissertation, and also by OITF to further evaluate the retreat.

Am I being observed?

In short, no. However, I will be observing and reflecting on the activities that take place on the retreat for example the sounds, sights, tastes or feelings that we experience on the retreat. I may also take photos of activities; however, these photos will not feature identifiable people.

Contributions

If you would like to contribute your own observations and reflections to my research, it will be greatly appreciated, please let me know. However, not contributing will not affect your experience at the retreat. In addition, any conversations that we have will not be recorded as research, unless discussed with you that it is ok to do so, in which case a consent form will be provided for you.

Why might I want to contribute?

No physical rewards for contribution are given. However, sharing your reflection of your experiences on the retreat with someone else may help you too deeper understand and engage with the activities. In addition, your contribution would help OITF in their evaluation of the retreat, and ensure that your experience is the best it can be.

Are there any risks to taking part?

There are no risks involved in taking part in the study.

Will my details be kept confidential?

Yes, any recording of observations and reflections will be anonymised. I will not ask for any personal details, or record any identifiable information that could be traced back to you. All information collected during the retreat will be treated in the strictest confidence. Data may be transferred with no personal identifiers to the OITF team, and all efforts will be made to ensure the anonymity and security of this information. The results of this study may be published in my dissertation or in an OITF report, however your name or other identifier will not be used in a publication unless specific permission has been sought.

For more information, please feel free to talk to me or contact:

Principal Investigator
Dr Stacy Hackner
Lecturer

MASc in Creative Health
University College London
stacy.hackner@ucl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research study.
UCL Research Ethics Committee (Project ID Number): 25303/001

Appendix 4- Thematic Analysis of Action Research

	Theme	Journal Entries	Discussion
1	Connection		
1.1	Connecting with nature	<i>“Participants reported seeing faces in the trees and this being a point of connection for them... the idea that participants are recognising the trees/nature as equals and this being a profound experience for them”</i>	Many participants reported feelings of connection to nature. For example, participants anthropomorphised nature. Some participants reported seeing faces in trees or feeling 'held' by the forest.
1.2	Support for international staff	<i>“I spoke to two international participants today. They told me about how, as international staff, they found themselves going from work to home and back, not knowing what they could do in the local area in their free time and not knowing ways to get to know people. They expressed appreciation for the retreat, were excited to see the area, meet other colleagues and enjoy the activities. They felt that it was important that I include this in my research, as the NHS has a high level of international staff, and they felt very separate and isolated”.</i>	Participants discussed difficulties for international staff, such as integration, miscommunication, and cultural differences. Participants expressed that the retreat offered an opportunity to feel more integrated and valued but also get to know what they can do in the surrounding area on their days off.
1.3	Team connection	Participant response: <i>“at work I have to be tough or ‘macho’, but here I get the chance to be real and open with my teammates”.</i>	Team connection is a core theme of the retreat. However, participants explained how the environment of OITF enabled deeper connection compared to their typical working environment. For example, having to be tough at work but being able to be open and 'real' with teammates at the retreat.

2 Therapeutic effect			
2.1	Processing emotions	<p><i>“Today I felt emotional during forest bathing, I teared up. I find that I am able to process past trauma in a way that is lighter and easier, things I would not normally be able to face. The forest has a way of holding you that way, making you feel safe and comforted”.</i></p> <p><i>“I have already noticed the activities' impact on my life. During a stressful train journey, I revisited a forest bathing experience I had earlier that week. Visualising the forest, mimicking the breathing exercises and remembering the feeling, I felt the panic leaving, replaced with total calm and confidence that I could succeed that day. It was incredibly transformative to me in that moment”.</i></p>	Journal entries included acknowledgement of the retreat's ability to have a therapeutic effect. For example, the forest bathing session allows difficult emotions or memories to be processed more easily.
2.2	Grieving	<p><i>“A number of participants saw death and grieving in the forest, one participant was reminded of war and trenches; the silent single file walk being one of stealth... we assume that participants will see life and growth in nature, but instead it is the opposite for some participants”</i></p>	Forests are commonly associated with life and growth, and this was true for many participants. However, for some participants, the forest was a reminder of death and grievances. One participant discussed similarities between the forest and war trenches but reassured that they found it thought-provoking rather than distressing. For other participants, this may have been more unsettling.

2.3	A chance to be positive	<i>“Participants from the complaints and bereavement teams expressed that in a role which can be so negative, to come to a positive place, with positive retreat staff and to spend time with team members in a positive way was very valuable.”</i>	For some participants, the nature of their work was viewed as serious or 'negative'. Attending the retreat provided an opportunity to be in a positive environment and engage with colleagues in a positive light.
3	Value		
3.1	Valued by NHS trust	<i>“A participant expressed that the NHS is always talking about the importance of taking care of mental health but going on the retreat made them feel as if their workplace did actually care about their mental health, putting words into action”.</i>	Several participants expressed feeling valued by the NHS trust. Participants expressed that their place of work often talked about the importance of caring for mental health. However, the retreat represented a solidification and reinforcement of these values, putting words into action. These expressions were often paired with sentiments of gratitude.
3.2	Valued as an individual	<i>“feedback from participants that they thought the retreat would be focused around work, but they actually could look at themselves and their well-being holistically, including family life and work”.</i>	Participants expressed pleasant surprise that the retreat was not just focused on work but attending well-being from a holistic perspective, incorporating home life. Participants expressed that in this way, they felt like they were being valued and cared for as individuals.
4	Engagement		
4.1	Taking techniques to work	<i>“Two participants said they were inspired to take their lunch break together to do 15 minutes of breathing and 15 minutes of walking in nature”.</i>	Participants expressed intentions to take techniques learnt at the retreat into the workplace. For example, engaging in techniques

			on their lunch breaks by going for walks or doing mind-body practices.
4.2	Trying new things	<i>“One participant described themselves as a ‘townie’ saying it was very different to what they’d normally do and that not all of it was for them. But even so, there were still positive elements that they would like to take home with them”.</i>	Many of the retreat activities were seen as novelty or new to participants. Participants expressed intrigue in learning new techniques, even if they were out of their comfort zone for some.
4.3	Not within everyone’s interest	<i>“Today we have a very different demographic in participants than usual, more men than women, and younger than normal. The group seems quite disengaged with the activities, there is less contribution to reflection and less emotion. As staff, we discussed how the retreat is usually attended by participants who have a prior interest in the activities, we discussed how we might adapt the retreat (or whether we should) to make it effective for different people, such as the young men attending this retreat”.</i>	Not all participants appeared to be fully engaged in activities. For example, participants might sometimes opt out of activities or seem less engaged. Staff discussed how the day could be adapted to meet a broader range of interests but cautioned against stretching the day's capacity too far at the expense of the current techniques, which are impactful for many.
5	Holistic Experience		
5.1	Symbiosis	<i>“Each activity has its place at the retreat. The forest bathing, sophrology and lunch allow for inner reflection and deep relaxation, which in turn allows participants to open up and have meaningful conversations during the story-telling session. In isolation, these activities might have less of an effect; as a researcher and an observer, it is visible to me that the retreat is a whole package and should be</i>	Journal entries included recognition that each activity in the retreat impacted and related to one another. In this way, the retreat can be viewed as a whole experience; the activities conducted in isolation might have less effect.

		<i>viewed as a whole, in addition to its individual elements”.</i>	
5.2	Shift in energy	<p><i>“There is a noticeable in environment and energy, from nervous and sceptical, at the beginning of the day, to genuine content, appreciation and laughter at the end, with participants mentioning how meaningful the experience has been for them”.</i></p> <p><i>“people who arrived in tears left smiling”</i></p>	Participant observation revealed a shift in group energy. On arrival, participants appeared quiet, some sceptical and some in emotional distress. On departure, participants were talkative, presenting positive body language such as smiling and hugging one another. One participant, who initially arrived in tears, left laughing. In this way, a shift in energy and social environment occurred from the start of the day to the end.
5.3	Seeds of change	<i>“Picking up the seeds of change. This means holding belief in the process, knowing as a facilitator that it is meaningful. Small interactions can make big differences”.</i>	Retreat staff discussions often emphasised the importance of micro-interactions with participants and simple effects such as enjoyment. The concept of 'seeds of change' was used as a metaphor for how participants may not experience grand moments of transformation but be supported in more subtle ways, which can have a knock-on effect on their work environment.