

Critically evaluate the impact of outdoor recreation upon the health & well-being of a specific demographic group in your local area and make recommendations for the removal of barriers to participation.

Oxfam Cymru (2020) identified two components that are key societal factors that reportedly have fallen through the socially acceptable floor of a sustainable society. Physical health and mental health, commonly referred to as “Health and Well-being” (Barton, 2016; Rogerson, 2019). A term succinctly defined by the World Health Organisation (WHO) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organisation, 2020, p. 1). Within this essay, public policy is identified as a foundation stone of societal development. In 2015 the National Assembly for Wales passed a landmark bill, The Well-being of Future Generations (Wales) Act. This essay shall explore this Act, highlighting its well-intentioned well-being goals whilst examining the real-world impact upon health and well-being within Wales. To further sharpen the focus of this analysis, this essay will scrutinize the existing provision and where appropriate the future potential of outdoor recreation to assist with meeting the aforementioned well-being goals of a selected demographic. More specifically, the indispensable workforce (Boorman, 2009) of the National Health Service (NHS) health care workers, associated with the authors local hospital, Glangwili General Hospital.

Glangwili General Hospital is one of four hospital sites within the Hywel Dda University Health Board, that service a population of approximately 384,000 people residing in the counties of Pembrokeshire, Carmarthenshire and Ceredigion. The Hywel Dda University Health Board employs in the region of 12,000 employees and is supported by approximately 400 volunteers. A workforce comprising of a multidisciplinary group of people holding a variety of roles such as doctors, nurses, ambulance staff, support staff and managers to name but a few. These health care roles frequently demand immersion in a challenging work place environment. “Healthcare industry is one of the most hazardous environments to work in” (Joseph, 2016, p. 71). Joseph (2016) elaborates, detailing a cocktail of hazards for a health worker such as, exposure to dangerous chemicals, the potential for muscular skeletal injuries, exposure to life threatening infectious diseases and even radiation. Additionally, it is not unusual for hospital staff to experience long working hours, often at unsociable times with frequent unexpected overtime, coupled with high work load pressure and an exceptionally high level of responsibility for patient care. The aforementioned rigorous working conditions can contribute to placing significant barriers to the engagement outdoor recreation as a health and well-being intervention. Given this awareness of their work related stressors it is unsurprising to discover that health care workers record higher rates of absenteeism and staff turnover, than other sectors.

“Data from the Office for National Statistics (ONS) for 2016 recorded an absence rate across all workers in the health sector of 3.5%. This compares with an average rate of 2.9% across

the public sector and 1.7% in the private sector”. (Moberly, 2018, p. 1)

Brand (2018) finds that’s these alarming statistics are not unique to the United Kingdom’s NHS and are universally experienced within developed nations. Reportedly, the headline causes of absenteeism are minor illness, musculoskeletal injuries along with stress and/or depression (Moberly, 2018, p. 2). In a study examining the health behaviours of nursing staff, Malik (2011) showed that nursing staff often did not exhibit behaviours associated with a healthy lifestyle. Smoking, poor eating habits and low levels of physical activity were common place, and often attributed to work load, stress, shift patterns and availability of support. Further contemporary research corroborates these findings (Sauerteig, 2019; Ravalier, 2020). These statistics and findings are increasingly being shown to be indicative of a flawed organisational support structure.

To explore this flawed organisational structure, one must step across the border to consider the NHS Trusts and Health boards spread across the United Kingdom. A task handed to Dr Steven Boorman in 2009, when the “NHS Health and Well-being Review” was commissioned. A commission somewhat instigated by the release of Dame Carol Black’s 2008 “Review of the health of Britain’s working age population”. Aptly, both reports unite in agreement, that organisational support for workforce health and well-being could and indeed should, play a key role in increasing productivity, reducing costs of absenteeism, reducing staff turnover and improving customer satisfaction. It is advisable to identify that within the health care sector; customer satisfaction translates to effective patient care. “A staff perception survey commissioned for the review found that 80% of the 11,000 respondents believed that health and wellbeing of staff had an impact on patient care” (Sauerteig, 2019, p. 550).

Furthermore, Boorman was explicit in stating that the manner in which the health and well-being of NHS staff is considered should be reimagined, placing it as a primary organisational concern, stepping away from the commonly held view that it was a more individual consideration. “The health and well-being of its staff should no longer be a secondary consideration, but needs to be at the heart of the NHS mission and operational approach” (Boorman, 2009, p. 2). Boorman’s statement implies that NHS workers mental and physical health at this time was not the primary concern of public policy makers and therefore less of a concern at a local government level.

However, within Wales at this time the wheels of innovative change had already begun to turn. Predominantly due to a monumental shift in political control. Critically in 1999, Welsh health matters along with other fundamental departments became devolved from the UK Government “Devolution in the United Kingdom is to a large extent a response to long term inequalities in the kingdom” (Pollock, 1999, p. 1159). The historical imbalance of economic distribution, had resulted in substantial inequality in poverty and subsequently health across the three nations of England, Wales and Scotland. “Death rates at all ages are still higher in Scotland and Wales than in England” (Pollock, 1999, p. 1159). Pollock continues to elaborate upon how devolution enabled Wales to control the

distribution of budget to its various departments. Thus creating an open pathway for Welsh policy makers to re-imagine the health and social care sector.

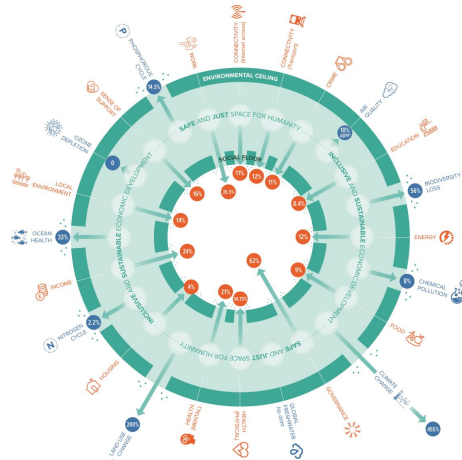
In 2015 the National Assembly for Wales passed a landmark bill. The Well-being of Future Generations (Wales) Act, placing the well-being of the 3 million people residing in Wales at the forefront of public policy. A core foundation of the Act are seven statutory well-being goals, that public bodies are obliged to “take steps” (National Assembly for Wales, 2015, p. 2) towards achieving. The third goal titled, “A Healthier Wales” is defined in the following statement, “A society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood” (National Assembly for Wales, 2015, p. 4). Given just a cursory glance, one could be forgiven for underestimating this brief statement. Critically the phrase “choices and behaviours that benefit future health are understood” (National Assembly for Wales, 2015, p. 4), spotlights a shift towards an evidenced based approach to public policy. Petticrew, et al (2004) had suggested that building stronger bonds between researchers providing the evidence and public policy makers was an essential step toward effective health policy to redress health inequality.

The whole system approach of the Well-being of Future Generations Act has received high acclaim (Davidson, 2020; Messham, 2020). “The Welsh government was ground-breaking in legislating for

equality, communities and the health of future generations rather than having a narrower focus on economics”

(Messham, 2020, p. 2). The step away from economics driven policy is further demonstrated by Oxfam Cymru (2020) presenting a unique economics model termed “The Welsh Doughnut” (Oxfam Cymru, 2020, p. 10). This intriguingly named model is also somewhat revolutionary in its endeavour. Presenting an economic model that challenges the established norm of quantifying a nations

prosperity via the expression of Gross Domestic Product (GDP), an arguably outmoded measure that purely focuses upon a nations financial strength. Expanding upon Raworth’s (2017) work, Oxfam Cymru endeavour to influence policy makers by offering the Welsh Doughnut Model (Figure 1) as an alternative to GDP as a measure of prosperity. Centrally the model prioritises a broad spectrum of societal components, with equality for all as the fundamental measure of a nations success. Uniquely, the multitude of identified factors should sit within the boundaries of an outer ring composed of a planetary preserving environmental ceiling and an inner ring of an equitably balanced social floor. “Wales is not keeping within our global share of the environment, on the outside of the doughnut, nor meeting its socio-economic goals, on the inside edge” (Natural Resources Wales, 2020, p. 17). The model demonstrates that despite the introduction of holistic well-being focused legislation, Wales was



still failing to stay within the limits of what is deemed necessary for sustainable development. Particularly as it can be seen (figure 1) that two of the previously identified vital components of mental health and Physical health had fallen through the social floor.

Critically, the preceding commissions, reports, research and public policy came into existence prior to an unprecedented degree of pressure being placed upon the health care sector and its workforce. The Coronavirus pandemic. A significant global event that has been reported to have a traumatic affect upon the NHS work force.

“Front-line staff in the coronavirus crisis are routinely exposed to things the general population would never encounter - loss of patients, illness of colleagues, high levels of stress and increased exposure to Covid-19 (BBC, 2020)

The battlefield terminology “frontline” typically reserved for military personnel, being readily adopted to describe health care workers may appear to be somewhat dramatic. However, when one considers the statistics it is unfortunately quite apt. At the time of writing Public Health Wales have reported 738,000 positive Coronavirus cases, sadly resulting in 6,683 deaths in Wales. Throughout the Hywel Dda University Health Board region the unfortunate statistics total 70,333 cases and 651 deaths. So without question, the work force on the frontline at Glangwili General Hospital will have significantly felt the impact of the Coronavirus pandemic.

The research findings of Greene et al (2021) describe a significant decline in the mental health of health care workers during the pandemic. Citing a high prevalence of mental health conditions such as depression, anxiety, stress and burnout. With 57% of respondents exhibiting clinically significant distress that met the requirements to be diagnosed with suffering from Post-Traumatic Stress Disorder (PTSD). In agreement “A 2020 systematic review of the mental health of health-care workers during previous pandemics also suggests an increase in distress and post-traumatic stress” (Lamb et al, 2020, p. 1009).

Intrudingly Lamb et al (2020), identified a unique phenomenon of the pandemic “Survey fatigue” (Lamb et al, 2020, p. 1009). Indicating that the prevalence of media coverage of the increased stress amongst health care workers triggered a tidal wave of research surveys. Lamb proceeded to articulate concerns regarding the validity of such research, with questionable sample sizes, the overreaching of a questionnaires ability to diagnose, a lack of comparison with the general population, and disproportionate representation of unwell respondents. However, Lamb et al (2020) deliberately stresses that research that values quality over quantity will provide a reliable evidence base to support the recovery plans for the NHS, and for its workforce. An approach seemingly adopted by NHS

England, with the “NHS Check” a questionnaire based initiative spearheading a unified research project aimed at gathering data on the impact of the Coronavirus and locating effective support and intervention services.

In response to the additional pressures placed upon health care workers during the Coronavirus pandemic, provision of support of health and well-being looks to have increased. McFadden et al (2021) outlines the importance of additional organisational support to develop effective individual coping strategies. Whereas Billings (2020) warned some early interventions may have been detrimental to mental health recovery. Avoiding generic well-being training, instead recommending managers spotlight a range of individually selectable interventions to promote self-care. Throughout public policy and in response the Coronavirus pandemic, outdoor recreation as a stress mitigating intervention for health care workers is conspicuous in its absence. A point the author observed in a recent medical journal article where Brooks et al (2020), identified the psychological stresses of the coronavirus upon the general population, whilst suggested a range of evidenced based interventions. The now widely reported restorative benefits (Ulrich, 1981; Kaplan and Kaplan, 1989; Pretty, 2005; Williams, 2017; Hardman, 2018) of outdoor recreation in natural settings remained excluded. The Coronavirus pandemic may have inadvertently highlighted a shortfall in the understanding and adoption of the physical and psychological benefits of outdoor recreation within the health care sector.

The possible effectiveness of workplace based, outdoor recreation interventions will be demonstrated whilst identifying existing and possible future development of outdoor recreation interventions at Glangwili General Hospital. Providing a vantage point from outside the health care sector from the world of business Tetrick (2015), advocates for organisations to promote health and encourage individual wellness interventions. Critically, Tetrick discusses the importance of developing a framework for workplace interventions to effectively take a concept to reality.

The existing framework for outdoor recreation intervention at Glangwili General Hospital is largely in response to the Well-being of Future Generations Act. The Hywel Dda University Health Board have shown a commitment to what has been termed Green Health. The creation of a Green Health Network (Hywel Dda University Health Board, 2022) has encouraged Green Health Groups to emerge within its hospital sites, with the primary purpose being to support potential green health projects. A recent Hywel Dda University Health Board 2020-21 Well-Being of Future Generations annual report, spotlighted a small vegetable garden developed by staff volunteers within the hospital grounds as an example of best practice. Green space development appears to be reliant upon staff volunteering their services and charitable donations. A situation mirrored in a neighbouring hospital Prince Philip General Hospital, where staff have taken the initiative to organise a series of charitable events

(Hywel Dda Health Charities, 2021) to raise the necessary funds for a green space development. Indicating that there is a perceivable appetite for such developments amongst the work force. Whilst conversely, a publically funded “reflection garden project” was highlighted for less positive reasons in a recent Glangwili General Hospital inspection report.

“access to the outdoor garden area of the ward was gained from an entrance within the adolescent area. This meant that patients and their parents/carers had to walk past some patients located within the multi-bedded bay area in order to get outside which could have a negative impact on their privacy and dignity. (Health Inspectorate Wales, 2020)

This affect upon patient experience due to facility developments suggests that it is already challenging to locate sites for green space development within the hospital grounds. Examining aerial mapping images and taking an on foot exploration of the site, the author came to realise that the necessity for continual expansion of life preserving facilities within the site has essentially eradicated the majority of potential green spaces. A process not dissimilar to the evolution of sustainable inner-city urban planning (Bibri, 2020). The local strategy of repurposing small pockets of green space within a hospital sites may arguably be limited in its aspiration. One questions, whether such manicured managed sites are truly restorative? The seminal works of Wilson (1984) and subsequently Kellert and Wilson (1993), lead to the Biophilia Hypothesis outlining that due to the evolutionary powers of both biophilic and biophobic experiences humans are drawn to nature. If this is to be so, one might argue that green spaces that are more dynamic and hold greater biodiversity could be of greater benefit to health care workers. A view point held by Totaforti (2018) who calls for the benefits of Biophilic Design to be incorporated into hospital environments. The pervasive manner in which simply viewing a garden as a sufficient intervention could be attributed to Ulrich’s (1984) seminal work. A legacy that may to some degree be limiting the creativity of policy makers, local authorities, health boards, hospital managers and even the individual voluntary healthcare worker. Ulrich studied the restorative influences upon patients recovering from surgery, whilst they viewed nature through a window, resulting in improved recovery times. The simplicity of this intervention combined with the logistical ease of accommodating both patients and staff in the same space, may be the underlying narrative of why more is not being done to encourage outdoor recreation in this demographic.

Fortunately, just meters beyond the boundary fence of the hospital site is an area that had previously



been designated and developed as a green space for both patients and staff. Image 1, shows a portion of the site, showing a biodiversity rich space potentially ideal for attention restoration. Kaplan and Kaplan (1989), identified such environments as being capable of restoring the mental fatigue caused by directed attention, such as the stresses of maintaining patient care. This green space holds the ingredients required to release the soft fascination benefits

of a restorative environment. The ability of the perceived affordances (Gibson, 1986) of an area rich in biodiversity to enhance the restorative benefits of a green space were also identified in more contemporary research by (Rogerson et al, 2019). Unfortunately, it is clear that this space has become neglected, with the covered seating areas becoming dilapidated and the area becoming overgrown. Such neglect has been reported to have a negative effect upon mood. Dobson (2018) reports that “The quality of green space matters” (Dobson, 2018, p. 74). Finding that damaged and undervalued green spaces possibly negate the restorative benefits of the environment and present a significant barrier to engagement with it. An internet search was unable to unearth the origins of this project or more vitally the reasons for its apparent abandonment. Fiscal restraint or risk management processes may have been part of the reason for its decline. Therefore, creating a barrier to accessing this potentially restorative green space intervention. Close to the green space a physical barrier blocks the access to a purposefully build bridge, that is in place to access this green space beyond. A tangible illustration of the inhibitive effects health and safety culture creating barriers to outdoor recreation, quite possibly due to the perceived complications of disabled access (Burns, 2013). The author suggests that the local green health group could explore the possibility of, following some refurbishment, re-opening this space. The act itself of volunteering to refurbishing site and giving back to your community, can in itself be beneficial for wellbeing (New Economics Foundation, 2008).

A short walk from the identified green space is access gate (image 2) to the hospital site with the accident and emergency buildings visible in the back ground. Having been a regular user of this footpath during the Covid-19 lockdown periods the author, via anecdotal observations has come to refer to this particular gate as the “smoking gate”, due to witnessing the seemingly constant presence of hospital staff smoking beside it. In 2020 The Welsh Government revised public policy to impose statutory regulations to create smoke free environments in and around all public service premises



(Smoke-free Premises and Vehicles (Wales) Regulations, 2020). In response to this the Hywel Dda

University Health Board have produced a stringent smoke free policy that clearly states that “Any person wishing to smoke must first leave the Health Board grounds” (Hywel Dda University Health Board, 2019, p.6). Consequentially, resulting in a culture where staff and patients leave the hospital site to smoke just outside the gates. Thus, negatively affecting the surrounding environment, creating an unsightly area of deposited cigarette butts and possibly presenting a poor public image. An illustration of the realities of imposing public policy. However, arguably those staff leaving the site to smoke may unintentionally be benefiting from the restorative effect of the green space that surrounds the boundary of the hospital site. Clearly the author does not wish to suggest that hospital staff should begin smoking to reap the rewards of a green space. However, this does demonstrate that there may be space within a health workers’ day to walk beyond the fence, finding a space to breathe (Newson, 2020) within a green space.

Hanson and Jones (2014) studied walking groups and the resulting health benefits. Showing statistically significant improvements in physical health measures, associated with reducing mortality rates such as reducing blood pressure, resting heart rate and body mass index. Additionally, findings showed reduced depression scores. In agreement, Robertson (2012) also identified walking groups as being an ideal mode of improving health and well-being. Social interaction, low cost and inclusivity regardless of age, gender or fitness levels were all reasons given for the high levels of adherence to the walking programmes. The established framework of the Hywel Dda University Health Board green network is ideally placed to promote such walking groups for hospital staff. Local provision already exists for some age groups. The West Wales Walking for Well-being Group is a local over fifties well-being initiative. A functioning example of local policy responding to a need identified by the Carmarthenshire Well-being assessment, as the county strives to meet the 7 well-being goals set out by Welsh government. Across the wider NHS network further interesting examples are visible showing the possibility of creative Some hospitals (York and Scarborough Teaching hospitals) have begun creating walking routes around their sites with maps to encourage their use. Fulbourn Hospital and Bethlem Royal Hospital even host a free 5 kilometre Park Run every Saturday morning. Hardman (2018) reports staggering participation statistics and a weight of anecdotally reported health and well-being benefits of park run participation. Reports that is now becoming confirmed by research (Grunseit, 2018; Grunseit 2020; Rogerson, 2015).

Such innovative encouragement of health and well-being interventions could hold the dual benefit of improving the health and well-being of staff whilst also increasing the likelihood of “Green Prescribing” (Robinson 2020) within the locality. A similar intent is the driving force of an initiative Supported by Sport England “Moving Health Care Professionals” (Office for Health Improvement and disparities, 2022). Where an impressive 40% of health care professionals have increased their conversations regarding physical activity with patients following engagement with the programme.

Albeit this is not specifically “green exercise” (Pretty, 2005), it demonstrates that if the organisational support is provided outdoor recreation could play a key role in improving health and well-being of both the health care workers and their patients.

In conclusion, due to the dramatic increase in work place stressors resulting from the Coronavirus Pandemic, the health and well-being of the health care workers at Glangwili General Hospital is currently worryingly low. Organisational support has been identified as a key factor in promoting recovery of the workforce. The existing provision for health and well-being within the demographic is predominantly focused upon support services of counselling and signposting online self-care resources. The provision of the potentially powerful restorative benefits of outdoor recreation, as mode of promoting stress recovery, is currently limited to isolated garden projects. Seemingly more based around reflection rather than activity. The apparent lack of provision has been attributed to the legacy of previous research and the reliance upon volunteers within the demographic driving improvements. A spotlight has been cast upon examples of innovative practice across the sector, potentially uniting such examples with the existing green health framework within the organisation. This creates a tangible avenue for innovative change to move from concept to reality.

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