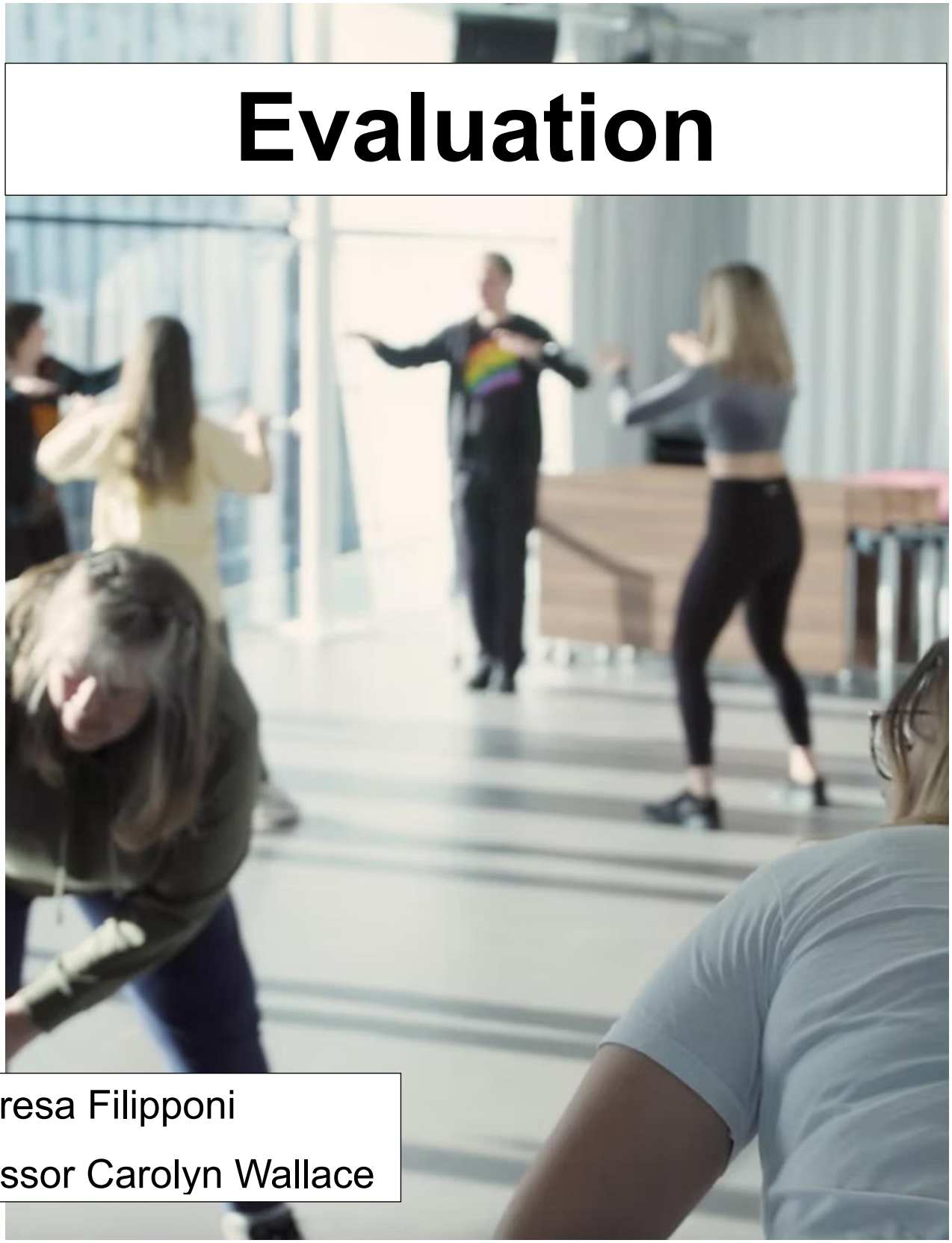
The Body Hotel
Self-Care Suite

Evaluation



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Acknowledgements

Special thanks to Dr Thania Acarón, founder and Director of the Body Hotel CIC and to Emma Edwards, the Body Hotel Project Manager. Finally, thanks to all the participants who contributed to this study.

Funding

The Body Hotel Self-Care Suite project was sponsored by the Arts Council of Wales (ACW) project grant [2024000226].

Executive Summary

The Body Hotel Self-Care Suite project was designed to support NHS staff, particularly palliative-care nurses and allied health professionals based at Velindre University NHS Trust, in managing high levels of stress, burnout, and emotional challenges. It offered movement-based workshops designed to help health care professionals process grief, alleviate burnout, and integrate simple, body-focused self-care practices into daily NHS practice. This evaluation, conducted between January and June 2025, used a mixed-methods approach including interviews and a psychological safety questionnaire.

Findings indicate that participants experienced improvements in personal well-being, including increased vitality, emotional resilience, self-awareness, confidence, and self-compassion. The sessions promoted a sense of playfulness and connection, helping staff to decompress and renew their energy. Professionally, the intervention enhanced multimodal communication, cross-cultural cohesion, team building, and the practical application of stress management tools, such as grounding and breathing techniques.

Barriers to participation included initial resistance to movement-based approaches, workload pressures, scheduling inflexibility, and concerns about clinical relevance or peer judgment. Practical constraints such as limited space and administrative burdens also impacted engagement. Nonetheless, participants and stakeholders emphasised that embedding these practices into routine NHS operations, with managerial support, clear communication about benefits, and flexible delivery formats (including digital options), could improve engagement and lead to a greater, more lasting impact.

Quantitative analysis revealed a statistically significant increase in social engagement post-intervention, reinforcing the perception of a supportive, non-threatening environment that fosters acceptance, trust, and open self-expression without fear of judgment.

While the Body Hotel Self-Care Suite is not a cure for systemic NHS challenges, it offers valuable resources to strengthen staff resilience, improve team dynamics, and

contribute positively to workplace culture and personal well-being. Recommendations include integrating sessions into regular work practices, simplifying evaluation processes, expanding hybrid delivery options, and ensuring visible leadership endorsement to maximise participation and impact.

1. Background

The National Health Service (NHS) is the largest public sector employer in the United Kingdom (Clark, 2023). It is also more diverse than at any other point in its history with almost a quarter of staff made up by the global majority, (Black, Asian and other minority ethnic groups), according to an annual report into race equality across the health service (NHS Wales, 2024, NHS England, 2023). However, the number of NHS staff leaving active service has been on the rise, with the risk that this could worsen in the future (Samarasekera, 2023). Many NHS staff leave due to a combination of pressures that lead to high stress and burnout. Persistent understaffing and excessive workloads create unsafe conditions that prevent staff from delivering care to professional standards, causing moral distress. Frequent redeployments, poor IT systems, and loss of clinical autonomy further erode job satisfaction. Bullying cultures and unsupportive management intensify psychological strain, while rigid schedules and pay policies that penalise promotion make staying feel both emotionally and financially unsustainable (Leary et al., 2024).

Evidence shows that movement-based activities, such as dance, can significantly reduce stress and help alleviate symptoms of burnout. Engaging in movement allows individuals to release tension, improve mood, and regulate emotions through physical expression (Koch et al., 2019, Koch et al., 2014). Koch et al. (2019) highlight that movement supports emotional processing, enhances body awareness, and fosters a stronger connection between body and mind. In addition, dance movement differs from other interventions due to its active and engaging nature, combining physical movement with emotional and social expression. This promotes self-awareness and emotional healing through embodied experience, reinforcing its value in mental health and occupational wellbeing settings (Kaul, 2024).

Velindre University NHS Trust, headquartered at the Velindre Cancer Centre in Whitchurch, Cardiff, is Wales's specialist "Hospital of Hope," providing non-surgical cancer treatment and blood services to more than 1.5 million people across South-East Wales and beyond. Established as an independent NHS trust in 1994, it now

oversees both the Cancer Centre and the Welsh Blood Service and hosts the NHS Wales Shared Services Partnership (NHS Wales, 2025).

The Self-Care Suite is an Arts Council of Wales founded project [202400022] led by social enterprise The Body Hotel with Velindre University NHS Trust. It used movement-based workshops to help palliative-care nurses and allied health professionals process grief, reduce burnout and embed quick, body-centred self-care into everyday NHS practice. A total of 16 sessions for NHS staff were delivered during regular working hours, involving 43 participants. Managers were expected to attend, reinforcing the idea that self-care is an integral part of the workday rather than an optional after-hours activity. Each session lasted between 45 minutes and 1.5 hours. Whole clinical and non-clinical teams (therapists, clinical-trials staff, psychologists, and others) attended together, enabling the workshops to tackle real workplace dynamics. Each session blended stress-release techniques with organisational-development activities, using a tailored menu of exercises for every team. The creative, movement-based approach aimed to place everyone, regardless of grade, uniform, or first language, on an equal footing.

The project also included intensive sessions open to the wider arts, health and wellbeing community to further grow and engage its community audience. The project combined on-site sessions and monthly community events with 7 ‘Self-Care Saturdays’ (free to NHS staff, open to the broader arts sector) each lasting 3 hours. In total, the Body Hotel Self-Care Suite engaged 79 participants across these various activities. Additionally, it introduced a new continuing professional development (CPD) pathway, ‘Embodied Practices in Therapeutic Settings’, designed to foster safe creative spaces, enhance team cohesion and develop non-verbal clinical skills. This dual approach aimed to support the development of CPD offer with long term potential that can be applied to wider NHS initiatives and further integrate dance/movement within the Allied Health Professions team (The Body Hotel, 2025). However, to inform future development and support evidence-based practice, it is important to establish the impact of the Body Hotel Self-Care Suite. This study therefore aims to evaluate the Body Hotel Self-Care Suite’s impact on nursing staff and allied health professionals.

2. Method

The project ran from 31 October to 15 February, and this study was conducted between 16 January 2025 and 30 June 2025. Ethics approval was sought and secured by the USW Faculty of Life Sciences and Education low-risk ethics panel [230309LR]. A Data Protection Impact Assessment was conducted and approved through Velindre NHS Trust.

A mixed methods study design including qualitative and quantitative research components was used:

a) Online semi-structured interviews with participants (n=6) and relevant stakeholders (n=4) involved in the development, delivery and management of the project.

b) Secondary analysis of the Neuroception of Psychological Safety Scale – Generic version (NPSS-G) questionnaire collected pre- and post-intervention by The Body Hotel.

A planned focus group did not take place due to the limited participant availability.

The Neuroception of Psychological Safety Scale – Generic version (NPSS-G) is a validated self-report questionnaire designed to measure an individual's sense of psychological safety. It aims to assess how safe, connected, and physiologically at ease a person feels within a particular context, such as at work, at home, or in social settings. The NPSS-G comprises three key subscales. The Social Engagement subscale (14 items) evaluates feelings of acceptance, being heard, valued, and the ability to express oneself without fear of judgment. The Compassion subscale (7 items) captures a person's empathy, sense of connection, and motivation to care for or support others. The Bodily Sensations subscale (8 items) reflects physical indicators of calm and safety, such as steady breathing, a relaxed body, and a settled stomach. Each item is rated using a 5-point Likert scale ranging from 'Strongly Disagree' to 'Strongly Agree', with higher scores representing stronger feelings of psychological safety (Morton et al., 2024).

2.1. Data Analysis

Complete, unabridged transcripts of the focus groups and interviews (5 hours of recorded interviews; 157 pages of transcript), capturing all aspects of speech including hesitations, were generated (Bloor et al., 2001) Subsequently, the data underwent thematic analysis using the approach outlined by Braun and Clarke (2021). Initial codes were developed to identify broader thematic patterns in the data. This method facilitated data organisation into overarching themes, allowing researchers to discern keywords and phrases that encapsulated the essence of participants' statements (Braun and Clarke, 2021). Coding was conducted independently by the researchers, after which consensus on the primary themes was reached through discussion. The qualitative software NVivo 15 was used to support the coding process and augment the rigour of content analysis. The saturation of the data was reached as no new themes emerged.

Anonymised NPSS-G pre- and post-intervention data were analysed using the Statistics Package for Social Scientists (IBM, SPSS Statistics Version 28.0).

3. Findings

3.0 Qualitative data: semi-structured interviews

All the interviews (n=10) were conducted online. Six one-to-one semi-structured interviews were conducted with participants who attended the Saturday workshops offered as part of the Body Hotel Self-Care Suite. These workshops were open to both NHS staff and community members. Some of the participants who consented to be interviewed were NHS employees; however, none were directly involved in the Velindre project, though they had been closely engaged with the broader Body Hotel programme. No members of the Velindre palliative care team were able to attend the workshops, though allied health professionals did take part. In addition, four online one-to-one semi structured interviews were conducted with stakeholders linked to the Velindre project. These stakeholders were closely involved in the development and implementation of the project. Some of the stakeholders had also attended the Body Hotel Self-Care Suite session at Velindre.

Four themes and twelve sub-themes emerged from the analysis of the data. The themes identified reflect a comprehensive picture of how participants experience, apply, and sustain the benefits of the Body Hotel Self-Care Suite. The first theme, **Personal Wellbeing**, captures the ways individuals use body-based and reflective practices to manage stress, build self-awareness, cultivate emotional resilience, and foster both self-compassion and meaningful connections. The second theme, **Professional Practice**, highlights the transfer of these skills into their work settings, improving communication (both verbal and non-verbal), building more cohesive teams, navigating cultural differences, ensuring group safety, and using the practical tools within their professional roles. The third theme, **Barriers and Implementation Considerations**, addresses the real-world challenges encountered when adopting new practices, such as initial resistance, time constraints, logistical and accessibility issues, the need for investment, and the demand related to the ongoing evaluation along with the importance of adaptability. Finally, the fourth theme, **Sustainability and Scale-up**, points to strategies for embedding these approaches into daily routines, expanding access through digital means, and building capacity for ongoing delivery (Figure 1).

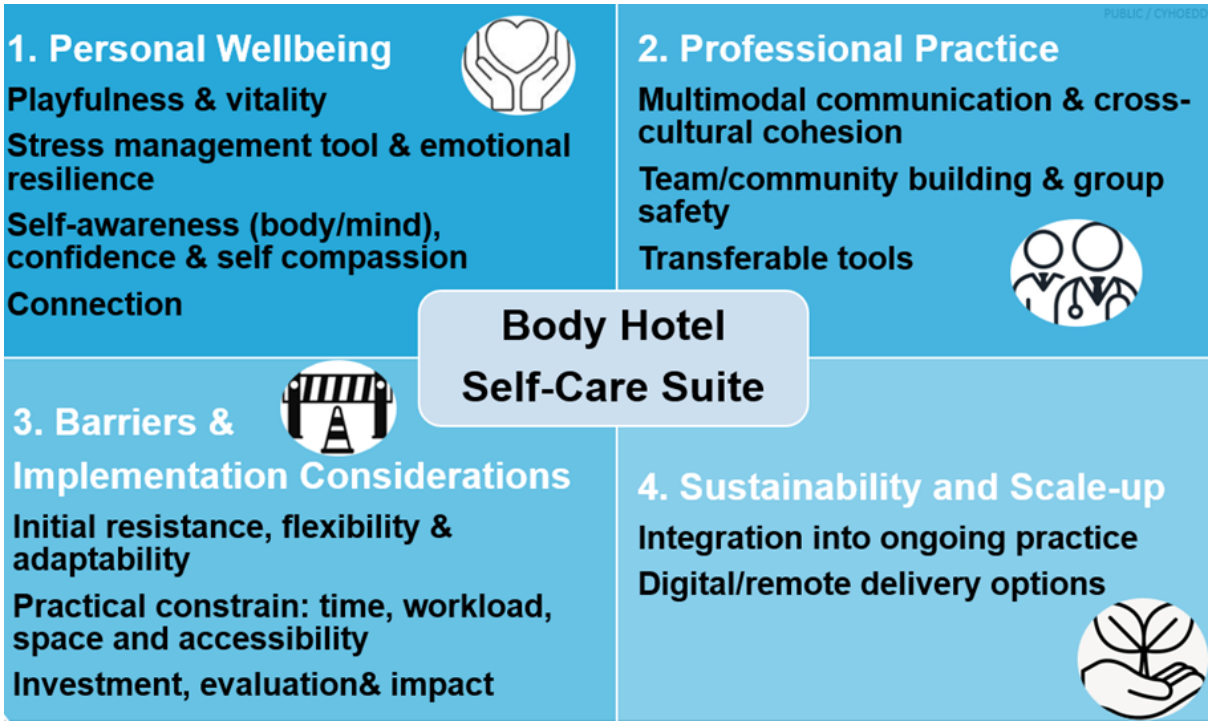

Figure 1. Four themes and twelve sub-themes

3.1 Personal Wellbeing

The first theme addresses the wellbeing experienced by the participants and observed and/or experienced by the stakeholders.

3.1.1 Playfulness & vitality

Participants from a range of backgrounds, including NHS staff, described the workshops as spaces where playfulness and a sense of vitality were closely linked. Engaging in playful, creative activities not only brought a sense of fun and freedom but also left participants feeling re-energised, restored, and more 'alive'. Many reflected that being playful, whether through movement, games, or creative expression, helped them break free from everyday routines, connect with others, and return to their personal and professional lives with renewed energy and enthusiasm.

One participant described: "*Something that I love about the body hotel sessions is that they just allow expression and creativity and a sense of almost feeling a wee bit like a child. And I think as professionals, because things are so procedural and we have to keep to certain structures… the ability to actually expand out-of-the-box is so special*

and it is actually something that I think we all need in order to keep our resilience and keep our compassion for those that we work with" (P2).

Another reflected: "*Yeah, I think people were just saying kind of how fun they found it, really, how much joy it brought them, which in itself is is an important tool for well-being and just finding out that joy in in the, in the work day and the joy in the community that they have in their workplace with their colleagues*" (P6).

Stakeholder perspectives echoed similar experience. For example, one stakeholder said: "*But from talking to staff, I know that they enjoyed the sessions, you know, from a personal level. They were giggly, they were silly they … They had fun as teams coming together and I think often within the NHS they don't get time to come together as a staff and like someone said to me. You know, I can't. I can't remember when I giggled like that at work. When was the last time I had fun like that at work?*" (S1). They also added "…*you feel energised, you feel that you've been given time*" (S1).

Another stakeholder noted: "*I think it was really fun. Yeah, it was really fun and it was lovely to see the people who did engage. It's very interesting because there was one member of staff who, after the session, said she didn't like it during the session. She said she loved it. And she really needed it*" (S4).

3.1.2 Stress management tool & emotional resilience

Participants described the sessions as valuable tools for managing stress and building emotional resilience. Engaging in body-based activities and mindful practices provided a dedicated space to unwind, decompress, and reconnect with themselves. As one participant said: "*Just that offering of that space to kind of unwind and decompress and be in my body differently... absolutely helps with recognising my levels of stress and I think that openness to just being whatever energy level I'm at within the room... goes hand in hand with kind of managing stress for me*" (P1).

Many participants noted that these strategies increased their awareness of stress levels and offered practical ways to regulate their emotions during and after the sessions. They reported feeling better equipped to handle challenges and setbacks in both professional and personal contexts. One participant highlighted the workplace

impact: "*Help us learn how to deal with, you know, a lot of trauma, anxiety, things that we face on our day-to-day work … I have learned how to balance emotions, balance stress … being professional means you offering services and services is all about the person receiving it. And not just you*" (P4).

The combination of stress management and emotional support contributed to a greater sense of resilience and the ability to 'bounce back' when faced with difficulties. The same participant explained: "*So the workshop has trained us in a way that we can learn other ways, other mechanisms, maybe breathing, maybe just parallel movements of your body using that to, you know, ease off stress*" (P4). This was also reiterated by one stakeholder: "*They used to panic in the in the area whenever something you know huge happens … but now they're able to relax, they can go to a corner and do some movements, which they they've told me and which I observe. Whenever I go there, they are a bit more relaxed and a bit more calm in the work area now*" (S2).

3.1.3 Self-awareness (body & mind), confidence & self-compassion

Participants described how the sessions helped them develop a deeper sense of self-awareness, both physically and emotionally. Through movement and reflection, many became more attuned to how stress, emotions, and energy levels manifested in their bodies. For example, P2 shared: "*it's definitely given me a greater appreciation for my body's need to move and the benefits of movement*" (P2).

This growing awareness often led to increased confidence in understanding and expressing their own needs, as well as a greater sense of self-compassion. Participants highlighted the importance of listening to their bodies, accepting their current state without judgement, and approaching themselves with kindness. This, in turn, allowed them to feel more empowered in both their work and personal lives. As one participant explained: "*Strong sense of knowing where you are, what you need and what it needs to be done to address that. Wow. OK, so this one applies for your personal life and your working life equally*" (P4). Similarly, P5 noted: "*it's make me, it makes me calmer. It makes me like. Just more in tune with myself*".

The sessions also encouraged participants to express themselves with greater confidence. One shared: "*Nonverbal communication is really kind of accessible way*

of of communicating within the team. So that was it was really nice to see that their confidence just growing even over the hour-long session. It was really nice" (P6).

The impact on compassion was also highlighted by participants. One noted: "*I think we we can really struggle with self-compassion, and we can struggle with receiving compassion from others as well … And I think it it feeds into that. And and using the body as a vessel for that. Yeah, like that's, that's part of it. That's all part of it. Yeah*" (P3).

Stakeholders observed these effects at the team level as well. One stakeholder commented: "*I think having that awareness of around what the impact of their body language can be, and I think within teams, you know, there's a lot of … challenges within the team. So, recognising that gestures and movements from your body can make people feel quite excluded, and having that time to explore that was quite useful for the teams. They're busy, they're stretched, they're rushed, and maybe they're not really thinking about their bodies or the impact of what they're doing. So, I think slowing down, having that time to reflect, has been useful. That was my observation of the sessions, definitely*" (S1).

3.1.4 Connection

Participants and stakeholders described a strong personal sense of connection as one of the most valuable outcomes of the sessions. One participant said: "*I feel like there's the sense of kind of connection and safety*" (P1). Another participant highlighted the value of in-person interaction: "*Connecting interpersonally and so much of work is virtual and online post pandemic actually having that space to communicate with colleagues and things. What was really beneficial and like to think that they're taking that forward in their work practises as well? Yeah*" (P6).

Stakeholders also recognised these benefits. One noted: "*Collaboration within them and a clear connection with within this team actually. That they can understand each other better, non-verbally*" (S2). Another added "*I think you know you leave that session and you feel connected to your colleagues"* (S1).

3.2. Professional Practice

The second theme explores how participation in the Body Hotel Self-Care Suite sessions influenced professional skills, team dynamics and workplace culture. While many of the benefits described, such as connection, safety, and stress management, were experienced on a personal level, participants and stakeholders also emphasised how these outcomes translated into their professional practice and team environments. The following sub-themes focus on the specific impacts within workplace and community settings.

3.2.1 Multimodal communication & cross-cultural cohesion

Participants consistently highlighted the importance of using both verbal and non-verbal forms of communication to connect more effectively with colleagues from diverse backgrounds. The sessions provided a safe environment for staff to develop these skills, helping to overcome language or cultural barriers and foster mutual understanding. One participant observed: "*People kind of grow in confidence in communicating, non-verbally*" (P6).

Stakeholders also reflected on how embodied practices contributed to group integration. One commented: "*There was a lot more group work and a lot more focus on leadership and shared leadership... by the end of it, there was a lot more instantaneous integration when we were changing groups from across different cultures... there was something about moving together... and talking about how we engage and compromise and negotiate differences. A lot of the negotiation was non-verbally, that was very, very important and you could see the change in the groupings*" (S3).

The impact of these sessions was also seen in daily workplace interactions, as described by another stakeholder: "*One of the staff said that, you know, when she was being stressed... she went to the staff room and did some of the movements. And one of the nurses went in and immediately understood what she was doing and joined her in it. So... there's a clear collaboration within them and a clear connection within this team actually. That they can understand each other better, non-verbally"* (S2).

Furthermore, it was noticed that these changes helped break down barriers between groups, fostering a more inclusive and collaborative culture. As one stakeholder summarised: "*It's about coming together and you know, helping each other, not dealing with it with you, within yourself. So, I think they they're they're a bit more accepting now after the programme. They, they, they they thought oh ok we're all the same. We're all dealing with this the same anyway. Yeah … So it's in the workplace. They're all, you know, they're all mixed in now. It's not about groups now*" (S2).

3.2.2 Team/community building & group safety

The sub-theme emphasises the importance of team cohesion, community, and collaborative culture. Participants highlighted how the structure of sessions fosters a shared sense of value and accountability, which is meaningful in team or community settings. As one participant shared: "*I think the nature of the sessions is that they feel like a real sense of community*" (P2).

The safety felt in the sessions is attributed to the way the facilitator holds the space and the co-creative norms established by the group. As another participant explained: "*Where it feels it can feel so safe and and and it feels like a very communal sense of creating that safety. And I think a lot of that is linked to how Thania holds that space…*" (P1).

This atmosphere of safety enabled participants to engage more deeply and feel supported by the group dynamic. One stakeholder observed: "*Which can inform clinical practise, and I think recognising how they can come together and and support each other*" (S1). Another added: "*So I think it did, it did really help team building*" (S4).

3.2.3 Transferable tools

This sub-theme refers to the practical and adaptable skills participants take away from the sessions, including nonverbal communication techniques, grounding exercises, emotion regulation without language, and movement-based methods for managing stress and enhancing well-being. These tools were used both personally and professionally. One participant described how movement practices learned in the sessions were used to manage stress in daily life: "*I would do this practice at times when there was quite high stress, and it would really help to calm my nervous system and just settle me*" (P1).

Others observed the broader impact of these tools: "*it certainly has helped me just broaden my perspective and given me some more strategies that I can use in my day-to-day working*" (P2). "*All small things that were very usable in grounding people. So I think that was useful in using with our service users*" (P5). "*And I think that I've built maybe coping mechanisms that have helped*" (P6).

Others noted how simple techniques could be shared in work settings. For example: "*I've used that in a team scenario like in our team meetings just to help people check in. There's quite a mixed response. There's some who are not up for that at all and others who quite enjoy it."* (P3).

A stakeholder echoed the value of practical tools for teams, highlighting their role in stress management: "*So the workshop has, you know, trained us in a way that we can learn other ways, other mechanisms, maybe breathing, maybe just parallel movements of your body using that to, you know, ease off stress."* (S1).

3.3 Barriers and implementation considerations

The third theme explores the barriers faced by the participants and observed by the stakeholders.

3.3.1 Initial resistance, flexibility & adaptability

Some participants experienced initial hesitation or uncertainty, especially when encountering unfamiliar movement or embodiment practices. One reflected: "*It can feel quite unusual and difficult to get your head around when you're first starting… Having people who've done it before really helps, so you can see how it's done and feel safer*" (P2).

Common concerns included fears of being watched or judged, and misconceptions about what the sessions entailed: "*It's gonna be very much like putting on a show like, will people be watching me? All these misconceptions? So, I think once you remove the word dance and talk more about movement … I think that's it's really important what language you use*" (P5). "*People worry, 'I don't want to dance,' or 'I don't know how to dance,' or 'people will laugh at me.' But once they understand the benefits and see it's not just dance, it's about movement, they engage"* (P4).

Some felt pressure from managers who encouraged attendance: "*It felt like my team manager made me come along*" (P6). While others found that managers' enthusiasm encouraged wider participation: "*Interestingly, managers were often the most enthusiastic. When the team saw their managers fully engaged, others joined in*" (S3).

Logistical and emotional barriers also emerged: guilt about leaving clinical duties, embarrassment, and uncertainty about clinical relevance: "*They wouldn't allow themselves time away from work to do it, whereas in the office, it'd be easier*" (S1). "*There's personal guilt*: '*If I'm doing this, who's covering on the ward?' That worry about peer judgment comes up*" (S1), and "*But there was also a lot of, 'I felt embarrassed*…. *they didn't understand how it would benefit them clinically*" (S4). The same stakeholder explained: "*there's a clinic for instance, that was running at the same time and individuals were like if I don't go to the clinic, then that just means that I've got to work on tonight to catch up on the work in the clinic regardless of you saying to me as a manager*" (S4).

To counter these hurdles, both participants and facilitators emphasised the need for flexibility and a non-judgmental environment: "*If I want to step out or just watch, that's always allowed… It helps me feel comfortable, especially at the start*" (P1). "*You have to be flexible. Some people will jump in; others need to watch first. It's about reading the room"* (S1).

3.3.2 Practical constraints: time, workload, space & accessibility

Busy workloads, tight schedules, limited space, and varied accessibility needs all surfaced as barriers: "*We have to revolve around when they have a staff meeting, so we couldn't create a different time*" (S3). Many found weekend workshops hard to attend: "*Saturdays are quite a big commitment… If there was something during the working day, like a taster session at lunchtime, it might reach more people"* (P2). Heavy workloads, and the administrative tasks that accompanied each session, ate into valuable movement time: "*We trip over ourselves with the forms at the beginning… people aren't in the frame of mind to get involved, and it cuts into the actual movement time*" (P6). Physical space constraints in healthcare settings also emerged: "*Not all offices or workplaces have space for this kind of thing, so sometimes it's hard to find a room or a quiet corner"* (P5).

Participants and stakeholders highlighted the need to accommodate varying physical and sensory needs: "*Sometimes people think, 'I can't move too much. I have disabilities or can't move certain body parts.' But that doesn't matter… the way you sell and promote this therapy is important*" (P5). "*Having a separate space to decompress… especially for people with high stress or sensitivity, has made a huge difference*" (P1).

In addition, it was noted that doctors largely dictate clinic timetables, leaving healthcare staff with little flexibility or control: "*So if a doctor wants to have a clinic on a Tuesday morning, then he'll have a clinic on Tuesday morning regardless of whether or not staff can attend or not, and they will still expect you to see those clinics, those patients in the clinic, so you've got a little control over that and you've also got a little control over the number of patients*" (S4).

3.3.3 Investment, evaluation & impact

Stakeholders identified the need for visible investment from organisations, both in terms of time and resources, is essential for staff to feel able to engage: "*If this is just something you're supposed to do in your own time, it won't work. Managers need to back it and let people know it's valued*" (S2).

Despite NHS-wide communication, uptake remained low, underscoring the need for smarter promotion and broader reach: "*I'm always surprised that this goes out to the whole of the NHS and there are so few people there from the NHS attending … I don't know how else what else they could have done, but…"* (P3).

To build a stronger case for ongoing support, participants recommended embedding light-touch evaluation into each session: "*It would be helpful to have some way of measuring the benefits, even just simple feedback or a check-in afterwards. Then you can show it works and get more support*" (P6). However, the administrative burden of extensive forms was flagged as a drawback, eating into valuable movement time: "*evaluation is quite heavy and quite time consuming*" (S1).

3.4 Sustainability and Scale-up

The fourth theme addresses the sustainability of the project and growing participation across teams and sites.

3.4.1 Integration into ongoing practice

Participants and stakeholders agreed that to be sustainable, these practices should be embedded into existing routines, meetings, or staff support structures: "*Having a regular session, like monthly or as part of our reflective practice, means it doesn't get forgotten and just becomes part of what we do*" (P1). "*It really needs to be part of team meetings or development, not just an add-on*" (S1).

For those who feel worried by the idea of movement, lighter touch "stepping-stone" tasters during the working day can serve as an accessible introduction: "*I love Saturday. But I think for people that are maybe new to it or have never moved before or a bit put off by dancing or the thought of doing that potentially having something almost as a stepping stone*" (P2). Clear, concise communication of benefits also helps people understand why these sessions matter. As one stakeholder suggested: "*if we were able to have a poster or an explanation saying the benefits to you will be this, this, this, the benefits to your patient will be this, this … and they did have information pre the course. I don't know if they quite got it, and I think an example, or a case study would be a really good way. Of somebody saying I use this with a patient to encourage this, we learn a lot by example*" (S4).

3.4.2 Digital/remote delivery options

Expanding beyond face-to-face workshops to include online or hybrid options was suggested for reaching staff across different shifts, sites, and personal circumstances: "*Hybrid is tough… but shorter online sessions where people can just do in their room or in a short in a small space like in your bedroom*" (P5).

3.5 Quantitative data: secondary data analysis Neuroception of Psychological Safety Scale – Generic version (NPSS-G)

A total of 43 Velindre NHS staff members completed the intake form. The majority of participants were female (n=37; 86%), two were male (n=2; 5%), one identified as non-binary (n=1; 2%), and three either left the gender field blank or preferred not to say (n=3; 7%). Most participants were aged 26–49 years (n=29; 67%), followed by those aged 18–25 (n=8; 19%) and 50 years or older (n=6; 14%). Most participants identified as British (n=22; 51%), followed by those of Indian ethnicity (n=8; 19%). Eight participants (n=8; 19%) left the ethnicity field blank, while three (n=3; 7%) identified as Other, one (2%) as Asian/Iranian, and one (2%) as White South African. The majority described themselves as heterosexual/straight (n=29; 67%), with smaller numbers identifying as bisexual (n=5; 12%) and lesbian/queer (n=2; 5%). Three participants preferred not to say (n=3; 7%), three left the field blank (n=3; 7%), and one described themselves as pansexual (2%). All respondents reported having a degree-level qualification or higher.

Participants' self-reported goals for attending the workshops fell into three main themes: professional development (including work-related requirements, team wellbeing, and training), personal wellbeing and self-care, and a desire to gain new knowledge or skills. Many attended as part of compulsory study days or training programmes, while others focused on enhancing their wellbeing, connecting with their bodies, or improving clinical confidence.

Eleven participants out of the 43 who attended the workshops at Velindre (26%) completed the pre- and post- intervention NPSS-G questionnaire. Table 1 presents the mean subscale scores before and after the Body-Hotel Self Care Suite, while Table 2 lists each subscale's items alongside their possible score ranges.

To examine the effect of the intervention on participants' self-reported experiences, Wilcoxon Signed-Rank Tests were conducted for each NPSS-G subscale due to the ordinal nature of the data (Likert-type scales) and the small sample size (n = 11). Mean

scores were compared for the Social Engagement, Compassion, and Bodily Sensation subscales, assessed before and after the intervention.

Table 1: Neuroception of Psychological Safety Scale – Generic version (NPSS-G)

Sub-scale	**Pre-intervention (n=11)**	**Post-intervention (n=11)**	**P-Value**	**Z**
Social engagement (13 items) - max score 65	51	60	**0.009**	-2.601
Compassion (7 items) - max score 35	30	31	0.107	-1.612
Bodily sensation (8 items) - max score 40	27	32	0.213	-1.245

As shown in Table 1, statistically significant increase was observed in the Social Engagement subscale. No statistically significant differences were found for the Compassion and Bodily Sensation subscales, though slight increases in mean scores were observed in both domains.

Table 2. NPSS-G Subscale (Morton et al., 2024)

Subscale	Item	Item Number
Social Engagement No. items: 14 Max Sub Score = 70	I felt valued	1
	I felt comfortable expressing myself	2
	I felt accepted by others	3
	I felt understood	4
	I felt like others got me	5
	I felt respected	6
	There was someone who made me feel safe	7
	There was someone that I could trust	8
	I felt comforted by others	9
	I felt heard by others	10
	I felt like people would try their best to help me	11
	I felt cared for	12
	I felt wanted	13
	I didn't feel judged by others	14
Compassion No. items = 7 Max Sub-Score = 35	I felt able to empathize with other people	15
	I felt able to comfort another person if needed	16
	I felt compassion for others	17
	I wanted to help others relax	18
	I felt like I could comfort a loved one	19
	I felt so connected to others I wanted to help them	20
	I felt caring	21
Body Sensations No. items = 8 Max Sub-Score = 40	My heart rate felt steady	22
	Breathing felt effortless	23
	My voice felt normal	24
	My body felt relaxed	25
	My stomach felt settled	26
	My breathing was steady	27
	I felt able to stay still	28
	My face felt relaxed	29

4. Discussion

The current pressures faced by NHS staff, including high levels of stress, burnout, and mental health challenges, are causing an increasing number of personnel to leave active roles or take burnout-related leave. This situation stems from multiple factors, such as rising demand for healthcare services, staffing shortages, high workload, and stress among others (Welsh Government, 2024, Leary et al., 2024). Consequently, these pressures on staff can negatively impact patient care, potentially compromising both the quality and efficiency of healthcare services (Leary et al., 2024).

Dance-movement interventions have been identified as effective in supporting NHS team development and performance along with staff well-being and staff retention (Havsteen-Franklin et al., 2023). In addition, Bräuninger's randomised controlled trial concluded that dance movement group treatment showed a reduction in stress levels, improved mental health, improved quality of life and better stress management strategies compared to the control group that received no treatment. The author also concluded that the intervention had long-lasting effects (Bräuninger, 2012a, Bräuninger, 2012b).

The evaluation of The Body Hotel Self-Care Suite intervention revealed that participants experienced improvements not only in their personal well-being, vitality, and confidence but also in their professional practice. They reported developing practical tools they could apply at work, such as breathing and grounding techniques to release stress and regain focus, supporting the findings of Bräuninger's studies (Bräuninger, 2012a, Bräuninger, 2012b). The workshops were also effective in breaking down perceived barriers between different staff subgroups and enhance cross-cultural cohesion, emphasising the value of non-verbal communication and the power of body language. The playful nature of the activities may have helped participants relax, fostering a safe environment and a sense of community.

Similarly, survey results showed a statistically significant improvement in the Social Engagement subscale pre- to post-intervention, reflecting participants' perception of the workshops as non-threatening and supportive. This subscale includes feelings of

being accepted, being valued, understood, cared for, able to express oneself without judgment, and having someone to trust.

However, only eleven participants completed the survey. Several barriers were identified in the feedback, particularly during the Velindre workshops, where challenges in data collection and time pressures disrupted the sessions. Participants also reflected on practical constraints, such as workload, feelings of guilt about leaving colleagues to cover duties, or the need to stay late if attending sessions. Some also noted that clinical schedules, lacked flexibility. Low engagement in the evaluation activities such as the focus group, which did not take place, and online interviews further suggests the ongoing stress and demands of participants' clinical roles. Initial resistance to the movement-based elements was also reported, often linked to unfamiliarity with the approach or uncertainty about its purpose.

Participants agreed that integrating well-being initiatives such as the Body Hotel Self-Care Suite into regular work routines and creating a space where staff feel relaxed and supported is essential. Offering both in-person and online workshops, along with clear communication about their purpose and impact, could enhance participation. Sharing real-life case studies may also demonstrate the relevance of these interventions to clinical practice and overall well-being.

Ultimately, while supporting staff to understand the importance of self-care and recharging may not solve systemic issues, it can help NHS staff better manage day-to-day challenges and reduce the risk of burnout.

4.1 Strengths and Limitations

A key strength of this evaluation is its mixed-methods design, which paired rich, in-depth qualitative insights from interviews and thematic analysis with a validated quantitative measure (the NPSS-G) to triangulate whether, and how, the Self-Care Suite influenced both participants' experiences and their sense of psychological safety. The use of a well-established assessment tool and rigorous coding procedures lends credibility to the finding of a significant increase in social engagement. At the same time, the study has several limitations: only 11 of the 43 Velindre workshop attendees

completed both pre- and post-intervention NPSS-G surveys (raising concerns about response bias and statistical power); and follow-up was limited to immediate post-workshop effects rather than longer-term sustainability. Moreover, interviews were conducted only with workshop-attending managers, none of the broader Velindre participant group took part in the qualitative phase, which may skew insights toward leadership perspectives. Finally, practical constraints, such as time pressures, space limitations, and administrative burdens during data collection, may have influenced both engagement with the intervention and the completeness of the evaluation data.

5. Conclusion

The evaluation of the Body Hotel Self-Care Suite indicates strong potential to help NHS staff manage stress, burnout, and well-being. Participants reported improved vitality, emotional resilience, and confidence, along with better teamwork, non-verbal communication, and stress management at work. Challenges like heavy workloads, rigid schedules, and initial resistance affected participation, but these could be addressed through routine integration, clear communication, supportive leadership, flexible scheduling, and embedded evaluations to assess impact. While not a solution to all systemic NHS pressures, the Self-Care Suite is a valuable tool for strengthening staff resilience and enhancing workplace dynamics.

6. Recommendations

To ensure the continued success and impact of the Body Hotel Self-Care Suite, it is essential to integrate these well-being initiatives into routine NHS practice, embedding them regularly within existing team meetings and professional development activities.

Flexible and accessible session formats, including shorter, introductory offerings within normal working hours, could help staff manage participation alongside heavy workloads and scheduling constraints.

Clear and practical communication, showcasing clinical and personal benefits through tangible examples or case studies, could address initial resistance and misconceptions.

Leadership support is also important, as visible endorsement from management reinforces and prioritises staff well-being activities, alongside ongoing organisational investment in terms of time and resources.

Expanding digital or hybrid workshop options may also accommodate diverse staff needs and possibly enhance accessibility across shifts and locations.

Finally, improving the delivery of evaluation processes is recommended, allowing participants to reflect on the benefits without significant administrative burden. A more practical and integrated approach could minimise disruption to session flow while still effectively capturing the project’s value and impact.

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