Research article

Art therapy-based groups for work-related stress with staff in health and social care: An exploratory study

Val Huet [a,*], Sue Holttum [b]

[a] British Association of Art Therapists 24–27, White Lion Street, London N1 9PD, UK
[b] Salomons Centre for Applied Psychology, Canterbury Christ Church University, Salomons Campus at Tunbridge Wells, Broomhill Road, Southborough, Tunbridge Wells, Kent TN3 0TF, UK

ABSTRACT

Numerous approaches have been developed to address work-related stress (work-stress) but evidence of their efficacy is sparse. This is also the case for art therapy-based approaches, whose processes are also poorly explicated and understood. This study therefore attempted an initial exploration of the potential therapeutic mechanisms within art therapy-based groups for work-stress with staff in health and social care.

Data were gathered from staff at four health and social care sites (N = 20) in an exploratory embedded multiple case study design. The process involved art-viewing and art-making in small groups.

Art-viewing supported relational processes, expression of emotionality and playfulness, in turn facilitating therapeutic engagement. Art-making, often initially experienced as intimidating, was reported as revealing true emotions linked to work-stress issues, which for some participants led to action to alleviate their impact.

This study suggests that art-viewing, hitherto a neglected component of art therapy, may be important for that practice or practices based on it. The study also suggests a greater potential for art therapy-based to be used as an approach to address work-stress in health and social care.

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1. Introduction

Although work is an important part of wellbeing (Briner, 2004; Tetrick & Quick, 2001) work-related stress (work-stress) has become a prominent international concern (EU-OSHA, 2014). Prevalence of work-stress is reportedly high amongst health and social care staff (Health and Safety Executive, 2013), including those working in mental health services (Cottrell, 2001; Edwards & Burnard, 2003; Gibb, Cameron, Hamilton, Murphy, & Naji, 2010). The emotional labour when working with mental health service users is theorised as being inherently stressful (Moore & Cooper, 1996) and workers' resilience and empathy towards clients reportedly decreases over time (Pines & Maslach, 1978). However, in a study of mental health nursing and allied health professionals, organizational issues such as heavy workloads, quality of management, and shift work were reported to be more significant work-stress factors than client-related issues (Gibb et al., 2010).

Strategies to address work-stress in healthcare have focussed on individuals rather than on the organization, with counselling frequently offered (Arthur, 2005; Cottrell, 2001). The efficacy of this approach has been both challenged (Arthur, 2000, 2004) and supported (McLeod, 2010). Other strategies involve teaching relaxation, time management techniques and encouraging physical exercise (Edwards & Burnard, 2003). These approaches have been criticised for missing the organizational roots of work-stress (Edwards & Burnard, 2003; Gibb et al., 2010). Regarding European contexts, a review by Nielsen, Randall, Holten, and Rial Gonzalez (2010) of methods of alleviating work-stress at an organizational level reported that common factors such as employee participation, senior management support, use of a steering group and structured processes indicated better outcomes. However, the methods themselves were poorly evaluated and more research was needed to explore the impact of these factors on their effectiveness.

2. Art therapy-based approaches for work-related stress

A growing interest in the impact of the arts on wellbeing is reflected in their use to address work-stress, which include art therapy-based approaches (Huet 2015). Huet (2015) identified and

reviewed eleven art therapy publications on work-stress. Publications addressed general health care (Klein, 1973; Julliard, Intilli, Ryan, Vollmann, and Seshadri, 2002; Visnola, Sprudza, Bake, and Pike, 2010), mental health care (Huet, 2011; Huet 2012; Riley, 1997) and oncology and palliative care (Belfiore, 1994; Murrant, Rykov, Amonite, & Loynd, 2000; Nainis, 2005; Salzano, Lindemann, & Tronsky; 2013; Van Westrhenen & Fritza, 2012). Studies describe diverse approaches providing individual art-making within a group (Klein, 1973; Belfiore, 1994), group and individual art exercises (Huet, 2011; Huet 2012; Nainis, 2005; Riley, 1997; Visnola et al., 2010), individual art-making sessions (Julliard et al., 2002) as well as dyadic and group art-making tasks (Salzano et al., 2013). In two studies, other creative media such music, dance, drama, and creative writing were used alongside art as well as massage and guided relaxation (Murrant et al., 2000; Van Westrhenen & Fritza, 2012). Viewing artworks made by professional artists has also been used alongside art-making (Huet, 2011, 2012) to address work-stress.

Although all of these studies reported positive results, most relied on therapist-reported outcomes and did not use outcome measures (Belfiore, 1994; Huet, 2011; Klein 1973; Riley, 1997), lacked detailed description of the approach used (Van Westrhenen & Fritza, 2012), omitted details of pre and post measures (Huet, 2012), or used non-standardised participant surveys (Murrant et al., 2000; Nainis, 2005).

Two studies (Salzano et al., 2013; Visnola et al., 2010) used qualitative and quantitative outcome measures. Limitations included the lack of randomisation of participant allocation (Salzano et al., 2013) and the absence of an activity-based control group (Visnola et al., 2010). Neither study identified the art therapy factors that may actively reduce work-stress nor did the previous qualitative studies clarify what the processes were.

Huet (2015) concluded that whilst there was evidence of a growing interest within art therapy in engaging with empirical research methods, the need remained for robust studies to develop theoretical underpinning and evaluate the effectiveness of art therapy as an approach to lessen work-stress.

3. Rationale for the study

In light of the paucity of research within the field of art therapy-based work-stress approaches, and the relative lack of theorising or clarity about key ingredients, the present study employed systematic case study (Yin, 2009), involving the statement of initial propositions and then selecting cases and collecting data in order to test or extend them (Eisenhardt, 1989; Eisenhardt & Graebner, 2007).

Using available published art therapy practice, the following main proposition was developed: "The participants will make use of art-viewing and art-making to articulate thoughts and feelings about their work context, including work-related stresses. The process will enable clearer perspectives on work-stress and different responses to it."

4. Research questions

The research questions were developed to help identify some of the processes at play within the staff groups and to evaluate their impact, if any, on participants' subjective experience of work.

1. How do participants experience art-viewing and art-making as elements of the approach?
2. How do participants relate the art-viewing and art- making to their articulation of thoughts and feelings about their work context, work-related stressors and/or job satisfaction?

3. In what ways, if at all, do participants consider the process to have impacted their experience of work-related stressors, and if so, how?

5. Methodology

5.1. Epistemology and design

The authors adopted a critical realist stance (Bhaskar, 1978; Easton, 2010). An exploratory embedded multiple single case design (Yin, 2009) was employed, the first site being treated as the pilot work for refining the approach for the subsequent sites.

5.2. Participants

A purposive sampling strategy (Yin, 2009) was used to recruit participants employed in health and social care. Sampling included organizations with differing cultures and infrastructures in order to establish potential transferability of the process between contexts.

5.2.1. Inclusion criteria

Participants, all volunteers, needed to work in positions connected to service users' care either as clinicians, managers or administrators. Participants were not expected to have any prior experience or expertise in art but needed to be willing to actively take part in art viewing and art making activities.

5.2.2. Exclusion criteria

There were no exclusion criteria in terms of participants' roles and occupations. However, as recruitment relied on communication within the host organization by managers some ad hoc exclusion criteria may have operated about which the author was unaware.

Individual participants (N = 20) worked in four different organizations in England: a UK National Health Service (NHS) mental health Foundation Trust (Pilot Site, n = 4), a children's charity (Site A, n = 5), a specialist NHS hospital treating physical conditions (Hospital B, n = 5) and a hospice (Site C, n = 6). Participants' work statuses were diverse and included 2 junior administrative employees, 14 experienced nurses and health and care professionals, and 4 middle and high ranking managers. All except one were female.

5.3. Measures and materials

As this study aimed to identify processes at play within the intervention, individual semi-structured interviews (Fig. 1) were used to allow for a flexible exploration of participants' experiences (Kvale, 1996). Pre-group interviews aimed to capture information in three different domains: work-related issues, including work history, work-stress and job satisfaction; personal history with art; awareness of art within the workplace. Post-group interviews aimed to gather participants' views on three domains: thoughts and feelings about the process, experiences of using art and reports of any changes attributed to participation in the process.

Post-report interviews were added following the Pilot Site analysis but were not conducted in that site, as too much time had elapsed since completion of the art therapy groups. Post-report interviews were conducted twelve months after the end of the process in sites A and B. Setting up site C had been a longer process than initially envisaged and the post-report interviews were conducted six months after the end of the art therapy groups to keep to schedule. The first author presented an anonymised report of findings to participants in each site. Participants were then individually interviewed on four different domains: their opinion of the report, memories and retrospective thoughts about the group work, relationship with art and any longer term changes attributed to their