

Specified group art therapy for healthcare professionals at risk of burnout

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BACKGROUND

Burnout in Healthcare Professionals (Avallone Mantelli et al.) is a serious global problem, recognised by the World Health Organisation to be an occupational phenomenon caused by chronic work-related stress ((WHO), 2022). Characterised to include three dimensions: emotional exhaustion, feeling mentally distanced from work and patients, and a sense of lack of accomplishment or efficacy at work (Maslach and Jackson, 1981), meta-analyses have found evidence of association between clinician burnout and poor clinical outcomes (Garcia et al., 2019). Mental distress such as depression and suicidality is strongly associated with burnout in HCPs (Rath et al., 2014).

Art therapy has been found helpful in reducing burnout and psychosocial distress in HCPs but high quality research is lacking (Tjasink et al., 2023). A group art

therapy programme was piloted to reduce burnout in trainee doctors at a hospital in London (Tjasink and Soosaipillai, 2019) and formed the basis for a multi-centre randomised control trial (RCT) evaluating effectiveness of art therapy to reduce burnout in HCPs. A qualitative analysis of participant overview of the study as a whole. Detailed results will be reported elsewhere.

MATERIALS AND METHODS

A parallel assignment randomised waitlist-controlled trial design was used to test effectiveness of a manualised intervention comprising six specified group art therapy sessions to reduce burnout and psychosocial distress in HCPs screened for heightened risk of burnout and perceived stress at baseline. The primary outcome was the Emotional Exhaustion scale of the Maslach Burnout Inventory - Human Services Survey (MBI-HSS) (Maslach, 1997). Secondary outcomes included the other two MBI-HSS burnout dimensions, stress using the Perceived Stress Scale (PSS10) (Cohen et al., 1983) and other validated measures of mental distress. Outcome data were obtained at the end of the intervention or waiting period. Participant experiences were collected via feedback questionnaires post intervention. Feedback data were analysed by a team of qualitative researchers using the template analysis method (King, 1998).

The trial protocol was registered on ClinicalTrials.gov on 10 February 2023. ID: NCT05728086HCPs. Ethical approval for the study was granted by the NHS Health Research Authority and Health and Care Research Wales (HCRW) on 25 January 2023, REC reference: 22/HRA/5510.

RESULTS

129 HCPs were enrolled into the study from four London hospitals between March and December 2023. Intervention delivery and data collection were completed by June 2024. A significant positive difference in burnout and associated psychosocial distress was seen in the intervention group compared to the control group after six

weeks of group art therapy delivered by a qualified, certified art therapist trained in the intervention.

Template analysis of participant experiences resulted in nine overarching themes which included “Relationships” and “Role of Artmaking”. Each theme was made up of several codes. The richest (most populated) code for “Relationships” was “Improved relationships and communication with colleagues”, and for “Role of Artmaking” the richest code was “Art facilitated conversation”.

DISCUSSION

This was the first full RCT to test group art therapy for effectiveness to reduce burnout and psychosocial distress in HCPs. Analysis of participant feedback alongside the effectiveness trial provides new insight to the active ingredients and mechanisms of change associated with group art therapy for this population. For example, qualitative findings such as improved interpersonal relationships and communication with colleagues would be expected to create a more supportive workplace and reduce isolation, two factors associated with burnout (Kun and Gadanez, 2022, Bryan et al., 2024). Results compare favourably to other studies testing interventions to treat HCP burnout (Clough et al., 2017, Dreison et al., 2018, Haslam et al., 2024). Findings build on studies such as (Moss et al., 2022) and (Ho et al., 2021) which have shown significant reductions in burnout following Creative Arts Therapies (CAT) and Mindful-Compassion Art-Based Therapy (MCAT).

CONCLUSION

This study demonstrates the significant potential of specified group art therapy as an effective intervention for reducing burnout and psychosocial distress in HCPs. The findings provide robust evidence for the application of art therapy for hospital staff support. The integration of qualitative feedback with quantitative results enriches understanding of the mechanisms underlying the effectiveness of group art therapy. By offering a viable and impactful solution to a critical global issue, this research lays foundation for broader application of art therapy in healthcare

settings. Future studies are encouraged to focus on implementation and to explore relevance to other high pressure professional populations.

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