

IMPACT OF ARTISTIC INTERVENTIONS ON PARTICIPANTS WITH BURNOUT

CASE STUDY

Impact of artistic interventions on participants with burnout

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Abstract

This qualitative and quantitative research aims to evaluate the level of burnout and well-being of a target group after their participation in a pilot cultural prescriptions program specially designed to meet the needs of people who experience high burnout rates and decreased well-being. The results emphasize that participation in such customized programs could decrease the burnout rates and increase the well-being of participants. This report presents insights regarding the impact of arts on burnout rates and on well-being in artistic interventions.

Keywords:

burnout, cultural prescriptions, artistic intervention, pilot-testing, Covid19 pandemic

About the research:

This research is part of Art & Well-being project, co-funded by the Creative Europe Programme of the European Union.

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Contents

Introduction	4
Literature review	6
Arts on Prescription as part of Social Prescribing schemes	6
The Burnout Phenomenon	8
Burnout and the pandemic	9
The Benefits of Art on Health, Mental Conditions and Burnout	10
Cultural prescriptions workshops	13
Research methodology	15
Design	15
Participants	15
The Instruments	15
Data Collection	18
Data Analysis	20
Results: the impact of art interventions on participants	20
Participants profile	20
Behavioral and health-related variables	22
Observations by the Art and Well-being Specialist	22
Participants' results (qualitative phase)	27
Participants' results (quantitative phase)	34
Research limits & future directions	38
References	39

Introduction

The issue

Burnout is a serious condition that affects more and more people. In a study conducted in July 2020, Mental Health America (MHA) reported that 75% of workers experienced burnout, and 40% of those polled said it was a direct result of the coronavirus pandemic. The current circumstances affect our way of interacting, working and living, in general. Working from home has its advantages and disadvantages for everyone. Sometimes working hours are mixed with personal time, therefore employees tend to dedicate more time to performing work tasks than before the Covid-19 pandemic.

Overcoming burnout through arts

A pilot project of Cultural Prescriptions for Burnout in Cluj-Napoca.

Cultural Prescriptions is a type of initiative that encourages people who deal with different medical conditions to overcome their negative states and to improve their health and well-being by using arts. Various models of cultural prescriptions were successfully tested in other countries, such as the UK and the nordic countries.

During the autumn of 2020, Cluj Cultural Centre implemented a pilot project of cultural prescriptions, offering participation in a series of specially designed creative workshops to a group of people with burnout symptoms.

Built on practical exercises using various artistic techniques, the workshops aimed to contribute to the development of imagination and emotional intelligence, stimulate the ability to express, reduce anxiety and cultivate self-esteem with the final purpose to help people overcome their burnout with time.

The creative workshops design was the result of the collaboration between experts and researchers from the fields of arts and health. The creative activities were delivered by a team of artists from Create.Act.Enjoy, a Cluj based NGO known for their Art Therapy project, a unique intervention model taking place annually in hospitals across Romania.

The impact on participants' well-being was measured through quantitative and qualitative techniques by the same team of researchers and the results will be used as an argument for scaling up this type of initiatives.

The cultural prescriptions pilot project was implemented under the European project Art and Well-being, which addresses the relationship between art and well-being, or how the consumption of various forms of art affects mental and physical well-being. The Art and Well-being project is supported by the Creative Europe programme of the European Union.

Types of evidence

This report is a result of a joint effort of researchers, artists and specialists with various backgrounds to understand how art influences well-being and consists in different research approaches and perspectives. This report used a review methodology to map the global academic literature, a quantitative and qualitative analysis in an exploratory manner. More than 40 articles and resources were reviewed, most of them from the field of public health and psychology, but not exclusively. Additionally, the qualitative and quantitative approaches provide very useful resources regarding the participants' experience within the pilot project, by using specifically designed instruments for data collection and data analysis.

Results

The report contains evidence from a wide variety of studies and implies the use of a diverse methodology. Overall, the findings demonstrated that art can potentially decrease burnout rates, increase well-being and inspire people to develop their creative potential. The project results provide know-how and insights for a methodology to measure the impact of arts on burnout rates and on well-being.

Policy considerations

This pilot project provides insights from a tested and measured arts intervention on burnout, for various stakeholders:

1. Organisations working on the public policy level, as an argument for lobby activities
2. Arts organisations, for developing creative programs in communities
3. Researchers and practitioners, to understand how to better combine academic and practice approaches
4. General public, to raise awareness on contemporary issues and the solutions art provides for overcoming them.

Literature review

Arts on Prescription as part of Social Prescribing schemes

Social Prescribing, also known as community referral, was implemented for the first time in UK and Northern countries of Europe and allows General Practitioners (GPs), nurses, and other primary care professionals to expand the range of non-medical services for individuals dealing with socioeconomic or psychosocial problems (The Kings Fund, 2017; University of Westminster, 2017). Social prescribing was described by the Centre Forum Mental Health Commission (2014: 6) as 'a mechanism for linking patients with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, new skills, volunteering, mutual aid, befriending and self-help, as well as support with benefits, employment, housing, debt, legal advice or parenting problems' (Thomson et al. 2015, p. 6). Centre Forum found that social prescribing was usually delivered through primary care and although a range of referral models and options existed, appropriate community structures (e.g. third sector agencies) needed to be in place to support referral. It encourages individuals, families, local and national government, and community sectors to work in collaboration.

A social prescription scheme can include three components (referral from a healthcare professional, a consultation with a health advisor, a referral to local voluntary or social enterprise groups. (Friedly et. al., 2004; Friedly et. al., 2008; South et. al., 2008; Brandling et. al., 2009). Examples of Social Prescribing schemes/models are Arts on Prescription, Books on Prescription, Education on Prescription, Exercise on Prescription, Green Gyms, Healthy Living Initiatives, Information Prescriptions, Museums on Prescription, Social Enterprise Schemes, Time Banks, cooking, volunteering etc. (The Kings Fund, 2017; Thomson et. al., 2015). Exercise on Prescription (also named Exercise Referral) is one of the main types of Social Prescribing schemes and it is leading patients to programs that involve exercises (e.g. cycling, guided walks, gym, dance classes, swimming classes, team sports, etc.) (Thomson et. al., 2015). Books on Prescription (or Bibliotherapy) embodies the help of books and literature for people to better manage and understand their psychological issues. It is usually referred by a GP or a mental health worker. These workers lend books on prescription to the patients from a public library (Thomson et. al., 2015). People who can benefit from a social prescription scheme are those suffering from mild to long-term mental health problems, those who are socially isolated, vulnerable groups, or those that are constantly going to primary or secondary health care (The Kings Fund, 2017). Social prescribing stakeholders reported that the results from these schemes are related to the improvement of physical and emotional health and well-being (e.g. improvement in self-confidence and self-esteem), behavior change (e.g. learning new skills, changes in motivation and lifestyle), building up the local community (e.g. awareness on what is available to the population in this field, stronger partnerships between the

institutions that are collaborating in social prescribing schemes) and many other outcomes (Social Prescribing Network Conference Report, 2016).

Arts on Prescription (AoP) is a type of social prescribing and operates in a similar manner to that of Exercise on Prescription and Books on Prescription. Arts on Prescription was established in the mid-1990s and offered workshops to support patients suffering from anxiety and other mental health issues. Arts on Prescription (AoP) includes activities like drama, dance, film, music, photography, poetry (Potter, 2013; Thomson et. al., 2015). Creative activity appeared to have a positive effect on mental health, was related to self-expression and self-esteem, and initiated opportunities for social contact and participation (Huxley, 1997). This model of social prescribing is usually facilitated by artists or musicians and includes groups of people that are living in a community, but it can also be delivered by the community itself or the social enterprise sector (Jensen et. al., 2017; Bungay and Clift, 2010). It is a form of social prescribing that could be used as an addition to conventional therapies used in the treatment of mentally ill patients and also to promote social engagement in the isolated parts of the community (Bungay and Clift, 2010), decrease stigmatization for participants (Jensen et. al., 2017), make participants feel more confident and reduce the feeling of isolation (Thomson et. al., 2015).

The Burnout Phenomenon

The way in which people relate to their job has an important influence over their quality of life. The difficulties and stress people experience at their job have become real problems modern age people are facing. Over the years, this type of problems was seen as a very specific phenomena and, finally, they were reunited under the term „burnout“(Gandi et al., 2011).

Burnout is a psychological phenomenon related to prolonged stress at the workplace (Rossi et al., 2006). It is described as a psychological syndrome that might have significant effects on the physical and psychosocial well-being of the individual. The literature defines it as emotional exhaustion, depersonalization or reduced personal accomplishments due to stressful situations that are emotionally demanding (Maslach, Schaufeli & Leiter, 2001; Schaufeli & Greenglass, 2001; Maslach et. al., 2001; Landeche, 2009). Overwhelming exhaustion, detachment from the job, and/or personal life, lower productivity or decreased commitment are the most common symptoms that are associated with this syndrome (Maslach, 2016; Wang et. al., 2017; Landeche, 2009). When talking about burnout related stressors, we can observe different types of reactions and responses like physical and mental exhaustion, emotional detachment from work and the job in general, irritability and even cynicism, but also feelings of incompetence, lack of motivation, efficiency, accomplishment (Rossi et al., 2006). These behaviors and emotions compose the 3 core dimensions of burnout and they specifically refer to:

- **Exhaustion.** This is a more personal dimension, the one that people feel that affects them the most, because they basically feel it. It manifests as a physical exhaustion and an emotional depletion. People feel overwhelmed, overworked, overused, they have a lack of energy and can hardly find the will and power to start a new work day, attend meetings and complete tasks (Rossi et al., 2006).

- **Cynicism.** This is an interpersonal dimension and is seen as a negative attitude towards job and coworkers. When workers feel exhausted with their job, they try to protect themselves and their energy by detaching from work, cutting off hours spent working, reducing their tasks, shifting from being the best and doing all their tasks to a survival mode of working just enough to get their paychecks. Over time they develop a negative attitude to everything related to their workplace (Rossi et al., 2006).

- **Inefficacy.** This is seen as a self-evaluation dimension. People start to see themselves as less efficient, they feel like they lack skills and therefore the lack of accomplishment is an important stressor. Productivity at work becomes a big source of stress and people start to have lower and lower self-efficacy levels as stress overwhelms them. They develop a negative perception of themselves (Rossi et al., 2006).

Burnout became one of the most widely discussed and common mental health concerns in modern societies (Heinemann & Heinemann, 2017). Burnout has been studied across many occupations, including medical staff, teachers, social workers, and individuals working in the administrative/financial sector (Heinemann & Heinemann, 2017). However, there is a need even in the academic field to better understand the burnout mechanisms and the ways to prevent and deal with this condition.

Burnout and the pandemic

In the context of COVID-19 pandemic, when a lot of work-related rules have changed, mostly transitioning to online work, a lot of people became overwhelmed. Working from their home environments, people need to manage both work tasks and family needs, in addition to household chores. So, their daily lives and routines have changed a lot in the last months. Working has become overwhelming, also due to technology issues, and doing it in the same space where you live and are supposed to relax is a major stress factor, affecting the quality of life (Queen & Harding, 2020).

The outcomes of the pandemic burnout are feelings of helplessness and hopelessness. People are feeling helpless because they are overwhelmed with tasks and chores and have trouble prioritizing and finishing tasks on time. They may feel less productive being in a different work environment, one that may be less organized and less adapted to their work needs. People also feel hopeless, because they don't know how much more time they need to work in these conditions, which ultimately can cause more mental health problems, such as anxiety and depression (Queen & Harding, 2020).

Another issue is for people who don't have the flexibility to work from home. Besides the usual stress and problems related to work, they are now stressing about the higher possibility of contacting the SARS-COV-2 virus from their coworkers or clients (Hayes et al., 2020).

Also, another major source of work-related stress is losing one's job. Many people lost their jobs during the pandemic or they were temporarily suspended. Not only the loss of the job itself, but the financial losses are major life stressors (Hayes et al., 2020).

Considering the actual situation, it seems the pandemic has a negative impact on the people's well-being and in this respect it would be useful to concentrate more research efforts in this area.

The Benefits of Art on Health, Mental Conditions and Burnout

The relationship between arts and health became a significant point of interest for the academic, media and public attention fields in the last 10 years (MacDonald, 2013). Since the early 2000s, a lot of policy developments have appeared across the World Health Organisation European Region to grow evidence of its effectiveness and also to create an active development of policies in this field (Fancourt and Finn, 2019).

There are multiple strategies that are useful for burnout prevention and treatment. In the prevention phase, strategies such as individual singing sessions, making or just listening to music, dancing, different kinds of activities that involve multiple individuals simultaneously engaged in the same activity (e.g. crafts, singing), participating in dance, art or theatre classes, art activities in schools, contribute to the individual's self-concept, sense of social inclusion, improve mental health and enhance social consciousness, help with stress management and lower biological stress and daily anxiety (Fancourt and Finn, 2019).

When it comes to the treatment for the burnout syndrome, one systematic review made in 2012 with 17 studies meeting the inclusion criteria showed that strategies such as CBT (cognitive behavioral therapy), self-help groups, meetings at the workplace, meditation, music therapy or body-mind therapy showed results when it comes to this burnout problem (Korczak et al., 2012).

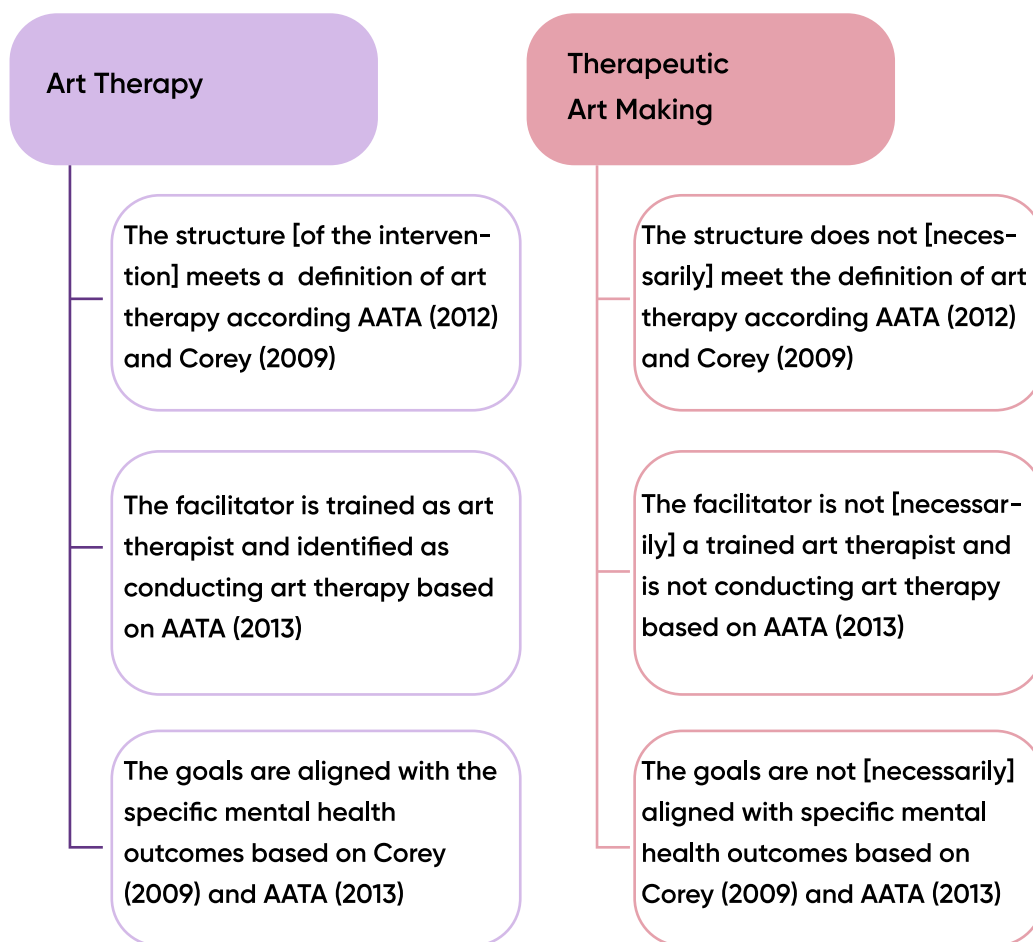
One strong strategy which can be counted on, both in the prevention and treatment, is the act of connecting arts with health. Arts activities are shown to help promote health by being so complex. Activities such as aesthetics involvement, use of imagination and creative thinking, sensory activation, recognition of emotions, social interaction or engaging with different themes of health and interacting with different health-care settings are counted beneficial when it comes to the relationship between arts and health (Fancourt and Finn, 2019). Any part of those art activities can boost one's mental (e.g. increase self-efficacy, coping skills with emotions), physiological (e.g. lower stress levels, increase immune functions), social (e.g. decrease loneliness or isolation, improve social skills) and behavioral (e.g. increase adopting new healthy behaviors, skills development) response that are later connected to health outcomes. All of these activities together are helping to prevent, manage and treat burnout and help to increase well-being as well as promote healthy behaviors and lifestyles (Fancourt and Finn, 2019).

When talking about arts and health, especially mental health, the literature focuses mainly on art therapy. Art therapy is considered a type of psychotherapy that uses different types of arts, such as painting, drawing, music, theatre, photography, to help people express and manage their emotions (Giovanni, 2015). Art therapy in burnout treatment delivered notable positive outcomes

in several studies that had been previously done. Four out of six control group studies developed over a period of three years reported that art therapy resulted in a remarkable decrease of trauma symptoms and depression levels (Schounten et. al., 2015; Regev, 2018). In the past years, applying art therapy with individuals that are experiencing burnout syndrome has been proven to be effective in improving coping strategies and social skills, increasing one's level of self-esteem and self-awareness, boosting insight and decreasing the level of distress and conflict (Regev, 2018). One study published by Drexel University discovered that art therapy has an effect in reducing stress hormones. Approximately 75% of the participants in that study indicated a reduction in cortisol after 45 minutes of being part of a creative act (Kiggen, 2020). In addition, another study that implemented visual art in 39 adults and assessed the level of cortisol before and after the 45-minutes creative art revealed that art therapy can significantly lower the cortisol level (Kaimal et. al., 2016). Simple arts interventions conceptualize the body, mind, action and perception as one whole unit to approach the individual on a creative level (Koch, 2011; Martin, 2018) focusing on cognitive ways of coping, active creation and expression in order to access patients' emotions and change their behavior (Prinz, 2003; Martin, 2018). Engaging in creative activities could heal and empower ones' inner energy (Landeche, 2009). Using creative resources might improve self-efficacy and coping abilities in stressful situations (Martin, 2018). They can also stimulate human attention, memory and perception through the creation of artistic content such as scribbles, drawings, finger paint etc. (MacDonald, 2013). Thus, art therapies can provide various methods to activate individuals' coping mechanisms, to increase self-efficacy and empowerment as a better way of dealing with stressful situations, emotional exhaustion and many others (Koch, 2017; Oepen, 2014; Bräuninger, 2012; Martin, 2018).

It is recommended that in order to have positive and consistent results from art therapy, it has to be performed by a certified therapist (Regev, 2018). In regard to art therapy, when performed by a qualified art therapist, it will help with increasing cognitive and sensorimotor functions, improve one's self-esteem along with self-awareness, raise the level of emotional resilience, encourage insight, boost social skills. It also might minimize the level of distress and conflict (Regev, 2018). According to the literature there is a clear distinction between Art Therapy and Therapeutic Art-making.

Figure 1: Differences between Art Therapy and Therapeutic Art Making



Source: Adapted from Pamela, 2015, p.17

There are various aspects in the art therapy literature. It is not the same in the case of therapeutic art making, and for this reason the literature review emphasized in this report includes a series of art therapy articles. However, the project is piloting an artistic intervention designed for people with burnout conditions and is not aiming to be acknowledged as an art therapy workshop. The artistic intervention is designed to be an alternative solution to the issues faced by people with burnout and aims to explore the potential of art to overcome this condition and to prevent it.

Cultural prescriptions workshops

The Art and Well-being intervention targeted people who experienced burnout. It had a specific structure with objectives and expected outcomes settled for each session and was facilitated by an artist. All the details regarding the objectives, actions and expected results of the pilot project were detailed and explained in an intervention plan. This document was developed on evidence-based practices used for preventing and treating burnout, found in the literature, along with the artistic experiences of the artists who conducted the workshop.

The purpose of this intervention was to provide participants with tools and techniques to manage stress and strong emotions through theatrical improvisation and artistic approach. It was important to evaluate and test how participants respond to and get involved in such techniques and how exercises influence their stress.

Art & Well-being specialist: The creative activities were delivered by the professional actress Diana Buluga from Create.Act.Enjoy.

Time frame: October–November 2020

Location: Cluj Hub, Cluj-Napoca, Romania

Calendar:

- 5th of October, 1900 to 2100- Introductory meeting
- 12th of October, 1900 to 2100 - Trust others and listen to your emotions
- 19th of October, 1900 to 2100- Identifying stress sources and observing behaviors in stressful situations
- 26th of October, 1900 to 2100- Replacing stress with relaxation
- 2nd of November, 1900 to 2100- Dealing with stress through music
- 9th of November, 1900 to 2100- Dealing with stress through photography
- 16th of November, 1900 to 2100- Education and prevention

Table 1: Workshops objectives and expected results

Objectives	Sessions	Expected results
Objective 1: Assessment	Session no. 1	The opportunity to meet new people with similar problems, familiarization with the program and the specialists, becoming enthusiastic and curious about working with other people on this topic
	Session no. 2	Facing emotions in a safe environment, experiencing a mindful perspective
	Session no. 3	Understanding of what causes their stress, embodying a more objective perspective on their stressful situations, learning to trust other people and let go of stress
Objective 2: Managing burnout	Session no. 4	Learning to transpose their emotions into theatrical performance, physicalizing emotions, learning some breathing exercises that will help them breathe more correctly and, hence, relax, escaping stress through imagination and breathing techniques
	Session no. 5	Learn to use music as a relaxing technique, to be spontaneous, learn positive thinking, trust others, self-confidence and self-efficacy
	Session no. 6	Learn to pay attention to their emotions, anticipate negative consequences, create memories that might improve their well-being, become aware of their emotions/feelings
Objective 3: Evaluation and Prevention	Session no. 7	Learn to observe and recognize emotions that generate stress, learn to identify stressful environments and to act accordingly in order to function well

Source: performed by the authors

The proposed plan was a very useful tool in designing the intervention. During the implementation phase, the Art & Well-being specialist slightly adapted the exercises and the artistic instruments detailed in the intervention plan, considering the dynamics of the group and also the specific needs of the participants.

Research methodology

Design

This project represents a pilot testing of cultural prescriptions, offering participation in a series of specially designed creative workshops to a group of people with burnout symptoms. Built on practical exercises using various artistic techniques, the workshops contribute to the development of imagination and emotional intelligence, stimulate the ability to express, reduce anxiety and cultivate self-esteem with the final purpose to help people overcome their burnout symptoms with time. The methodology was developed in order to provide insights into measuring the impact of arts on burnout rates and on well-being.

Participants

Eligibility Criteria

In order to be enrolled, participants needed to meet the following eligibility criteria:

- The program was aimed at people over the age of 18
- In order to participate in the program, the availability to participate in all seven sessions was required
- Individuals were eligible if manifesting burnout symptoms identified by completing a short burnout test on the registration form
- People needed to be open and accept participation in the research conducted within the program.

The registration deadline was October 1, 2020 and the deadline for communication of selected participants - October 2, 2020

Participants' Characteristics

From a total of 48 people interested and registered in the program, 12 people were selected to participate in the workshops and implicitly in the study – one of them dropped from the workshops, and from the study and was eliminated from the analysis. Most of the participants were female (N= 8, 72.7%), had completed higher education N= 10, 91.0%), were earning over 3000 RON (N= 8, 80%) and declared to be either in a relationship or married (N= 10, 90.9%). Most of the participants were non-smokers (N= 8, 72.7%), were not on a diet (N= 8, 72.7%), and were exercising at least 2–3 times/week (N= 7, 63.6%). Half of them reported that they were diagnosed with a medical condition (N= 5, 50.0%).

The Instruments

The Quantitative Phase

As was already mentioned, the aim of this research is to investigate if arts have any contribution in decreasing burnout rates, by exploring the impact of a direct art intervention customized for people who have high burnout rates. The specific target group for the art intervention were people with burnout; in order to identify them, the registration form also included a self-evaluation instrument for the burnout level. People selected for the intervention were particularly people experiencing high levels of burnout, having different occupations and a large spectrum of age. In order to understand and to evaluate the burnout rates and well-being of the participants, a pre and post intervention questionnaire was designed. The pre-intervention questionnaire was filled in by the selected participants in the first session of the intervention. At the end of the program, the participants filled in another questionnaire. The pre and post questionnaires were individually and then comparatively analyzed in order to evaluate the impact.

Assessment of Burnout (Screening Tool and Assessment Before and After Intervention)

The instrument used for assessing the level of burnout and measuring pre and post intervention burnout for the individuals interested in the workshop was the Maslach Burnout Inventory which has been used in stress research for a long period of time. It is considered a psychometrically sound tool for doing research and measuring burnout or occupational stress (Belcastro et al., 1983) The 25-items instrument focuses on three dimensions of measuring burnout such as depersonalization, emotional exhaustion and personal accomplishment (Poghosyan et al., 2009).

Figure 2: Maslach Burnout Inventory

Dimensions	Items
1. <i>Emotional Exhaustion:</i> e.g. I feel burned out from my work.	I feel frustrated by my job. I feel like I'm working too hard on my job. Working with people directly puts too much stress on me. I feel like I'm at the end of my rope.
2. <i>Personal Accomplishment:</i> e.g. I can easily understand how my recipients feel about things.	I feel I'm positively influencing other people's lives through my work. I have accomplished many worthwhile things in this job.
3. <i>Depersonalization:</i> e.g. I feel I treat some recipients as if they were impersonal objects.	I've become more callous toward people since I took this job. I worry that this job is hardening me emotionally.

Source: Maslach & Leiter, 1997

Assessment of Certain Variables Before the Intervention

The pre-intervention questionnaire included the following sub-sections:

- General Information
- Lifestyle Habits: smoking status, dieting, physical activity, medical diseases
- General Habits of Art Consumption
- General State of Well-being
- Burnout (Maslach Burnout Inventory)
- Expectations Regarding the Workshop
- *Motivation to Join the Workshop*
- *Previous Experiences with Artistic/Creative Activities*

Table 3: Description of the Scales used to measure different indicators

<p>The Burnout Syndrome Scale (Maslach & Jackson, 1981)</p>	<p>A 25-item questionnaire measuring the level of burnout syndrome using a 5-point Likert scale. Scores can range from 25 to 125. Higher scores imply a higher level of burnout. The scale has divided the scores into three categories: (a) low-level burnout (25–50); (b) medium-level burnout (51–75); (c) high-level burnout (76–125).</p>
<p>The Psychological General Well-Being Index (short version) (PGWBI-S) (Grossi et al., 2006)</p>	<p>The short version of the PGWBI, including six items. It measures level of well-being using a 6-point Likert scale. Scores can range from 0 to 30. Higher scores imply a higher level of well-being.</p>
<p>The Connor-Davidson Resilience Scale (2-item version) (CD-RISC2) (Vaishnavi, Connor, & Davidson, 2007)</p>	<p>The short version of the CD-RISC, including only two items. It measures resilience using a 5-point Likert scale. Scores can range from 0 to 8. Higher scores imply higher resilience.</p>
<p>The Scale of Positive and Negative Experience (SPANE) (Diener et al., 2010)</p>	<p>A 12-item scale measuring positive (six items) and negative (six items) experiences using a 5-point Likert scale. The scale includes three score indicators: SPANE-P (positive experiences), SPANE-N (negative experiences), and SPANE-B (the difference between SPANE-P and SPANE-N). SPANE-P and SPANE-N can range from 6 to 30, while SPANE-B can range from -24 to 24. Higher SPANE-P implies more positive experiences, while higher SPANE-N implies more negative experiences. A positive SPANE-B implies the participant is experiencing more positive than negative experiences, and vice-versa.</p>
<p>The Cultural Consumption Scale (CCS)</p>	<p>A 10-item scale measuring the level of cultural consumption (e.g., music consumption, reading frequency, gallery visits) using a 6-point Likert scale. Scores can range from 10 to 60.</p>

Source: realized by the authors based on the literature

Assessment of Certain Variables After the Intervention

The post-intervention questionnaire included the following sub-sections:

- General State of Well-being
- Burnout (Maslach Burnout Inventory)
- Expectations Met/or Not Related to the Workshop
- Their Opinion if They Would Repeat The Experience

Qualitative Phase

In addition to the quantitative phase, the research team decided to conduct a focus group after the artistic intervention, in order to identify the participants' perception of the delivered intervention and to evaluate the way in which the intervention influenced their well-being. The discussion was audio recorded to ensure all details of the conversation are captured for analysis and research reporting. To better understand the impact of the intervention from different perspectives, the research team has conducted a focus group with the artistic provider of the intervention.

The focus group guide developed for the participants

This tool included the following sub-categories: (1) questions regarding participants' expectations; (2) questions regarding the intervention sessions and the participants' well-being; (3) questions regarding the administrative aspects.

The focus group developed for the Art & Well-being Specialist

This tool included several questions in order to understand the impact of the entire experience on the participants, using the observations from each session.

Data Collection

Quantitative Phase: Enrollment was online, the announcement contained a link to a Google Form questionnaire that people completed online. Those interested in the study were asked to agree to participate in the study, agree with the GDPR policy, with the publication of results and with the processing of personal data for the purpose of conducting the research and for the necessary actions taken at the creative workshops. The participants were also asked to agree to take part in all the seven sessions. Some of the information required from the participants included their name, age, e-mail address, telephone number, occupation and residency. The next part consisted in completing the Maslach Burnout Scale.

The announcement was shared in different Facebook groups (e.g. workplaces) not targeting a specific age and was also distributed from individual to individual. After completing the questionnaire, the research team calculated the score for the Maslach Burnout Scale for each individual. Afterwards, they were contacted regarding their eligibility and received more details about the intervention.

In the first session of the workshop, the eligible individuals were asked to read and sign an informed consent and complete the pre-intervention questionnaire. In the informed consent they were kindly asked to consider all the information and ask questions about any of the information they do not understand before they decide to participate, confirming that they were asked to participate voluntarily, consent about the duration of the participation, about the fact that the study might imply risks or discomforts during their participation, such as potentially challenging questions about their experience, but they were free to skip any questions that made them uncomfortable. The benefits mentioned were that the research team might gain insights on their feelings during their participation and insights regarding their connection with art and culture. Participants were informed that the collected information will be statistically analyzed, but their data will be collected in an anonymous and confidential manner. Other important information was mentioned in the informed consent form, such as details regarding the research team, financial benefits or costs associated with the participation and other details. Two copies of the informed consent were signed by the participant and by one of the research team members, one of the copies being kept by the participant.

In order to understand and evaluate the effects of people participation on their well-being, participants were asked to complete two questionnaires, before and after the completion of the workshop, and to take part in a focus group.

Qualitative Phase: After the last session of the workshop, participants were asked to take part in a face to face focus group which met the SARS-CoV-2 prevention recommendations. They were asked to give feedback regarding their experience throughout the 7 sessions of the workshop. The focus group lasted around one hour. The discussion was audio recorded on two devices to prevent potential problems and ensure that all details of the conversation are captured for analysis and research reporting. All the information was transcribed and coded. In the qualitative phase, for a comprehensive view, data was also collected from the Art & Well-being Specialist.

Data Analysis

Quantitative Analysis

Pre-Intervention: Data were analyzed using IBM SPSS Statistics 25.0 (SPSS, Chicago, IL, USA). Descriptive statistics and correlations for several variables of interest were conducted.

Post-Intervention: Descriptive statistics and correlations for several variables of interest – the post-intervention scores on the psychological well-being measures have been used.

Comparison for Pre and Post-Intervention: The results from both the pre-intervention and the post-intervention assessment were used to test whether the intervention had been successful in improving the psychological well-being of the participants. A paired sample t-test was used to compare the psychological well-being measures before and after the intervention.

Qualitative Analysis

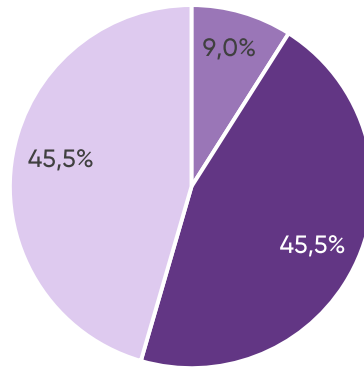
For the qualitative phase, the data was transcribed and translated into English. We developed a codebook based on the initial readings of the transcribed data. We performed inductive content analysis, establishing different themes, categories and codes to identify patterns in our transcribed data.

Results: The impact of art interventions on participants

Participants profile

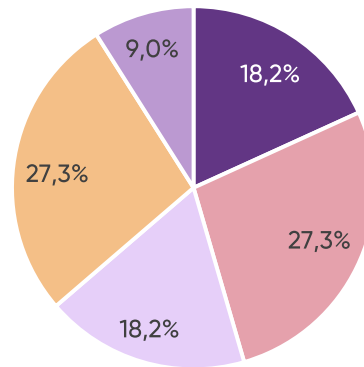
Most of the participants were female (n = 8, 72.7%). Two of them were within the range of 19–24 years old, three others within the range of 25–30 years old (27.3%), two other participants between 31–35 years old (18.2%), three others between 36–45 years old (27.3%), and one within the range of 46–55 years old (9.1%). One person has completed high school studies, while the rest completed either a bachelor degree (n = 5, 45.5%) or a master degree (n = 5, 45.5%). Two participants were earning 1500–3000 RON (20.0%), three were earning 3001–4500 RON (30.0%), one was earning 4501–6000 RON (10.0%), and four were earning more than 6000 RON (40.0%). One participant declared to be single (9.1%), while the rest declared to be either in a relationship (n = 7, 63.6%) or married (n = 3, 27.3%).

Education



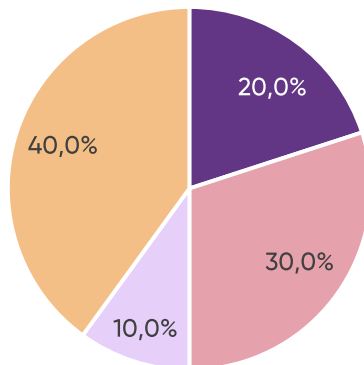
■ High school studies ■ Bachelor degree ■ Master degree

Age



■ 19-24 years ■ 25-30 years ■ 31-35 years ■ 36-45 years ■ 46-55 years

Income



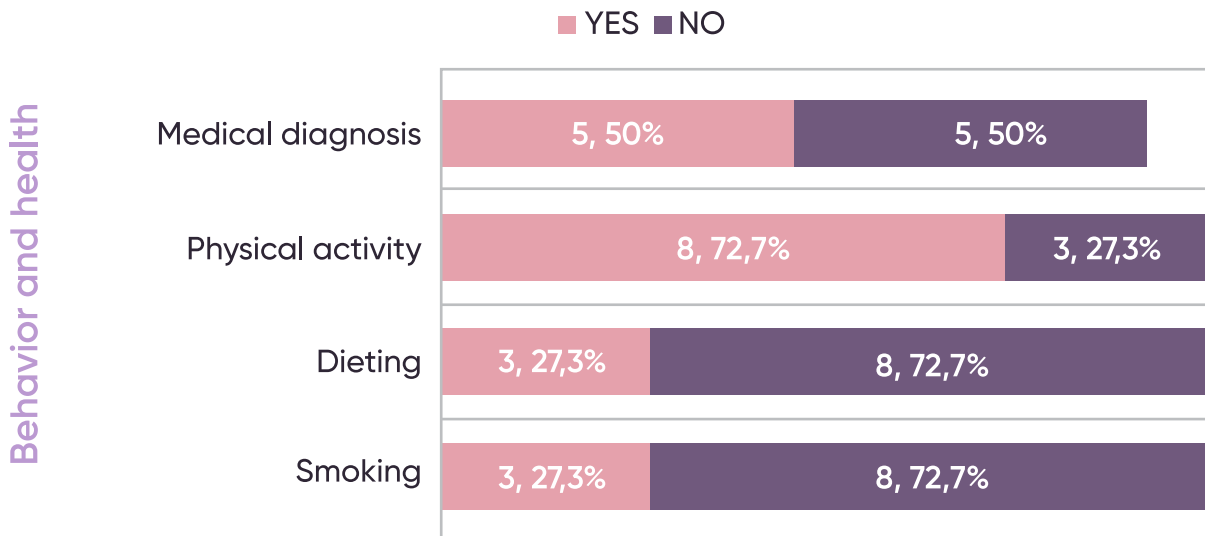
■ 1500-3000 RON ■ 3001-4500 RON ■ 4501-6000 RON ■ >6000 RON

Source: performed by the authors

Behavioral and health-related variables

Most of the participants were non-smokers (n = 8, 72.7%) and were not on a diet (n = 8, 72.7%). Most of them were engaging in physical activity (n = 8, 72.7%), doing exercise 2–3 times per month (n = 1, 9.1%) or 2–3 times per week (n = 7, 63.6%). Half of them reported that they were diagnosed with a medical condition (n = 5, 50.0%). On the cultural consumption scale, the participants obtained a mean score of 32.2 (SD = 5.9) with recorded scores ranging from 26 to 44.

Figure 3: Behavioral and health-related variables



Source: performed by the authors

Observations by the Art and Well-being Specialist

After the 1st session of the intervention

- None of the participants were reluctant or refused to participate in the activity, even if some tasks seemed to be taking them out of their comfort zone. The Art & Well-being specialist noticed a greater openness for the activities where participants were surprised by their own and/or other people's comic attitude (e.g. the impulse or the passing of the ball using onomatopoeia). As expected, laughter helped them to relax more easily, a thing that seemed to impact the body, too (shoulders and arms were becoming relaxed about halfway through the session).
- For a first session, it was surprising how fast participants found the common rhythm of the group, best observed in space-moving exercises, which made the Art & Well-being specialist believe that they have a good sense of attention and listening, already well-defined.

- Participants were surprised by how difficult it was to really look each other in the eyes; they realized how rarely they do that in everyday life; it was the exercise with greatest impact on the group.
- Some of the participants faced difficulties when they had to invent new sounds or new gestures, there were talks about "fear of not being creative enough".
- One participant faced difficulties when the exercise involving movement around the space reached the maximum number of tasks: „It was difficult for me to focus on all the requirements, I was not able to make the decisions“. The Art & Well-being specialist recommended to her that when she feels that, she should choose a single task to focus on and when she feels like she can master it, to pick another one.
- Another participant mentioned that when there were many tasks he felt the most comfortable because he could get lost among the others more easily and not think too much.
- The discussion deviated naturally from "personal burnout experiences" to "personal expectations from this workshop". The Art & Well-being specialist felt that not all the participants were comfortable to share their own experience from the first meeting, so she decided not to push the discussion on that issue.
- Expectations shared by participants with the Art & Well-being specialist:

„I would like to learn how to be more open and to express such things myself. I mean creative things“

„I would like to reduce the level of nervousness“; „to learn how to disconnect myself faster, to switch faster from professional to personal life“

„to recover my joyfulness and to learn again to do things for myself“; „ to let myself feel“

„to get out of the comfort zone“

„to trust in myself“

„to think less and not have difficulties in making decisions“

„to calm down, to have more confidence in myself, as my confidence decreased during the pandemic“



After the 2nd session of the intervention

- Two opposite teams were formed: those with a lot of energy, quickly understanding the exercises and what they have to do, and those with low energy, who needed more time to assimilate new information. This led to extending some exercises, not being able to do everything the Art & Well-being specialist had planned for the day, in only two hours.
- One of the main issues the Art & Well-being specialist noticed was some of the participants' inability to focus, no matter how hard they tried. The Art & Well-being specialist reduced the difficulty of the exercises, depending on the dominant energy of the group. The more active participants proved to be extremely patient with those who needed more time.
- During the ball passing exercise, combined with word associations on the burnout topic, the most frequent words were: sleep, it is enough, no, task, career, tired, air.
- The emotions circle was the exercise which functioned best within this session because it gradually increased their involvement, both physical and emotional, and some routes of emotions were very well dosed, even with theatrical results, in the best sense of the word. The emotions expressed around the circle were: joy, anger, wonder, empathy, tenderness, disgust, fear, shame, anxiety, fear.
- During the attention exercises, the Art & Well-being specialist noticed the participants were very pleased with the practicability these may have in their everyday life.
- The second session put the Art & Well-being specialist in a bit of difficulty when the energy and reception levels were very different because she had the feeling that she could lose the attention of one of the parties at any time, but the challenge only reminded her of the importance of "here and now" and of continuous adjustment to the present.

After the 3th session of the intervention

- The Art & Well-being specialist noticed a progress in the exercises repeated during each session – warming impulse, Brownian movement. The tempo, confidence and precision of the participants increased.
- Again, there was a positive impact of the exercise in which participants had to express different emotions or situations using their body and voice. The exercise also served as a model of creative training.
- For one of the female participants, the exercise of confidence in two was revealing – she realized that she had a self-control problem and the permanent need to control the others and to impose

her own rhythm. The sincerity of her personal discovery was visible in the amazement she felt while sharing it, characteristic of things discovered “here and now”.

- The exercise of confidence in one straight line removed many participants from their comfort area, especially due to the fact that, without them knowing it, the Art & Well-being specialist changed the space while they had their eyes closed. During the discussion afterwards, they talked about the prioritization between “taking care of myself” and “taking care of the other person” when feeling afraid, about responsibility and also about the adrenaline of trying something new.
- They discussed how hard we let ourselves be affected or influenced by minor everyday life situations– someone gave me a dirty look, someone scolded me at the supermarket etc. and about how important it is to manage such situations so that they do not affect us emotionally more than they should.
- One of the female participants was thankful to the Art & Well-being specialist especially for this exercise (i.e. doing drawings on the theme “How I see myself versus How others see me”) because it allowed her to have more honest discussions with her friends about how they perceive her.

After the 4th session of the intervention

- The ball exercise and the formulation of spontaneous questions brought into discussion the difficulty we encounter when we have to answer quickly: “it feels like you have no ideas and you panic”. The Art & Well-being specialist discussed with participants about how physical movement, breathing and relaxation exercises contribute to the creation of a favourable state of inspiration and together they made the association between the impossibility to find solutions when we are stressed and the impossibility to create when we fear that we are not creative enough or good enough in what we do.
- The Art & Well-being specialist noticed the tendency of some people to desire immediate results or to get concerned about “what will be” or “how it will be” after they finish the module, more than they managed to focus on what was happening in the present.
- The ‘passing the stick’ exercise reached its anticipated purpose. Their attention and presence increased, by creating very lively moments. As the Art & Well-being specialist had anticipated, those who considered themselves clumsy were surprised by the dexterity they gained through exercise and concentration.

After the 6th session of the intervention

- During the warm-up, one participant refused to become a leader and come in front of the group to propose movements. Right after that, another participant took over the same strategy. Beyond the fear of being exposed in front of a group, the specialist remembered how easy it is to let ourselves be “encouraged” by another withdrawing behavior. The specialist was sure that the second participant refused only because a precedent had been created before and made her think about the volatility of this type of training, meaning that if it was not constant and consistently performed, it would be very easily abandoned.
- The role-playing exercise also had a huge impact on them. Some of them externalized themselves very much. Recounting it afterwards, they reasoned that they needed to relive the respective situation to give themselves the chance to react differently as compared to the actual moment, when they felt blocked.

After the 7th session of the intervention

- The specialist would have worked for another 7 weeks with the group of participants
- General conclusions after interventions

General conclusions after interventions

- Regarding the participants' well-being, the Art and Well-being specialist mentioned the experience of one participant who did not use her voice very much in the first sessions, she spoke but did not express herself much, for example when expressing emotions, she could see her struggling. Towards the end of the meetings, the specialist saw that she managed to exhale vocally and it seemed incredible. Regarding another participant, she noticed a change related to her body, at first she was very rigid, very controlled. She had a discussion with the participant in one of the sessions and she told her that she wanted to love her body more. The specialist said that she noticed a progress towards the end of the meeting.
- The Art and Well-being specialist mentioned that the most appreciated exercises which made the participants feel better reaching the point in which they stayed longer than expected were exercises related to relaxing and calming down in stressful situations. They had breathing exercises, relaxation exercises on the floor, a kind of guided meditation and exercises involving their muscles.
- Moreover, the specialist felt she had helped them emotionally, as participants mentioned that they better understood their reactions, why they react, why they get angry in certain situations, that they were more aware of their emotions and they could better control them.

- Participants told her that they had a better understanding of how they view themselves and how they think others see themselves and thanked the specialist for helping them to discover these aspects which made them call their friends and have discussions on this topic. A participant told the specialist that she had learned more about her strong tendency to have control over her relationship with others and also learned how to fix that.

Participants' results (qualitative phase)

Enrollment

Information and enrollment methods

People had the opportunity to access information about the event and the program from different sources. Visual advertisements along with descriptions of the activities and the schedule were posted on social media, but also in newspapers. Also, audio descriptions of the event were shared over the radio.

The most important source seemed to be social media, specifically Facebook. 7 participants mentioned Facebook as the primary source of information about the event. Moreover, the organizer's name and the trainer's name, together with their previous activities had an impact on people, which made 5 of them choose to enroll because they felt confident in this event. Also, other 2 participants accessed information about the event via mass media, more specifically Radio and the local Newspaper.

Motivation of enrollment

Participants were asked what their motivation for enrollment was, what specific things made them choose to sign in to this program. They listed various reasons for which they made this decision, some of them individually named 2 or 3 reasons, but overall we counted 7 different reasons:

- The description of the event was mentioned twice to have been a good reason for enrolling in this program. One participant mentioned that the overall description was convincing, while another participant said he/she was very impressed with the title and the fact that the title was suggestive for the program activities.
- The group setting seemed to be another reason for choosing this type of program. One participant especially appreciated the group context, saying that it was a good reason to step out of his/her comfort zone.

- A popular motivation among participants was the other people enrolling in this program. When they saw the advertisement of the event, a lot of the participants believed that there would be a lot of people interested to sign in and that others would have more severe problems than them. For some of them, this was a reason to loosen up the pressure that comes with enrolling and assuming the responsibility to pursue this program, thinking they will sign in, but their participation is not guaranteed.
- The program of the event was another reason for which 2 participants chose to sign in. The description of the activities and the schedule convinced them that it would be a good investment of their time.
- One participant mentioned that he/she knew the organizers of this event. The fact that he/she knew about their previous events and activities made him/her trust this particular event and be excited about the possibility to participate.
- The fact that the program had a research behind it was another good reason for enrollment. 2 participants seemed interested in knowing things about the research and seeing the results of the study.
- Last, but not least, curiosity was another good reason for one particular participant to sign in. He/she mentioned that the curiosity for the unknown excited him/her and made the event more interesting.

Program

Expectations

In what concerns the expectations, we asked participants what they were expecting from this program and if their expectations were met or not.

Most of them, 6 people more exactly, said they came without specific expectations or with no expectations at all, not knowing what might happen. Coming without expectations was both a challenge for some and an anxiety factor for others. More specifically, 2 participants mentioned they were quite anxious about the program, as they were not familiar with this type of activities and they usually felt anxious in new environments. On the other hand, 2 participants came in with clear expectations, they thought that knowing the organizers and the trainer would be a good guiding point in understanding what would happen in those 7 weeks.

All of the participants that responded to this question regarding expectations mentioned they were surprised by the activities and the dynamics of the group, saying that their expectations were exceeded and everything was better than what they had imagined.

Well-being before the intervention

Well-being was one major focus point in the intervention and we observed and assessed it before and after the 7 weeks program. Also, one major purpose of the intervention itself was to improve well-being through art therapy. In this part, we evaluated how people felt and acted in the context of burnout before the intervention.

Table 4: Participants' thoughts regarding burnout

Well-being characteristics	Quotes	Participants' characteristics
Negative emotions (anxiety, irritability, nervousness, depression)	<i>"I felt a lot of sadness, I didn't want to interact with anyone anymore, I practically couldn't find the small joys of life and I felt that it wasn't good, that I was not well."</i>	Female, aged between 36-45 years old, IT specialist
	<i>"I think that, for me, burnout meant a kind of continuous dissatisfaction and contempt."</i>	Female, aged between 19-24 old, Student+Volunteer
Dysfunctional thoughts	<i>"...thoughts, I mean I was blocked in my mind, I was stuck in my mind for a very long time."</i>	Female, aged between 25-30 years old, Team Lead
	<i>"I couldn't get to a certain level and I still can't and you can never get where you want to be because there are some very, very high standards."</i>	Female, aged between 19-24 old, Student+Volunteer
Physical symptoms	<i>"Anxiety, stress, actually physical, which manifests itself physically."</i>	Female, aged between 25-30 years old, Team Lead
Behaviors (impulsivity, procrastination)	<i>"...quite a few resignations out of impulsivity, dismissals also due to impulsivity, raising the tone at people without realizing that I am doing this, a very accentuated state of nervousness."</i>	Female, aged between 31-35 years old, Project Manager

Source: performed by the authors

Some participants mentioned different types of negative emotions, such as anxiety or, more accessible for them to name it, stress, depression, irritability, sadness, numbness etc. They felt like

these emotions were affecting their relations with coworkers and that they were not able to accomplish their tasks as well as they wanted to.

One participant said that his/her emotions were so intense that he/she felt them physically, meaning that he/she somatized stress, which is actually a common phenomenon for burnout.

Moreover, we could see that participants had dysfunctional thoughts regarding work. They had thoughts of perfectionism, high standards and a narrow vision of the world.

Nonetheless, these thoughts determined certain negative behaviors, such as procrastination, very common not only in people with burnout, but also in people with performance anxiety and perfectionism. In addition to this, 2 of the participants mentioned they acted impulsively, in the heat of the moment, and even they were surprised by the way they behaved.

Well-being after the intervention

When we assessed well-being after the intervention, a lot of changes appeared compared to their previous state of burnout. We wanted not only to observe the way they were feeling after the intervention, but also to capture the mechanisms of change. So, the primary mechanism of change seemed to be the presence of other participants and the trainer, plus their dynamics. 4 participants mentioned that interacting with the other participants helped them a lot, they felt more energized and less stressed afterwards and kept the memories and the energy for the entire week that followed. We can conclude that the group setting, as mentioned in the previous sections, and the genuine interactions were the most important key factors for improving their state. Nevertheless, this could not have been possible without the specific exercises that promote interaction and communication.

After the program, participants reported more useful behaviors, one particular participant even captured the transition from a dysfunctional behavioral approach of burnout to a more useful one now. 3 participants also mentioned they changed to a more present approach to things, a mindful view over things, burnout and the world in general.

The 3 big themes regarding aspects of well-being after the intervention are illustrated in the table:

Table 5: Aspects of well-being after the intervention

Themes	Quotes	Participants' characteristics
Social interactions	<i>"I have learned that I release the stress factor with others and I think that all the techniques that we practiced have changed the way I interact with other people."</i>	Female, aged between 31-35 years old, Project Manager
	<i>"I felt a clear improvement due to the fact that I was with people and interacting with people."</i>	Female, aged between 25-30 years old, Team Lead
Mindful approach	<i>„And regardless of the emotion, whether it is positive or not, I try to be present in that state and just let it be."</i>	Female, aged between 19-24 old-Freelancer Digital Marketing
Useful behaviors	<i>"I think what has changed now is what I do when I feel "overwhelmed", I mean, when I actually feel the burnout, because sometimes I feel it, sometimes I just live with it, but when I feel it, now I try to do a certain thing maybe to improve my state or to get over it. [...]to do something, I don't know, to stand up from the desk, to go get another coffee or tea, to go and caress the cat, "I don't know, anything", something to get me out of that thing."</i>	Female, aged between 25-30 years old, Team Lead

Source: performed by the authors

Art Connection

In what concerns art, art therapy, different techniques and methods that include artistic approaches, we evaluated participants' interaction with art before the program, what techniques they enjoyed and what exercises they could use from now on in their daily activities.

Only a few participants had connections with art before, one of them practiced it professionally (music), while others appreciated it and had attempts to practice some kind of art.

Regarding theatrical approaches, the trainer used different improvisation exercises, along with dancing and communicating in a theatrical way. As mentioned before, participants enjoyed the dynamics between them, promoted by these theatrical exercises. They discovered a new way of interaction and communication and really enjoyed the freestyle.

In what concerns the things they could do at home or at work, participants mentioned they could integrate some photography activities in their daily schedule, the music exercises with playlists on different themes and moods, which can be played anywhere, anytime, and drawing exercises, which they already had as homework.

When asked if they would like to participate in similar programs that involve working with art therapy on different themes and emotions, they responded positively, saying that they would enjoy similar workshops and interventions.

You can better observe and understand the way participants relate to art by reading the quotes presented in the table below:

Table 6: The way participants relate to art

Themes	Quotes	Participants' characteristics
Appreciation of art	<i>"I've always grown up in an artistic environment ... I somehow find my salvation in art."</i>	Female, aged between 19-24 old-Freelancer Digital Marketing
	<i>"I have not practiced art, but I am a big consumer of all types of art, I have never weighed the burnout with art."</i>	Female, aged between 31-35 years old, Project Manager
Photography	<i>"I think the photography part would be a good thing for me to integrate in my life. I really liked the idea of telling a story somewhat, maybe to be like a daily topic so I could have that moment when for 5-10 minutes I only do that, I won't care about anything else no matter what happens."</i>	Male, aged between 25-30 old, Test Analyst

Themes	Quotes	Participants' characteristics
Music	<i>"The other day I created a playlist with rock music, being inspired by the other playlists I had and it was absolutely fantastic."</i>	Female, aged between 19-24 old-Freelancer Digital Marketing
	<i>"Likewise, I liked the playlist, which made me think about what kind of music I listen to when I'm in a certain state, that's how I looked at it and this idea that the state I'm in can start from music, but also music can come from a state, I mean, by the simple fact that you change the music you can change the whole mood somewhat."</i>	Male, aged between 25-30 old, Test Analyst
Drawing	<i>"I'm so glad I drew and in the end I realized that maybe I will continue with this thing, so yes, I discovered a few new things."</i>	Male, aged between 25-30 old, Test Analyst
Theatrical approach	<i>"I never thought that acting is so hard, so many techniques are hidden behind the games that seem easy."</i>	Female, aged between 46-55 old, Medical Biologist
	<i>"When I came here and saw that we were dancing, it was extraordinary, I don't know if people expected to dance honestly."</i>	Male, aged between 25-30 old, Test Analyst
Similar art exercises	<i>"The fact that you can solve a thing without necessarily doing it in the classic way is something, I also do therapy, which helps me, of course it helps me a lot, but this is a thing where I know I feel very good, it's a social thing, it's a thing where I can discover certain pleasures that I can have or certain hobbies that I could work on, I can discover certain things about myself without doing that mental work."</i>	Female, aged between 25-30 years old, Team Lead
	<i>"I would definitely participate in any other program related to these topics, to art therapy, emotions, I would even participate in the same program once again."</i>	Female, aged between 36-45 years old, IT specialist

Source: performed by the authors

Participants' results (quantitative phase)

As was mentioned in the methodology section, the aim was to measure the burnout rates and well-being rates before and after the cultural prescriptions intervention. In the following table we defined the profiles of each participant and the scores for different indicators of well-being before and after the intervention.

Table 7: The participants' profiles and the well-being indicators before and after the intervention

Code	1	2	3	4	5	6	7	8	10	11	12	
Job	QA engineer	Project manager	Team lead (QA)	Designer	Special education teacher	Student and volunteer	Medical biologist	Freelancer - digital marketing	Computer scientist	Programmer	Test analyst	
No. of years working on current job	2	10	5	2	-	-	20	1	2	5	2	
Gender	Male	Female	Female	Male	Female	Female	Female	Female	Female	Male	Female	
Age	25-30 years	31-35 years	25-30 years	31-35 years	36-45 years	19-24 years	46-55 years	19-24 years	36-45 years	36-45 years	25-30 years	
Marital status	In a relationship	In a relationship	In a relationship	Married	Single	In a relationship	Married	In a relationship	Married	In a relationship	In a relationship	
Level of education	Bachelor degree	Master degree	High school studies	Master degree	Master degree	Bachelor degree	Master degree	Bachelor degree	Master degree	Bachelor degree	Bachelor degree	
Income	>6000 RON	3001-4500 RON	>6000 RON	>6000 RON	4501-6000 RON	-	3001-4500 RON	1500-3000 RON	3001-4500 RON	>6000 RON	1500-3000 RON	
Smoking	No	No	Yes	No	No	No	No	Yes	No	No	Yes	
Dieting	Yes	Yes	No	No	No	No	No	No	Yes	No	No	
Physical activity	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	
Medical condition diagnosis	Yes	No	Yes	Yes	Yes	No	No	No	-	No	Yes	
Cultural consumption scale	31	31	36	27	27	38	26	27	44	38	30	
Burnout scale	Pre	95	88	88	89	84	90	103	98	93	81	87
	Post	48	57	86	58	56	73	55	60	44	66	58
Well-being index (PGWBI-S)	Pre	7	11	5	10	14	8	4	11	9	17	12
	Post	24	18	13	17	19	14	21	18	27	17	19
Resilience scale (CD-RISC2)	Pre	7	7	6	8	5	3	-	3	5	5	5
	Post	8	6	6	7	6	5	6	5	6	6	6
Positive experiences (SPANE-P)	Pre	17	14	8	21	17	18	14	14	24	15	15
	Post	30	21	18	24	22	21	24	22	30	20	20
Negative experiences (SPANE-N)	Pre	22	17	24	21	17	22	19	22	18	17	21
	Post	30	20	16	20	23	19	22	23	28	22	23
Overall experiences (SPANE-B)	Pre	-5	-3	-16	0	0	-4	-5	-8	6	-2	-6
	Post	0	1	2	4	-1	2	2	-1	2	-2	-3

Source: performed by the authors

For all the participants, the burnout level decreased from high level (76-125) to medium (51-75) or low level (35-50). 9 out of 11 people had medium burnout level after the intervention and 2 people had low burnout levels.

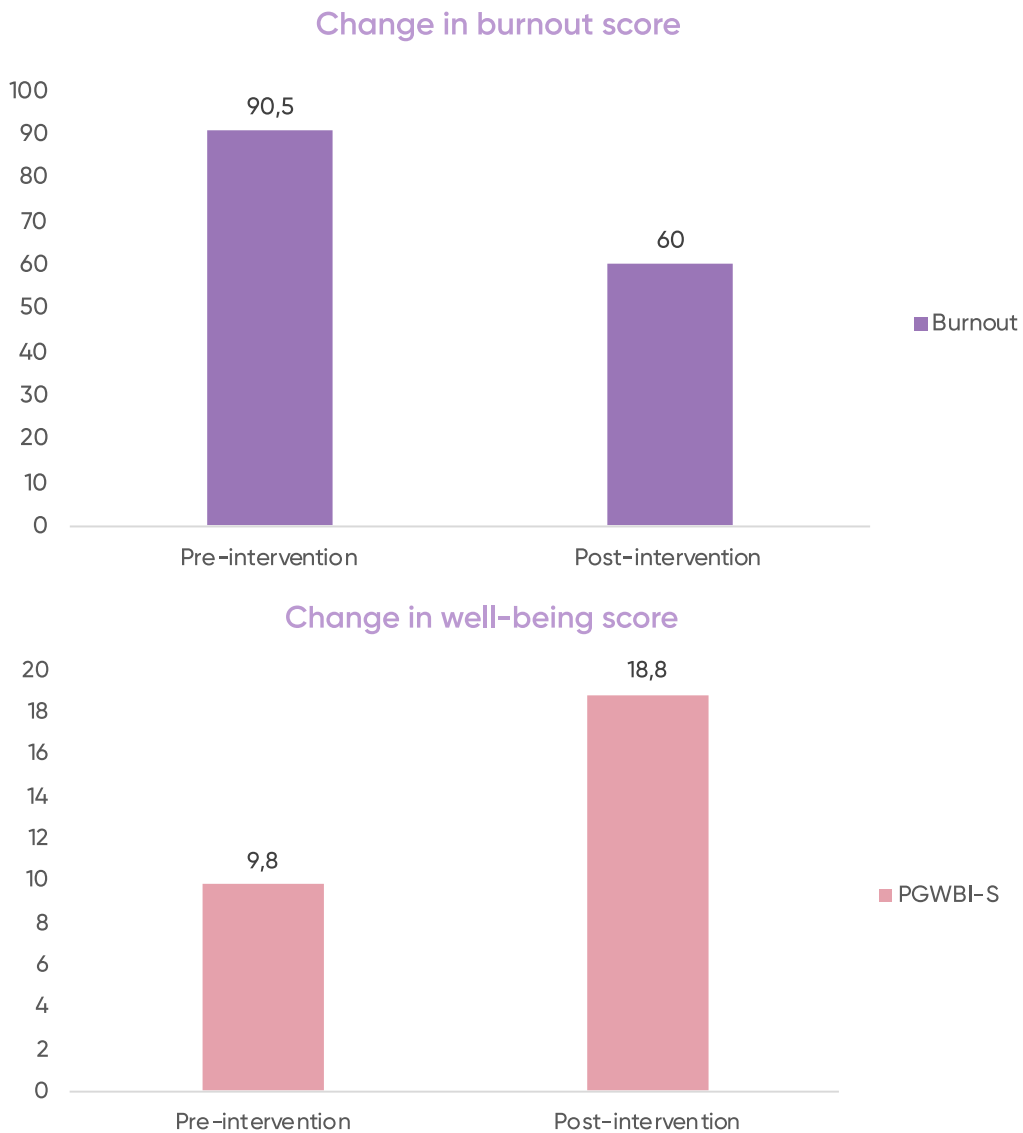
Comparison between pre-intervention and post-intervention

Four out of the six measures have reached statistical significance and provided evidence for the effectiveness of the intervention in improving well-being. There was a significant difference between:

- pre-intervention burnout score (M = 90.5, SD = 6.3) and post-intervention burnout score (M = 60.0, SD = 11.5); $t(10) = -6.7, p < .000$ – **the mean burnout score was reduced by over 30 points after the intervention;**
- pre-intervention PGWBI-S score (M = 9.82, SD = 3.8) and post-intervention PGWBI-S score (M = 18.8, SD = 4.0); $t(10) = 5.1, p < .000$ – **the mean well-being score nearly doubled after the intervention;**
- pre-intervention SPANE-P score (M = 16.0, SD = 4.1) and post-intervention SPANE-P score (M = 22.9, SD = 3.9); $t(10) = 7.1, p < .000$ – **the positive experiences score increased by almost 7 points;**
- pre-intervention SPANE-B score (M = 3.9, SD = 5.5) and post-intervention SPANE-B score (M = 0.5, SD = 2.1); $t(10) = 2.6, p < .05$ – **the SPANE-B score increased by over 4 points, which translates into a higher proportion of positive experiences.**

In other words, after the intervention, **the participants tended to experience a lower level of burnout, a higher level of well-being, a higher number of positive experiences, and a higher proportion of positive experiences compared to negative experiences. Overall, all participants reduced their burnout score and almost all of them improved from a high level of burnout to a medium (n = 9%) or low level of burnout (n = 2%).**

Figure 4: *Burnout score & Well-being score*



Source: realized by the authors

All participants who took part in this research entered the intervention with high levels of burn-out and low levels of well-being. During 7 weeks, they participated weekly in a 2-hour session of an art inspired well-being intervention that aimed to help them better express and manage their thoughts and emotions related to burnout. They took part in all sorts of art exercises, such as acting, improvising, dancing, listening to music, drawing, during the sessions and also at home doing their homework. Participants stated that they felt safe and comfortable with each other and with the trainer, so they enjoyed participating in the exercises and they were able to learn new ways of managing their stress. They were even able to transpose in their daily routines some of the techniques they learned, in order to benefit from the positive outcomes of the intervention. Also, participants mentioned that the social context of the intervention program helped them the most in managing their stress problems. **After the intervention, the participants' levels of burn-out lowered, while their well-being scores were higher.**

Conclusions

Burnout is a contemporary condition and its consequences on both physical and mental health are real and important. People who struggle with burnout can have a lower quality of life, directly because of their symptoms, and indirectly because their symptoms interfere with their work so these people are prone to job absenteeism or even job loss, which means economic losses (Awa et al., 2010).

This pilot project used art techniques, specifically theatrical exercises, drawing and music, to manage burnout symptoms in a group of 11 people. Based on burnout literature and previous interventions, a specific art intervention was initially proposed in order to explore the potential of arts to influence the burnout rates. This proposal of art intervention was constantly adapted and customized on beneficiaries needs during the implementation phase. After 7 weeks of intervention, participants that came in with burnout problems showed signs of improvement. This aspect was quantitatively analyzed by Maslach Burnout Inventory screening tool before and after the intervention, and qualitatively by a focus group with the participants and the Art & Well-being specialist, after the intervention.

The results provide information, both in a quantitative way, but also in a qualitative manner, on the impact of such interventions on an individual's burnout rates and well-being. The quantitative analysis indicates **that all of the participants experienced high levels of burnout before the intervention and they had more negative experiences than positive ones. After the intervention, the participants tended to experience a lower level of burnout, a higher level of well-being, a higher number of positive experiences, and a higher proportion of positive experiences compared to negative experiences. Overall, all participants reduced their burnout score and almost all of them improved from a high level of burnout to a medium (n = 9%) or low level of burnout (n = 2%).**

These results are better explained by the qualitative analysis. According to the qualitative phase, people transitioned from a fixed mindset to a more mindful one, from dysfunctional behaviors to useful ones and from negative dysfunctional emotions to negative functional or even positive emotions and moods. Participants mentioned they experienced negative emotions and states, such as anxiety, depression, irritability, before the intervention, but after the intervention they developed a more balanced perception about their problems, transitioning from a dysfunctional way of thinking and acting to a more functional one. Therefore, they started to feel better and more content with their work and way of being.

Considering the differences between before-intervention assessment and after-intervention assessment, burnout scores were reduced, and it seems that the art intervention helped participants manage their burnout-related emotions. Moreover, well-being scores nearly doubled after

the intervention, which means that participants started to feel better at the end of the program.

The results of this research are also consistent with a previous study, that provided evidence for a group-based, participatory burnout intervention that influenced the levels of burnout (Le Blanc et al., 2007). The qualitative results indicated that the group setting had an important role in providing positive results. People felt comfortable and energized in the group due to the specific exercises provided and most importantly they appreciated the social context offered by the group. The dynamics and the communication between participants helped them immerse in exercises and lose stress and detach from their worries.

In conclusion, this art inspired well-being intervention for burnout problems looks like an efficient intervention with the potential to help more people who are facing stress issues related to their jobs.

Research limits & future directions

One limitation of this research is the inclusion criteria. Participants were chosen to take part in the intervention after they completed a questionnaire that assessed their level of burnout. Besides burnout, some participants seemed to have and to manifest symptoms of anxiety and fear during the intervention. The fact that another mental health issue was present could have interfered with the results.

So, as a future research direction, we could use more specific inclusion and exclusion criteria in order to accurately work with a specific issue and not overlap with other problems.

Another future direction would be introducing a follow-up step, that assesses changes after 3, 6, 12 months. This is essential in order to draw a strong conclusion about the efficacy of this particular burnout intervention program.

Another recommendation for future studies would be to use a control group with the same characteristics as people included in this study and to also measure the level of burnout for this group of people who are not participating in a similar project.

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