

Art as Therapy. Reducing Symptoms of Burnout Syndrome Among Healthcare Personnel in Hospitals by Means of Artistic Interventions

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Abstract: The COVID-19 pandemic has had a major social and cultural impact, to such an extent that *coping with everyday life* has become synonym with exhaustion and anxiety. Highly present among the jobs that require exposure to a risky and challenging working environment, the *burnout syndrome* has affected different micro-communities – one of the most vulnerable being that of healthcare workers. Daily exposure to the risk of infection, extended hours, the absence of resources and the battle with a virus whose evolution and lifespan are impossible to estimate have affected the mental health of the medical personnel. The study carried out in 2021 at “Dr. Victor Babeş” Hospital in Timișoara – where hospital administration aimed to assess the level of exhaustion of their staff – showed that 56,37% of respondents had either a *medium or high burnout level*, 55,88% felt *emotionally exhausted*, 67,16% had a *high stress level* and 64,22% were experiencing *concernment*. Having identified their needs, the 9th edition of the socio-cultural intervention *Art therapy by Create.Act.Enjoy* (2021) – produced by the Create.Act.Enjoy Association in Romanian hospitals – focused on implementing artistic activities that contribute to diminishing the symptoms of burnout syndrome among medical personnel. Based on specific performing arts methods, the intervention was carried out by professional actors, experienced in using art as therapy. In the nine years since its foundation, *Art Therapy by CAE* became a unique intervention, participatory, assigned to the public health service, being motivated by the fact that well-being is the result of a well-balanced mental and emotional state – besides financial satisfaction – and a social life that enables access to culture.

The paper analyses the impact and the outcome of the intervention among the medical staff in six hospitals from two perspectives:

qualitative: methodology, creation and implementation;

quantitative: the result of the study *The impact of artistic interventions on healthcare workers in Romania during the COVID-19 pandemic*, created by Create.Act.Enjoy and Cluj Cultural Center.

Keywords: hospital, burnout, therapy, art, participatory

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Under the influence of the COVID-19 pandemic, the last two years have had a major social, cultural, and economic impact, to such an extent that *coping with everyday life* has become synonym with exhaustion and anxiety, leaving us feeling that day-to-day activities are overwhelming. *The burnout syndrome* – defined as a feeling of exhaustion, being present especially among people that work in risky and physically challenging environments – affected many micro-communities, the healthcare system workers being the most vulnerable (such as doctors, nurses, caretakers, stretcher-bearers or non-core personnel and administrative staff). It is necessary that we take urgent measures to counter the consequences of burnout. The life quality of those working in hospital units needs to be immediately improved, for the healthcare system to operate under optimal parameters. Moreover, these strategies need to include proper prevention plans, considering this phenomenon is highly increasing.

The effects of burnout syndrome on medical employees

Daily exposure to risks of infection, prolonged work schedules, little or non-existent resources, facing unknown elements such as a continually evolving virus and a pandemic duration impossible to predict and, in many cases, social stigma, have affected the mental and physical health of those working in hospitals. Helplessness, hopelessness and lack of motivation are consequences of burnout syndrome, caused mostly by prolonged exposure to stress factors. Other symptoms may include constant lack of energy, a high level of angst and, concurrently, a predisposition to conflict, coupled with the permanent need to lay down. Physical symptoms include back aches, headaches, insomnia, lack of focus and, sometimes, a low appetite (Queen&Harding, 2020). According to the World Health Organization, *the burnout syndrome* is defined by three main aspects: *exhaustion*, experienced at a mental, emotional and physical level; *depersonalization*, that causes a cynical or negative attitude towards work or coworkers; *lack of personal fulfillment*, accompanied by feelings of uselessness, a decrease in productivity and diminishing faith in oneself.

In modern society, *the burnout syndrome* became one of the main concerns when discussing mental health and, if left untreated, it is especially more dangerous to those who work in the healthcare system, because its negative effects would be transmitted from the medical personnel to the patients, transforming the latter in victims of the poor medical treatment, the increasing malpractice cases, or medical errors (Patel et. al., 2018). A research carried worldwide in 184 hospitals from 45 countries during the last wave of the pandemic, showed that 56% of the respondents suffer from an increased level of emotional exhaustion, 48.9% suffer from depersonalization disorders, while 38% of them are affected by the decrease of the personal satisfaction level (Orrù et. al., 2021). Romanian Association of Psychiatry and Psychotherapy mentions a research carried out in 12 EU countries which showed

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that 43% of the doctors suffer from emotional exhaustion, the burnout level among the medical staff in France is at 42.4%, in Germany is at 48.7%, while in Great Britain, one out of three doctors show burnout syndrome symptoms.

Until recently, only two studies regarding the professional stress level among the healthcare personnel from Romania have been carried out. One of them has been realised in the April-August 2017 timeframe by the Romanian College of Physicians in Bucharest, based on internationally accredited forms – Copenhagen Burnout Inventory – which measures the levels of the personal, professional, and patient-interaction burnout, showing that 55% of the doctors in Bucharest are affected by the personal burnouts, 52% by the professional burnout, while 36% suffer from the patient-interaction and 24% are affected by all three. Another relevant study was the result of a pilot psychological evaluation project, carried out in the February-March 2021 timeframe, at the Dr. Victor Babeş Infectious Diseases and Pneumology Clinical Hospital in Timișoara, that evaluated the level of exhaustion of the medical staff. The results showed that 56.37% suffer from a medium to a high level of burnout, 55.88% feel emotionally fatigued, 67.16% complain of a high stress level and 64.22% feel worried due to the lack of sleep and insufficient personal time. Also, an increase of anxiety with 34.8% has been found following the research¹. An attending of the same hospital, working both in the ICU and COVID ward, committed suicide because of *physical and psychological stress* in less than a week of the article's publication.

Reducing the burnout syndrome symptoms through art

The rapid increase of the cases, in the last period, and the *burnout effects* being more and more visible, affecting the *well-being* of the medical staff, envisages immediate adoption of measures, as well as creating treatment and prevention strategies on short, medium, and long term. In the past few years, the improvement of the life quality and mental health has been an important item on the World Health Organization's agenda, due to the beneficial effects of the art-health relationship. A set of creative activities have proven to be effective so far, regarding the prevention process of *burnout syndrome*. Singing or musing listening sessions, dancing, performing arts or active participation in arts and crafts activities – they all contribute to a better stress management and self-awareness. (Fancourt&Finn, 2019). Also,

¹ “The study showed what, unfortunately, I suspected when, together with my colleagues, I decided to carry out this project, unique in Romania – a high level of professional and personal exhaustion. Which leaves deep scars. We could not take too many days off in the last year, although all of us needed it. How could we have left when the wards were full and when the people were suffering? These things marked every stage of this pandemic. And we are not talking only about a low-quality life in the hospitals, it affects every aspect of our life.”, says Dr. Cristian Oancea from Dr. Victor Babeş Infectious Diseases and Pneumology Clinical Hospital.

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music therapy, meditation or discussions inside a support group have produced great results regarding the treatment of the *burnout syndrome*.

Founded in 2013 in Cluj-Napoca, the Create.Act.Enjoy Association is actively contributing to defining the independent culture-making in Romania through socio-cultural interventions, non-formal education workshops, creative, arts and entertainment activities (performances, installations, theatre performances), art therapy and video and cinematographic production – all of these contributing to the concept of *well-being* through a direct interaction with art, non-formal education among young audiences and a continuous search for a definition of an active cultural worker's involvement in the life of the community². The socio-cultural intervention *Art Therapy by Create.Act.Enjoy* (2012-2021), in collaboration with over 30 representatives of the public and private sectors, became the largest action of this kind in Romania, through its complexity, sustainability and artistic approach. During the last nine editions, the team of Create.Act.Enjoy, along with collaborating artists and voluntaries, engaged with over 60.000 beneficiaries (patients, visitors, medical personnel, administrative and non-core staff) in hospitals, similar undertakings and specialised ambulatory care units from Cluj-Napoca, Alba Iulia, Râmnicu Vâlcea and Zalău.

The main problem to which Create.Act.Enjoy tried to answer over their nine years in the domain of art therapy is the poor well-being quality among the patients, as well as the medical and non-core staff of state hospitals, a problem which has intensified since 2020, due to the complexity of the health crisis caused by the COVID-19 pandemic. Thus, *Art Therapy by Create.Act.Enjoy* (2021) focused on implementing artistic activities that would contribute to diminishing the *burnout syndrome* symptoms, physical exhaustion and increasing stress relief. The intervention conducted by professional actors experienced in art therapy, based on exercises and specific performing arts work methods, was direct and participatory. The impact of the whole process was measured by Create.Act.Enjoy with the help of Cluj Cultural Center and the Public Health Department of the Faculty of Political, Administrative and Communication Sciences (UBB), and results will be published in the beginning of March 2022, in the study *The impact of artistic interventions on medical staff in Romania in the context of the Covid-19 pandemic*.

During the *Art&Well-being* program³, in the autumn of 2020, Cluj Cultural Center has implemented in Cluj-Napoca the *Cultural prescriptions for burnout*

² According to <https://createactenjoy.com/>.

³ According to <https://art-wellbeing.eu/>.

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project⁴ through which eleven people showing symptoms of *burnout syndrome* have benefited from a series of creative activities over seven workshops with weekly frequency. Create.Act.Enjoy implemented the proposed creative activities that were created through a collaborative process between artists and public health researchers. Based on themes like identifying and understanding our emotions, listening, trust, spontaneity, restoring motivation, criticism, and self-criticism, the seven workshops were interdisciplinary – inspired by theatre, music, dance, cinematography, and photography. At the end of the intervention, the participants' *burnout score* decreased from 90.5 to 60, while the *well-being score* increased from 9.8 to 18.8.⁵ The full results are published in the study *Overcoming Burnout through Arts: A pilot project of Cultural Prescriptions*⁶.

Considering the promising results of *Cultural prescriptions for burnout*, Create.Act.Enjoy carried the initiative further in 2021, integrating and adapting it in *Art Therapy by Create.Act.Enjoy* project. This new form has been specially designed to support the staff of the hospitals in Cluj-Napoca and Zalău and help them fight the exhaustion and stress caused by work during the COVID-19 pandemic. The intervention has been conducted in six hospitals – the County Clinical Hospital Zalău, the Dr. Constantin Papilian Military Emergency Hospital Cluj-Napoca, the Clinical Hospital for Recovery Cluj-Napoca, the Dr. Octavian Fodor Regional Institute of Gastroenterology and Hepatology Cluj-Napoca, the Municipal Clinical Hospital Cluj-Napoca, the County Emergency Clinical Hospital Cluj-Napoca. There have been nine creative workshops in total, with the duration of two hours each. The sessions were coordinated by Diana Buluga (actress, the Create.Act.Enjoy Association) with the participation of the actors Paul Sebastian Popa, George Sfetcu and Ioana-Maria Repciuc. The beneficiaries of the workshops were ninety-three healthcare workers, divided in groups of eight to fourteen participants. The activities focused on finding solutions on both an external level – work *environment and cohabitation* and an internal level, as well – the state of *well-being*, had the purpose to stimulate the participants' capacity of expressing their emotions, diminish the anxiety symptoms, increase the level of self-confidence, contribute to emotional intelligence developing and finally, to restore the trust in their teams and communication among co-workers,

⁴ Intervention model based on art techniques, through which people suffering from various ailments are given support in order to better understand and manage their emotions. The method was implemented for the first time in the UK and the Nordic countries.

⁵ The instrument used for pre- and post-intervention measurements was Maslach Burnout Inventory, a psychometric tool specially designed to measure burnout or occupational stress (Belcastro et al., 1983).

⁶ The comprehensive study, which includes both quantitative and qualitative results: <https://art-wellbeing.eu/research-burnout/>.

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affected by the safety regulations – physical distancing, wards delimitations or hazard suits. The approached themes were as follows:

- *Identifying, accepting, and dealing with emotions* – the undertaking and awareness of one's emotions, ways of identifying other's emotions, emotion exteriorization and relief techniques.
- *Listening and trusting* – the training of visual and auditory attention, *here and now* exercises, inspired by stage presence techniques used by professional actors, trust exercises, managing the need to always be in control.
- *Criticism and self-criticism* – creating and acting situations based on reality and the participants' experiences, discussing, and analysing the above-mentioned situations.

The results of the study

The participants' eligibility criteria were the hospital employee status, the availability of taking part in the workshops and the will to be part of the research that followed. The process of collecting the data involved two survey forms for each participant – before and after the intervention. The Maslach Burnout Inventory⁷ was used to evaluate *the level of burnout*. Following the intervention, the following quantitative changes were observed:

- Zalău – Emergency Clinical Hospital (42 participants)

The scores that measured the *burnout level* decreased with almost 3 points following the intervention. Thus, during the pre-intervention evaluation (M=49.69, SD=12.01), the lowest score identified was 17 and the biggest was 80, while the lowest score identified during the post-intervention evaluation (M=46.48, SD=13.88) was 9 and the biggest was 72 – there's a substantial difference between the minimum scores of the two evaluations, which means the burnout levels of some participants dropped after the intervention. As for the *positive experiences* of the participants, measured on SPANE-P scale, an increase with 2.29 points (M=21.52, SD=6.06) could be observed, in comparison with the initial evaluation (M=23.81, SD=3.70). Regarding the participants *resilience*, the scores of the two evaluations were tight, with a difference of just 0.32, which suggests that their resilience levels maintained a steady position (the levels were high before and after the intervention).

- Cluj-Napoca – Dr. Constantin Papilian Military Emergency Hospital, the Clinical Hospital for Recovery, the Dr. Octavian Fodor Regional

⁷The tool has been used for a long time in stress research and includes 25 elements focused on three major dimensions of measuring emotional exhaustion, depersonalization, and personal fulfillment (Poghosyan et al., 2009).

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Institute of Gastroenterology and Hepatology, the Municipal Clinical Hospital, the Emergency County Clinical Hospital (51 participants)

The *burnout levels* measures showed a 4.2 decrease following the intervention. During the pre-intervention evaluation (M=49.51, SD=13.13), the lowest score was 28 and the biggest was 84, while the post-intervention evaluation (M=45.31, SD=12.95) showed a bottom score of 23 and a high score of 86. As for *the positive experiences*, an increase of 1.79 points on SPANE-P subscale could be noticed. *The general psychological well-being*, measured on PWGBI scale, showed an increase of 1.19 points since the first evaluation (M=21.39, SD=4.74), compared to the evaluation after the intervention (M=21.39, SD=4.26). The *resilience* score increased slightly with 0.41 points pre-intervention (M=6.84, SD=1.54).

Even though the post-intervention scores did not record major changes, they demonstrate, most importantly, the immediate impact of the activities, conditioned by the limited number of workshops. On a long term, developing this intervention recurrently could be beneficial to participants, continuing the proven ascending trend.

Complementary methods of integrating art in the healthcare sector

In addition to activities involving the active participation, several complementary actions based on methods of using art may support hospital staff, through interventions on hospital premises.

Emotions are not only expressed but also learned through the body. [...] Bodies are necessarily situated in space, and they bear the imprint of the spaces they are moving through. Mediated by the body and its senses, different spaces become linked to different emotions. (Margarit Pernau, *Space and Emotion: Building to Feel*)

This theory strengthens the principles of *environmental psychology*, which studies the relationship between the individual and his environment, whether natural or artificial. The environment has an impact on human experience, behaviour, and well-being, and it is necessary to enhance the factors that contribute to these aspects, as well as encouraging actions that contribute to the creation of such environments. (Linda Steg et. al., 2013).

In the United States, doctors and patients benefit from green spaces on hospital premises, called Healing Gardens, which contribute to the reduction of stress and exhaustion levels that medical staff experience daily (Claire Cooper Marcus). Although in Romania this aspect has not attracted the attention of the authorities, nor the management teams in hospitals, the COVID-19 pandemic and the studies carried out over the past two years make it a priority to be considered in the future, since

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hospital buildings in the country are, in most cases, old or very old⁸. For Create.Act.enjoy, one of the sustainable solutions proposed to partner hospitals consists of interventions on their existing spaces – the conversion of rooms to spaces dedicated to art or occupational therapy, photo exhibitions on hospital corridors, interactive drawings located in the hallways, bookshelves located in the wards, TVs running educational materials in waiting areas, *creative spot* art installations and, more recently, the rehabilitation and redevelopment of yards, with the aim of creating green spaces for relaxation for both medical staff and patients, that would improve the working and cohabitation environment, contributing to a better quality of the medical act.

Conclusions

The effects of *the burnout syndrome* among healthcare personnel are a problem that affects both the quality of life and the ability to put diagnostics and to treat patients. Immediate measures and strategies are necessary to address the symptoms and to prevent them. One of the forms that could provide satisfactory results is obtained by integrating art into healthcare sector.

Compared to the pilot intervention *Cultural prescriptions for burnout* (2020), which addressed only people with a high level of *burnout*, the artistic interventions carried out in hospitals in Zalău and Cluj-Napoca included medical staff, without assessing the degree of *burnout* prior to the intervention. Therefore, the decrease of the burnout level was clearer within the intervention carried out in 2020, compared to the one carried out in hospitals. The framework for artistic interventions in 2021 was that of hospital facilities, while in 2020 the space used was a multi-purpose hall with elements of urban design, different from the workplace of the participants. However, the main difference between the two interventions is the recurrence of the above-mentioned activity. In the case of workshops developed over several meetings, the quantitative results were more visible, and participants' level of trust and expression freedom were increased. This observation resulted from the participants handling the coordinator's requirements, highlights the fact that they need time to get familiar with the working method and they need to feel safe to express in front of their colleagues. Also, recurring meetings allow the resumption of exercises for a better understanding of how they contribute to their well-being. In addition to reducing stress in the work environment, a recurrent implementation of the intervention and a greater focus on the proper working areas of the health professionals could also respond to other needs

⁸ For example, two of the hospitals in which the Create.Act.Enjoy Association conducts *Art Therapy by Create.Act.Enjoy*, were established in 1978 (Clinical Recovery Hospital), respectively in 1978 (Emergency County Clinical Hospital), none of the buildings being initially provided with recreation areas or spaces intended for alternative therapies.

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signalled – a better collaboration between colleagues, the increase of trust among colleagues, the increase of the listening ability, the increase of empathy and acceptance.

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