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Introduction

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

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

Art Therapy-Based Approaches for Work-Related Stress

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

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

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

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

Huet (2015) concluded that whilst there was evidence of a growing interest within art therapy in engaging with empirical research methods, the need remained for robust studies to

develop theoretical underpinning and evaluate the effectiveness of art therapy as an approach to lessen work-stress.

Rationale for the Study

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

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

Research Questions

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

1. How do participants experience art-viewing and art-making as elements of the approach?

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

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

Methodology

Epistemology and Design

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

Participants

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

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

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

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

Measures and Materials

As this study aimed to identify processes at play within the intervention, individual semi-structured interviews (Figure 1) were used to allow for a flexible exploration of participants' experiences (Kvale, 1996). Pre-group interviews aimed to capture information in

three different domains: work-related issues, including work history, work-stress and job satisfaction; personal history with art; awareness of art within the workplace. Post-group interviews aimed to gather participants' views on three domains: thoughts and feelings about the process, experiences of using art and reports of any changes attributed to participation in the process.

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

A quantitative self-report measure was administered, the Professional Quality of Life (ProQOL) scale (version 5, Hudnall Stamm, 2009), which has high validity and reliability (Hudnall Stamm, 2010), to assess Burnout, Secondary Traumatic Stress and Compassion Satisfaction (job enjoyment). It is "user-friendly", not time-consuming and participants could self-score if they wished. Participants were asked to fill in ProQOL questionnaires on four occasions: at the first individual interview, in between each group session and at the post-group interviews (Figure 1). Its purpose was case-based data triangulation, but the scores were not indicative of high initial stress levels and are only reported briefly here, the focus being on process rather than outcome.

Procedures

Ethics procedure. The protocols for the pilot study and for subsequent sites were approved by the relevant ethics committees, including an NHS Research Ethics Committee and Canterbury Christ Church University Applied Psychology Research Ethics Panel.

Overall procedure. In each site, participants were offered three group sessions, delivered on a monthly basis (see Figure 1).
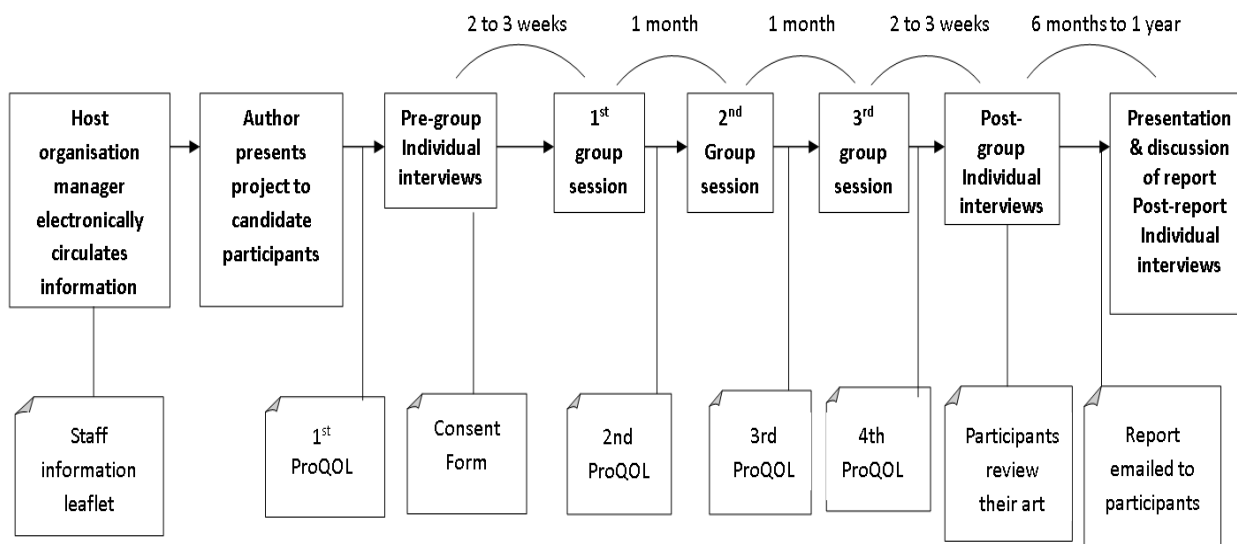

Figure 1. Overall procedure in each site.

Each session was held within work sites, had three phases and lasted 90 minutes

- viewing and discussing artworks exhibited in the workplace (30 minutes)

- art-making by participants as a response to the previous discussion (30 minutes)

- viewing and discussing artworks made by participants (30 minutes)

Before each group session, two to three art works were selected by the first author and the curator from Paintings in Hospitals (PiH), a charity whose works were used in the pilot site and first two sites of the study (the last site had its own art collection). Artworks were included if they offered a potential for visual discovery (seeing more as one looks) and a suggestion of different layers of meaning and interpretation. Artworks included both figurative and abstract two-dimensional works in a variety of media: oil and water colours, silkscreen printing, photographs and collages (there were no three-dimensional works). Selection of

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artworks was also influenced by other considerations, such as suitability of display area for small group discussion if within a waiting area for patients.

In line with Huet (2011: 2012), the PiH curator (or the first author, an art therapist in the curator's absence) introduced each piece with biographical details of the artist, information on techniques used and contextual information. This introduction aimed to facilitate the engagement in and enjoyment of art-viewing (Leder, Belke, Oeberts & Augustin, 2004; Russell, 2001). Professional jargon was avoided: Participants were asked to set aside feelings that lack of art expertise prevented them from having reactions to images that were worth sharing. They were encouraged to develop playful associations from the artworks and then to identify and reflect on any potential links with work-related issues.

Similarly, art-making was introduced as an activity that participants could engage in, regardless of previous experience. Art materials available were easy to use (felt tips, colouring pencils, dry pastels, etc.) and included collage material (magazines, pipe cleaners, colourful tissue paper) that facilitated engagement for many non- artists.

The discussion of artworks was described as a time for participants to feed back on their experiences of the process and share thoughts and feelings about work issues that may have been explored in the session.

Data Analysis

Interviews and group sessions were audio-recorded and transcribed by the first author as closely to the recording date as possible. A data-driven inductive thematic analysis (Braun & Clarke, 2006) was used to analyse the transcribed content as "(…) a method for identifying, analysing and reporting patterns (themes) within data." (p. 79). Braun and Clarke (2006)'s six steps were followed: familiarising oneself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; producing the report.. Although thematic analysis can be conducted within several theoretical frameworks, researchers need to

explicitly acknowledge their choice of epistemology as a significant influence on their decision-making process and conduct "an on-going reflexive dialogue (…) with regards to these issues, throughout the analytic process" (p. 82). Therefore, the first author attempted to maintain an on-going reflective stance (Fischer, 2009) and self-awareness (Drew, 2004) by writing a research diary and reflecting on emotional processes during supervision with the second author. The first author also sought continuous peer supervision from an experienced colleague and arranged several consultation sessions with an external senior consultant.

 Code titles were chosen to reflect the content of the units of coding. A reiterative process of checking coherence and internal consistency within code content and between content and title was used throughout the analysis, as well as checking back repeatedly with data. The codes and themes of the thematic analysis were revised between six to eight times by the first author and further reviewed twice by the second author and an art therapist peer reviewer.

The questionnaire scores were compiled manually using the self-scoring scales provided with the ProQOL.

Results

Analysis of Individual Interviews

Findings from pre-group interviews will be briefly described to help situate participants' opinions about work-stress, job satisfaction and relationship with art at the start of the process. Themes from the post-groups and post-report interviews will be reported in order to address the research questions. The ProQOL self-ratings will be commented upon briefly.

Pre-group interviews – situating the sample.

Reported sources of work-stress. Sources of work-stress had much commonality across the four sites: all participants commented on an increase in workload as a major source of work-stress and linked this to budget cuts. Poor communication within organizations was

also identified as a source of stress, as was the pace and depth of organizational change. An ensuing feeling of helplessness and loss of personal motivation was reported by some participants. Some identified problematic colleagues with negative attitudes as stressful.

Reported sources of job satisfaction. Sources of job satisfaction were also shared across the sites and related mainly to interactions with clients and carers. Participants' job satisfaction was particularly high if they received positive feedback from clients, colleagues or managers. Working with motivated colleagues also had a positive impact.

Involvement with art. Out of 20 participants, three reported active engagement in art activities at the beginning of the process, whilst others had no previous or current involvement with art-making, galleries or museums. However, all but one participant expressed an interest in learning more about art.

Themes from the post-group and post-report interviews.

In order to help clarify processes at play, art-viewing and art-making themes are presented separately. Contributions about art in general, which did not specifically address art-viewing or art-making, are then reported. Themes about work-stress follow.

Art-viewing themes. Sixteen themes on art-viewing were identified from post-group and post-report interviews (some found in both and some not) that indicated a positive experience (Table 1). For ease of reading Table 1, one site-specific theme was not included in the table: "Bland art works are not engaging" was found solely in the pilot site and will be discussed below.

In post-groups interviews, twelve themes were identified: themes 1 "Group setting of art-viewing was enjoyed" and 2 "Art-viewing was enjoyed" were found across all sites. Whilst theme 2 comprised participants' comments on aesthetic enjoyment of looking at the artworks, theme 1 encompassed a range of reasons why the group setting was enjoyed, including a chance to see colleagues outside work context, meeting new staff members and sharing

different views and interpretations of artworks ('P' is the abbreviation for Participant and numbers differentiate participants in each site):

I really enjoyed viewing artworks with people who I would not normally experience art with and there was a huge variety of perception relationship to the art, which I loved and it made me value the difference in people. (P1, children's charity).

Themes 3 "Viewing artworks facilitated communication" and 4 "Discussing artworks enhanced playfulness", although not found in all sites, also seemed linked to positive elements of viewing art in a group: in theme 3, comments included participants' opinions that viewing and discussing artworks enabled them to communicate thoughts and feelings otherwise difficult to verbalise, as the focus was not immediately on themselves or on work problems but on the images.

I think people were able to access and talk about quite deep stuff, their own feelings and responses to the paintings, and something that's quite difficult to talk about and share was being kind of shared. (P 1, hospice).

The playfulness of theme 4 brought an added dimension to the quality of communication as it included the enjoyable use of imagination.

I loved being able to play, I love and understand that we need different mediums to express our feelings, it was it was like being in a playground to me. (P2, hospice).

Theme 5 on "Engagement in art-viewing was enhanced" was found in all sites apart from the pilot site in both sets of interviews: participants reported engaging more actively with art at work, making time to stop and look at pictures.

I now definitely look a lot more when I am walking past certain pictures, coz I've been walking past them for years and not really taken an interest at all. (P1, hospital).

Theme 6 "Artworks became more meaningful" related mostly to artworks viewed in the groups and was linked to theme 5: participants reported memories of the groups

when seeing artworks discussed there and singling these particular images as holding more meaning, denoting a continuing emotional link with the process.

Theme 7 "Perception of artworks changed" was also connected to the group setting: some participants reported that other members' differing perceptions of artworks influenced their own and found this a positive process:

Because you hear other people say things about the pictures, it makes you think about them differently and in different ways as well. (P2, hospital).

Theme 8 "Discussing artworks introduced new insights into work" indicated that some new thinking about work issues was enabled during art-viewing.

I think one of the interesting things was hearing other people's stories because some of the things they were saying [about work] related very much to my position and made some things clearer. (P1, pilot site).

Other themes in post-groups interviews seemed more related to specific organizational context: theme 9 "Art-viewing enabled safe disagreement" originated in the children's charity site, amidst some staff conflict:

It [the process] was also a very safe way to do it [disagree] because basically we are talking about an image which is quite innocuous in a way and you can blame it on the image, so if you say: 'Oh I see this and that' or whatever, and think: 'Oh I am only talking about what I'm seeing in the image, this is not really about my thoughts and feelings', it's a very safe way of doing it. (P2, children's charity).

Theme 10, "Discussing artworks introduced personal topics", also in this site, reflected the connections that some participants made between artworks and personal life circumstances:

There's an association with a real trauma in my recent past, the death of a sibling and I hadn't realised that that had come out if it, I hadn't made the link, until I was

thinking about it a week or so afterwards and I thought: 'Oh Gosh, yeah! It's that! (P1, children's charity).

Theme 11 on "Art-viewing taken up" in the pilot site and the hospice reflected an enthusiastic response, shortly after the groups ended, from three participants starting an art appreciation course or visiting art galleries, attributing this to the process.

A last theme (not illustrated in table) "Bland artworks were not engaging" was identified in the pilot site and indicated that participants did not relate to artworks selected for perceived calming qualities but experienced as bland. The absence of this theme in other sites may indicate that subsequently, no such artworks were selected.

In post-report interviews, two themes recurred in all sites: theme 5 "Engagement in art-viewing was enhanced", denoted a longer term involvement in active art-viewing within the work setting; theme 6 "Artworks became more meaningful" indicated a continued emotional connection with artworks viewed during the process.

Every time I am wandering round the hospital, I often see pieces that we discussed and it brings back good memories of those times. (P3, hospital).

New themes were introduced such as themes 12 "Art-viewing helped lessen stress", 13 "Art-viewing gave space to stop and think" and 14 "Art-viewing enabled engagement in process" which included participants' views that having a protected space to explore artworks was valued as a way to counter daily rush and stress, which enhanced their engagement in the process. A new theme on "Discussing artworks was intimidating at first" (15) was identified at the hospice and reflected one participant's initial lack of self-confidence when hearing others' views.

However, theme 11 "Art-viewing taken up" included this particular participant amongst others at the hospice and the hospital who reported actively visiting art galleries as a result of the process.

Art-making themes. Art-making themes (Table 2) reflected the fact that this activity was experienced initially as more challenging than art-viewing by many participants, especially those with no previous art experience, as illustrated by theme 1 "Art-making was intimidating and frustrating":

> *Art-making was quite difficult actually. Much more difficult than I expected it to be because I know that I patently cannot draw and have no technical skills.* (P2, pilot site).

A common pattern was found in both sets of interviews: theme 2 "Feelings about art-making improved with time", present in all sites either in post-group or post-report interviews indicated that in most cases, feelings towards art-making changed positively, eventually allowing most participants to enjoy the process:

> *At first it was: 'Can't do anything in that time!' but actually I just got on with it [art-making] and it was quite nice.* (P2, hospital).

Theme 3 "Art-making was enjoyed" also reflected the fact that some participants enjoyed art-making from the start:

> *I had deprived myself of using art materials for a long time, so at first I felt a bit like a kid in a sweetshop, it was lovely!* (P2, children's charity)

Theme 4 "Engagement in art-making enhanced by group experience" related to participants who had re-connected with previous involvement in art-making as a result of the process, either immediately after the groups or later. This theme differed from theme 5 "Art-making taken up" when participants with no previous experience took up art-making in their own lives and attributed this, at least partly to the process. Theme 6 "Engagement in art-making remained active", found across all sites in post-report interviews reflected the fact that for many participants, this was a lasting outcome.

Theme 7 "Images revealed true feelings" reflected some participants' comments on

finding that their artworks mirrored back to them some uncomfortable thoughts and feelings about their work they had hitherto tried to avoid:

> *It brought up that I was feeling isolated definitely, I did not realise quite how much I felt it: even here [her image], I've put myself out of the way: it was the art that allowed me to bring it in the open.* (P3, hospice). See Figure 2.

Figure 2, P3, hospice

'Happy, smiley people' with participant's self-representation on the left 'solo, alone'.

Theme 8 "Art-making was safe to express true feelings" related to participants' comments that true emotions and challenging issues may be safely represented in the artworks as they are known only to the maker who may choose to cover these over or to not disclose to others their true meaning:

> *It's safe because you've not named what's going on.* (P2, hospice).

Theme 9 on "Art-making introduced personal issues" was identified solely in the charity and related to participants also connecting to personal life issues through art-making.

General Art Themes. These themes included data where art-viewing and art-making components were not specifically mentioned and were therefore more of a general reflection on

the whole process. Participants' reflections on the use of art (Table 3), indicated positive feelings towards it, the exception being theme 9 in the hospice where one participant found it difficult to engage in an art-based process. Theme 1 gathered participants' views that "art was central to engagement in the process".

> *I don't see how it would have worked as a verbal group to be honest, I think the art was absolutely integral to it.* (P2, children's charity).

Themes 2 "Art helped express emotions" and 3 "Art enabled thinking about feelings" were both identified in the pilot site and the hospice and seemed linked: art enabled the expressions of emotions at times strong and challenging, but also facilitated thinking about those feelings:

> *Art made you think how you were actually really feeling at that point in time* (P4, hospice).

Themes 4 "Art introduced playfulness" and 5 "Art introduced freedom of expression" originated from the hospice; were linked to experiencing the playfulness of art as a freer mode of expressions.

> *It [art process] gave me freedom to be creative, it enabled me to think beyond my conscious, it enabled the feelings to come out that I possibly was not thinking about.* (P2, hospice).

Art was also seen in the children's charity and the hospital as a medium that enabled true feelings to be revealed (theme 6).

> *I was really surprised at what I was articulating there. I suppose that my subconscious always kind of knew that but I do think it was quite funny how I was sort of thinking: 'God, where did all of that come from?' But actually it was all true!* (P3, children's charity)

Theme 7 "Art process was safe" was identified in the art-making themes (Table 2):

The art, I think it's kind of, what's the word, it's safe (…) it's a safe way of expressing

different views, or building on each other's views. (P1, children's charity).

Theme 8 "Group process needed to be longer" was identified in all sites in either or

both sets of interviews: some participants wanted more sessions, having found these helpful

and interesting. Participants also reported just getting used to the process when it ended and

felt they would have benefitted from more sessions. Theme 9 represented the views of one

hospice participant who had difficulties engaging with the art component of the process.

Summary. Analysis of data indicated that participants strongly related the expression

of their emotional themes to the use of art-viewing or art-making and saw the use of art as

central to having enabled their engagement in the process. Relational aspects of the experience

were most prominent in art-viewing, and emotional expression in art-making.

Themes relating the process to work-stress. Data indicated that the perceived impact

of the process on work-related stressors included a range of outcomes and these are illustrated

in Table 4 and outlined below.

Relief from isolation. This outcome was identified in the pilot site and the charity in

the post-groups interviews:

I didn't know where to go with this [participant's reaction to service changes] and to have

other people who were also feeling that's what's going on is shocking, it was great to be able

to share that and to hear that I was not the only person. (P2, pilot site).

Process gave time to think and process emotions. Some participants reported that

having time to think enabled them to feel clearer about emotions. This was experienced as

unusual and helpful: participants described that it was difficult to do so in their respective

organizations.

It was an opportunity to stop the 'doing' and just do a little bit of the thinking and

feeling about that [work]. (P1, pilot site).

Sessions relaxing, time out from rush. Being able to take time out of a busy schedule and looking at art was perceived as helping to lessen stress, even if only temporarily.

It was therapeutic and you left your cares behind a little bit, it was a very kind of calming exercise. (P3, children's charity).

Process revealed extent of work-stress. Some participants reported being made aware of the extent of their work-stress, an issue they had hitherto avoided. These realisations were attributed either partly or wholly to the process:

I think it [process] had a big effect on me, it made me stop in my tracks and think, it helped me acknowledge I was probably quite depressed and I did something about it. (P4, hospice).

Action taken on jobs to alleviate/address work-stress. Participants reported taking a range of actions to address work-stress, including deciding to leave an unsuitable job and starting a professional training with a view to change career, attributing this at least partly to the process:

It [process] made me realise that this is not what I'm meant to be doing. (P4, hospital).

Participants also reported taking action within the organization to relieve isolation, decrease workloads, change role or take regular breaks to address work-stress, and attributed this to the process.

Art taken up in own life as a wellbeing resource. Across all sites, a number of participants (n = 9) connected or re-connected with art, at least partly as a result of the process: in the pilot site, one person had enrolled on an art appreciation course. In the charity, two participants attributed taking up life drawing to the process, stating this helped them keep stress down. In the hospital, two participants became active gallery visitors, attributing this to the group experience, whilst another partly credited resuming her art career to the process. In the hospice, one participant reported visiting an art gallery for the first time in her life whilst two

others had re-connected respectively with art-making and art-viewing; they all saw these activities as benefitting their personal wellbeing and attributed this to the group experience.

No outcome reported. Across sites, three participants reported no impact from the process on work-stress in post-groups and post-report interviews: one in the pilot site; one in the charity; one in the hospice. Additionally one person at the charity, and two at the hospital reported no longer term impact on work-stress, although they had identified some beneficial effects in post-group interviews.

Summary. The perceived impact of the process on work-stress differed amongst participants, with three reporting no short or longer effect from it, and a further four experiencing short-term benefits but no longer term impact. However, thirteen participants reported some benefits, seven of whom appeared to have made significant changes to their jobs (effecting role changes, planning a new career or changing employment) to address work-stress, attributing this at least partly to the process. These changes appeared to result from becoming more aware of emotional responses to their work during art-making. Time out from the working day, a safe space in which to relax and think with others and see different perspectives, and also be more aware of feelings, seemed to aid this process. Connecting or re-connecting with art as a wellbeing resource also appeared to be a significant and lasting outcome for nine of these participants.

ProQOL Self-Ratings

Within all sites, Secondary Traumatic Stress scores stayed within low to average ranges, as were scores for Burnout. Compassion Satisfaction scores were within average to high, apart from one low score reflecting a particular participant's situation. There were no significant individual variations over time between ProQOLs and scores were not within a range to cause concern. However, group discussions and individual interviews highlighted a discrepancy between participants' experiences of work-stress and their ProQOL scores across

all sites. This will be discussed more fully in the 'Discussion' section. ProQOL scores are available from the first author on request.

Discussion

The study's main proposition was: "The participants will make use of art-viewing and art-making to articulate thoughts and feelings about their work context, including work-related stresses. The process will enable clearer perspectives on work-stress and different responses to it."

Findings from this study largely upheld this proposition, suggesting that art-based activities facilitated engagement in the process and enabled discussion on work-related stressors. Sharing different views and interpretations of artworks with colleagues was experienced as an enjoyable group activity which, through enhancing playfulness, seemed to facilitate communication, enabling participants to share thoughts and feelings about work issues and emotions often difficult to verbalize. For some participants, new recognition of, or perspectives on work stress seemed to promote action to reduce it.

Bourriaud's (2002) theory on relational aesthetics, defined as "judging artworks on the basis of the inter-human relations which they represent, produce or prompt" (p. 112) seems particularly relevant. Bourriaud identified relational processes of exchanges and encounters not only between artists and viewers but also between viewers. This relational aspect was not in the proposition, but was evident, especially in art-viewing. Moon (2002) identified relational aesthetics as enabling engagement not only with art, but with self, others and the world (Potash, Ho, Chick & Au Yeung, 2013). Roberts et al. (2011) found that relational processes within art-viewing in a gallery enabled the discussion of difficult issues, a finding supported here. In a study on viewers' responses to art exhibits created by people with mental health issues, Potash et al. (2013) describe how "art-viewers can be redirected from aesthetic critique to emotional connection" (p. 736) through guided relational viewing, an approach using art-viewing and art-

making (response art) to "provide opportunities for empathy and understanding" (p. 38). Using a similar approach with visitors at the United States Holocaust Memorial Museum, Betts, Potash, Luke and Kelsom (2015) identified 'Relational sharing and learning' (p. 38) as an important benefit for participants, which "enriched the museum visit by considering others' perspectives and offering their own" (p. 38). Empathy ratings were shown to be substantially high following participation, although only moderate in a 12 months follow up.

Another significant relational aspect of art-viewing in this study was that it enabled the sessions to begin with participants not looking at each other, but focussing jointly on the artworks whilst communicating with each other. Huet (2012) identified processes of Joint Attention (Scaife & Bruner, 1975) "within an art therapy-based consultation when participants are jointly looking and discussing artwork and eye contact is not very prominent" (p. 28). Joint Attention is part of infant development and involves child and adult pointing and looking together at a joint attention point (Scaife & Bruner, 1975). Joint Attention is 'socially embedded, emerging before language, and is clearly a part of proto-communication' (Isserow, 2008, p.35). It involves the capacity to orientate to another person's mind (Scaife & Bruner, 1975) and to develop social interaction skills (Trevarthen, 1993), all essential aspects of relational processes. Fonagy, Luyten and Allison (2015) suggested that joint attention may facilitate 'epistemic trust'. This can begin in the therapy room where a client comes because of invalidating childhood experiences that may have led to a diagnosis of borderline personality disorder. However, all of us may lose our sense of trust that others hold us in mind and can be a valid source of social information when we are in a stressful social context (loss of epistemic trust). When we attend jointly to the same thing, either physical or mental object, and share perspectives, we may come to feel we are once again viewed as an agent, a person, and held in another's mind. We then feel safe enough to drop our vigilance and become more open to learning about self and others, and especially learning that is positive in tone (Fonagy et al., 2015).

Relational aesthetics and Joint Attention were identified as prominent processes within the art-viewing component of this study, where they assisted in communicating difficult feelings and thoughts about work-stress that may not have previously been articulated, as well as seeing new perspectives and valuing difference. A link between relational processes and increased empathy was also established by Potash et al. (2013) and Betts et al. (2015).

Participants' responses to art-making were on the whole more ambivalent than towards art-viewing. Within structured, theme-based groups for professionals, art-making introduced an element of fear of performance (Waller, 1993) and high levels of anxiety within a group setting. Service users (Nowell Hall; 1987; Springham et al., 2012) concurred with finding art-making an initially anxiety-provoking part of the art therapy process, but also agreed that feelings towards it tended to change positively with time, as reported by participants here. Art-making was perceived as an element where hitherto ignored or unrecognised feelings were revealed. This was congruent with Findlay's (Springham et al., 2012) description of how art-making helped her to express complex emotions and with Betts et al.'s (2015) views that one of the benefits of 'response art' was that it led to new insights. (p.23).

In this study, some participants experienced the revealing aspect of art-making as an initially challenging but ultimately positive process that reflected work-related stressful issues that they could no longer ignore. Expressing true feelings in artworks without naming and revealing them to other participants felt safe and also helpful, as participants found that it provided an outlet for strong emotions and enabled them to gain some clarity on the issues. According to some participants' self-reports, art-making revealed true emotions linked to work-related stress which led them to take action to alleviate these issues.

Self-reported impact on work-stress varied amongst participants: seven participants reported no longer term impact from the process. Reasons for this seemed to include several possible factors amongst which the number of sessions attended (two of these participants

missed a session). Two participants had mentioned respectively work- avoidance and interest in research as the primary motivation for joining the project, rather than curiosity and attraction towards its art-based process. Another three participants did not report any lasting significant impact on their work-stress, but identified some other positive elements such as enjoyment of group setting and finding the sessions relaxing. Clients' initial expectations of psychotherapy have been shown to influence outcome (Horowitz, Rosenberg & Bartholomew, 1993) and it may be that a lack of motivation to engage with the aim of the process or the art elements may have influenced outcomes. Hence, participants' motivations for joining the group sessions may need in future closer scrutiny during pre-groups interviews.

Nevertheless, other participants (n = 13) attributed, at least partly some beneficial impact on their work-stress to the process: particularly its art elements may lead to participants feeling greater capacity to consider the causes of work-stress and also to make positive changes in their lives.

A total of nine participants took up art-viewing or art-making outside the groups and four of these did so for the first time in their lives, an outcome attributed mostly to the process. Post-report interviews indicated continued active engagement in art, which suggested a lasting impact. Those participants felt that active involvement in art made some positive differences to their quality of life and their ability to cope with work-stress.

Finally, the discrepancy between ProQOL questionnaire scores and data from groups and interviews merits some consideration: several participants commented informally to the first author (usually after the interviews) that the ProQOL questions had not addressed tensions and conflicts with colleagues and within the organization and that work with clients, although stressful at times, was nonetheless mostly a reliable source of job satisfaction. This seemed at odds with assumptions that Burnout (Pine & Maslach, 1978) and Secondary Traumatic Stress (Figley, 1995) primarily originate from long exposure to traumatised clients, and appeared to put

the onus of work-stress on team and organizational dynamics. This is congruent with psychoanalytic organizational theories (Obholzer, 1994) positing that anxiety and pain are at the heart of public care: parallel processes can be identified between human emotions and organizational dynamics within these services often eliciting defensive, unconscious actions within the whole organization. Therefore in future research, the authors will consider using outcome measures rating not only contact with clients, but also team and organizational dynamics as a source of work-stress.

Limitations to the Study

A limitation of this study is the potential for personal bias: its possible influence is an important part of qualitative research (Drew, 2004; Tufford & Newman, 2010). The first author attempted to maintain awareness of biases by recording some of her emotional processes in a research diary. Data from all sites were shared with Author 2, not an art therapist, who maintained a sceptical stance, a peer senior art therapist and an organizational consultant (also not an art therapist), which helped maintain reflexivity and enabled some external scrutiny regarding the first author's analysis. It was still possible that, as researcher allegiance to treatment delivered is reported to affect outcome (Gaffan, Tsaousis & Kemp-Wheeler, 1995; Luborsky et al., 1999), the author's commitment to the process may have influenced outcomes. Although positive bias in reporting impact to the person delivering it is possible, participants were able to report some negative or no impact, suggesting this was not a significant issue.

Additional limitations concerned the fact that all participants were self-selected and may have been un-representative of the majority of their colleagues. However, diversity rather than representativeness was the aim. There was a lack of male participants, and it was possible that not all participants were motivated by genuine interest in the intervention. This opens the question of how to assess suitability for interventions of this kind. Diversity of sites was

achieved, albeit in one country and geographical region. Although the number of participants was low (N=20) across four sites, this enabled a richness of data and deep analysis.

Implications of Key Findings for Practice and Research

One key finding concerned the different functions of art-viewing and art-making. Art-viewing was linked to playful and relational processes and facilitated engagement in the process, whilst art-making had the potential to reflect or reveal to participants their true emotions. However, art-making was experienced as safe by some participants who felt that the true meaning of their artworks was only known to them, which lessened fears of personal exposure and of conflict with other participants. The combination of these two processes seemed particularly well suited for work-based art therapy and would benefit from further research.

A key implication from this study is that theories on Joint Attention (Scaife & Bruner, 1975) should be re-appraised as a significant therapeutic factor in art therapy practice and would benefit from further research. Art therapy practice may generally benefit from the introduction of art-viewing activities. Art therapists have increasingly worked in shared spaces where displays of artworks would not be possible. However, providing good quality art books might enable the start of a joint attention process with the art therapist, support relational processes and facilitate engagement in the therapy. Furthermore, art therapy practice within museums and galleries is growing within the UK (Hutchinson, 2012; Shaer et al., 2008) and internationally (Betts et al., 2015; Linesch, 2004; Treadon, 2016) and some art therapists, no longer fearing the label of "art educator" (Alter Muri, 1996) are now providing art therapy sessions within these settings. This may enhance client engagement and open the door to personal involvement with art galleries and museums as wellbeing resources (Camic & Chatterjee; 2013).

Participants' initial fear of art-making was a recurring theme in this study. Hill (1945) pioneered art therapy practice within art studios, integrating formal technical teaching elements and art-viewing, inviting artists to discuss their work with patients. The first author of the

present study together with art therapy colleagues working in mental health are now exploring the possibility of re-introducing some of Hill's formal educational elements within the practice of art therapy, in order to support engagement in a therapeutic process and to encourage service users to pursue art practice as a wellbeing resource. Findings from this study appeared to lend support to introducing new approaches to engage service users in art-making.

Another key finding related to the length of the process which in each site was reported to be too short. Finding the optimum length and number of sessions may need further research to establish. However, the first author will henceforth offer six sessions instead of three and evaluate whether participants find this to be sufficient.

Finally, the results of this study suggest that the approach had some value and impact, even if at times limited, on work-stress and wellbeing. Future controlled studies may include the use of control groups to compare impact on work-stress of different approaches, along with process analyses to try and further illuminate the basic interpersonal processes involved (Craig et al., 2008). Control groups could include just art-making and art appreciation.

Conclusion

This exploratory study attempted to identify some of the processes at play within art therapy-based groups to address work-stress amongst health and social care staff, and to understand which mechanisms may support these. This study suggests that art viewing may enable playful interaction with artworks and safe interaction with others in the work-place, fostering new perspectives and appreciation of difference. Furthermore, art-making appeared to enable emotions related to work that had not been fully acknowledged to be felt and represented in a safe way, and thereby action to be taken to ameliorate work-stress. It is unclear whether both viewing and making are necessary for beneficial effects, but in light of their slightly different processes, this may be the case. A suggested by Betts et al. (2015), further research could examine these different components separately and in combination.

Tables

Table 1
Post-Groups and Post-Report Interviews Themes Relating to Participants' Experiences of Art-Viewing

Themes	1 Group setting of art-viewing enjoyed	2 Art-viewing was enjoyed	3 Viewing artworks facilitated communication	4 Discussing artworks enhanced playfulness	5 Engagement in art-viewing enhanced by process	6 Artworks became more meaningful	7 Perception of artworks changed	8 Discussing artworks introduced new insights into work	9 Discussing artworks enabled safe disagreement	10 Discussing artworks introduced personal topics	11 Art-viewing taken up	12 Art-viewing helped lessen stress	13 Art-viewing gave a space to stop and think	14 Art-viewing enabled engagement in process	15 Discussing artworks was intimidating at first
Post-groups interviews															
Pilot site	Y	Y	Y	Y		Y		Y			Y				
Site A	Y	Y	Y	Y	Y	Y	Y			Y	Y				
Site B	Y	Y			Y	Y									
Site C	Y	Y	Y		Y		Y				Y				
Post-report interviews															
Site A			Y		Y	Y		Y	Y				Y		
Site B	Y				Y	Y					Y	Y			
Site C	Y	Y			Y	Y	Y				Y			Y	Y
Y = Occurred															

iPilot Site: Mental Health Trust;   Site A: Children's Charity;   Site B: Specialist NHS Trust;   Site C: Hospice

Table 2
Post-Groups and Post-Report Interviews Themes Relating to Participants' Experiences of Art-Making

Themes	1 Art-making was intimidating and frustrating	2 Feelings about art-making improved with time	3 Art-making was enjoyed	4 Engagement in art-making enhanced by process	5 Art-making taken up	6 Engagement in art-making remained active	7 Images revealed true feelings	8 Art-making was safe to express true feelings	9 Art-making introduced personal issues
Post-groups interviews									
Pilot site	Y	Y						Y	
Site A		Y	Y	Y	Y			Y	Y
Site B	Y	Y	Y	Y	Y				
Site C	Y	Y	Y	Y	Y				
Post-report interviews									
Site A	Y	Y		Y		Y	Y		
Site B	Y		Y			Y			
Site C	Y	Y	Y	Y		Y	Y	Y	
Y = Occurred									

Pilot Site: Mental Health Trust;   Site A: Children's Charity;   Site B: Specialist NHS Trust;   Site C: Hospice

Table 3
Post-Groups and Post-Report Interviews Emotional Themes Relating to Art Across All Sites

Themes	1 Art was central to engagement in process	2 Art helped express emotions	3 Art enabled thinking about feeling	4 Art introduced playfulness	5 Art introduced freedom of expression	6 Art revealed true feelings	7 Art process felt safe	8 Art Intervention needed to be longer	9 Art difficult to engage in
Post-groups interviews									
Pilot site		Y	Y				Y	Y	
Site A	y								
Site B	y							Y	
Site C		Y		Y				Y	Y
Post-report interviews									
Site A	Y					Y	Y	Y	
Site B	Y					Y		Y	
Site C	Y		Y		Y		Y	Y	Y
Y = Occurred									

Pilot Site: Mental Health Trust; Site A: Children's Charity; Site B: Specialist NHS Trust; Site C: Hospice

Table 4
Post-Groups and Post-Report Interviews Themes on Reported Impact from Process on Work-Stress

	Post-Groups Interviews Themes							Post-report Interviews Themes		
	Relief from isolation	Process gave to time to think and process feelings	Process was relaxing/ time out from rush	Process revealed extent of work-stress	Action taken to alleviate work-stress	Art taken up in own life as wellbeing resource	No impact on work-stress reported	Art taken up as wellbeing resource	Action taken to alleviate work-stress	No longer-term impact on work-stress
Pilot Site	Y	Y					Y	N/A		
Site A	Y	Y	Y			Y	Y	Y		Y
Site B			Y	Y	Y			Y	Y	Y
Site C		Y	Y	Y			Y	Y	Y	Y
Y = Occurred										

Pilot Site: Mental Health Trust;   Site A: Children's Charity;   Site B: Specialist NHS Trust;   Site C: Hospice

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