Arts Activity and Well–being in the Workplace: a Pilot Study of Health Service Workers in Lithuania

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Summary. *Background.* Around 10% of workers employed in the healthcare sector across the European Union are exposed to a complex variety of health and safety hazards. The European Pact for Mental Health and Well–being identified workplace mental health as a priority area. The purpose of this pilot study was to investigate the impact of arts activity on the well–being of Lithuanian health service workers.

Materials and methods. Between September-November 2012, the research focused on hospital health care staff (n=34, participants) taking part in the study for 8 weeks. Participants (n=34) were taking part in silk painting activities (one silk painting activity, once a week, totalling 8 sessions). Demographic questions and the Warwick–Edinburgh Mental Well–Being Scale (WEMWBS) and the World Health Organization Quality of Life assessment (before and after arts activity in participants group) and 9 interviews with participants (after the arts activity) were carried out.

Results. 88% of participants had never participated in art activities in the year prior to the study. At the outset, participants' stated aims included: to gain new knowledge and skills (82%), and to experience positive emotions and relaxation after perceived stress at work (59%). Afterwards, all participants reported enjoyment, better scores in Overall quality of life and General Health, WEMWBS and 85% aspired to continue creative practice in the future.

Conclusions. Participation in art activities had a positive impact on healthcare worker's general health and mental well-being, reducing stress experienced at work, increasing sense of community, self–esteem, and work productivity. This pilot study with the country's first use of WEMWBS has a great potential for a larger study to explore the arts/arts activities as a tool to promote healthcare staff well–being at work.

Keywords: participatory arts, health care, positive mental health, well–being, stress, WEMWBS.

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INTRODUCTION

Originating in academia, the discussion around positive mental health and well–being has extended beyond the social sciences and psychology, and moved into wider public discourse. Across the international health policy arena, well–being has become a key political interest.

Whilst there is an ongoing debate as to how well–being is defined and measured, there is a consensus that the hedonic (affective functioning) and eudaimonic (psychological) definition proposed by New Economics Foundation (NEF) well describes how an individual's external conditions (their income, employment status and social networks) act together with their personal resources (their health, resilience and optimism) [1], allowing them to function effectively in their interactions with the world and experience positive emotions [2].

Health care facilities employ over 59 million workers globally who are exposed daily to a complex variety of health and safety hazards [3]. European Union (EU) health policy aims to prevent illnesses and diseases, promote healthier lifestyles and protect people from health threats [4–10], and research suggests there is growing political interest in workplace well–being and mental health promotion [1, 3, 11–16].

Stress is the second most frequently reported work–related health problem in Europe. The impact of stress can lead to serious physical health problems, including cardiovascular disease and musculoskeletal problems [14]. The EU estimates that the financial cost of work–related stress (EU–15) amounts to 20 billion Euros annually. The International Labour Organization cited in The European Network for Workplace Health Promotion [11] estimates the total costs of psychological strains at work to be 3% of a community's GDP. In the United Kingdom (UK), over 30% of all NHS sick leave is attributed to stress; it is estimated that this costs the service of up to £400m a year in

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lost productivity and the cost of replacing staff on leave as a result. Throughout 2014, 1,497 nurses across 31 NHS trusts in London took time off because of stress related illness. This accounted for an average of 38 days sick leave per nurse, 27% higher than in 2012 [17].

Focusing on well-being at work presents a valuable opportunity to benefit societies by helping working individuals to feel happy, competent, and satisfied in their work. Evidence shows that people who achieve higher standards of well-being at work are likely to be more creative, loyal to their employer, productive, and provide better customer satisfaction than individuals experiencing poorer standards of well-being in the workplace [1]. In other words, a good psychosocial environment enhances performance, personal development, and workers' mental and physical well-being [14].

The Lithuanian context

The NEF [18] suggest that life expectancy in Lithuania is 72.2 years, with an aggregated experienced well-being score of 5.1 and Happy Planet Index (HPI) of 34.6. In comparison, UK life expectancy is 80.2 years, with an experienced well-being score of 7.0 and HPI of 47.9. There is a stark difference here between a life lived in Lithuania, and a life lived in the UK. In 2012, the Lithuanian Department of Statistics revealed that 21% of Lithuanian citizens evaluate their health as poor or very poor [19]. Mental health disorders in Lithuania are rapidly increasing [20], with the highest suicide rate globally [21]. The Lithuanian Government's National Progress Programme for the period 2014-2020 and the Lithuanian Progress Strategy 2030 both emphasise the importance of art and culture for the successful development of society in Lithuania [22]. While arts for health is an established international field [23-25, 48-50] this is a very new approach for research and development in Lithuania. In this stark context, an exploration of the potential impact of the arts to impact on health workers well-being is timely and significant.

PURPOSE OF THE PILOT STUDY

In 2012, between September and November the pilot study was carried out at Vilnius University Hospital, Santariskiu Klinikos. The research focused on a small cohort of 34 health care staff that was randomly selected from hospital workers interested in taking part in art activities. This group was randomly divided into three sub-groups of participants, who took part in silk painting activities (one silk painting activity, once a week), totalling 8 sessions (over an 8 week period). In each group, the same silk painting activity was carried out with the same professional artist. All of the sessions were free of charge and lasted for two hours. The sessions were carried out at participants work settings, but outside their regular work hours. The aim of this study was to evaluate the impact of arts activity on the well-being of Lithuanian health service workers.

MATERIALS AND METHODS

Survey questionnaires included questions on demographic data and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) (in our research the Cronbach's alpha coefficient was 0.9). In addition, World Health Organization Quality of Life (WHOQOL-100) questionnaire was employed (in our research the Cronbach's alpha coefficient was 0.8).

WEMWBS [26] comprises 14 items that relate to an individual's subjective mental well-being over the previous two weeks. Each of the 14 item responses in WEMWBS are scored from 1 (none of the time) to 5 (all of the time) and an overall scale score is calculated by totalling the 14 individual item scores. The minimum score is 14 (very poor) and the maximum is 70 (very good). In this pilot study, the permission to use the WEMWBS was obtained from the authors (©WEMWBS © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved) [22, 47]. The WEMWBS was translated into the Lithuanian language (by translator related with health/scale context, and other not), then the back translations were done (by translator that have not seen the original scale version, and two experts from health and culture sectors). Then the translated scale version close to the original scale was selected. Prior to this pilot study, the WEMWBS in the Lithuanian language was given to 10 respondents (health care workers). Respondents understood scale statements well and no corrections were suggested. The WEMWBS was used in this pilot study.

The WHOQOL-100 questionnaire [27-29] comprises domains and facets that relate to an individual's subjective overall quality of life and general health over the previous month. Participants rate each domain/facet in increasing order (1 being the lowest score, 5 - the highest). Variants of answers for the domains and facets questions were converted into standardized points, when in an overall quality of life and general health; spirituality, religion and personal beliefs domains; positive feelings; self-esteem facets 0 = the lowest score (very poor) and 100 = the highest score (very good). A negative feelings facet result close to 0 was considered as very good and a result close to 100 as very poor.

Organization design of survey

A questionnaire was undertaken with all participants prior to the 1st silk painting session and at the end of the pilot prior to the final 8th silk painting session. Participants could decide to complete the questionnaire or not. Prior to being given the questionnaires, participants were introduced to the project aims, research content and questions, and the use of the final data. The questionnaires were given to the respondents; the time for filling them in was not limited. All participants completed all fields of the questionnaires; there were no unanswered or incomplete questions.

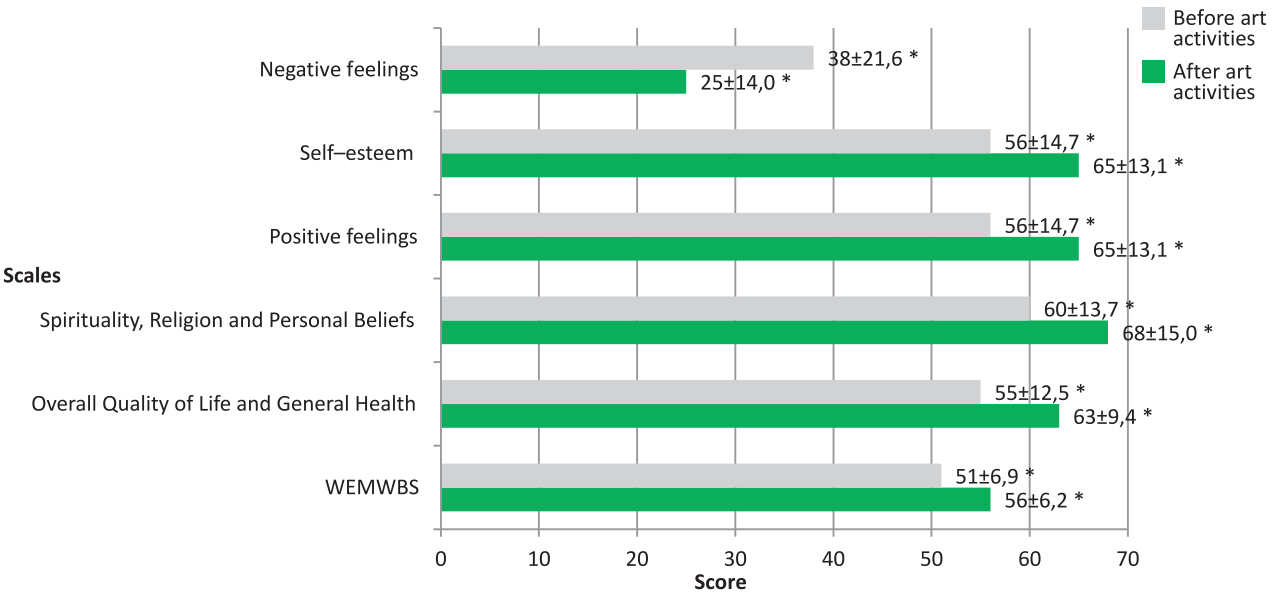

Figure. **The evaluation of participants' WEMWBS; WHOQOL–100 Overall quality of life and general health; Spirituality, religion and personal beliefs domains; Positive feelings, Self–esteem and Negative feelings facets in scores before art activities (n=34) and after art activities (n=34).**

Note the difference of the indicators before art activities and after art activities is statistically reliable, when * – p 0.03.

Statistical data analysis

Statistical data analysis was undertaken. Inbox survey data were processed using EXEL and SPSS 20.0. The arithmetic mean, standard deviation and reliability were estimated with a significance level of p 0.05.

The organization design of interview

Participants could choose whether to participate in an interview or not. Those who decided to be interviewed were randomly selected: individual semi-structured interviews were carried out with 3 participants, randomly selected from each of the three groups at the end of the pilot (on the next day after the final art activity), totalling 9 interviews. Before starting the interview procedure, interviewees were introduced to the aims and content of the interview and were informed how the final results would be used. There was no time–limit on the interview. By using interviews, the aim was to reveal the experience of participation in the art activity, its impact on participants' well–being, community building, and any effect on stress experienced at work. In the qualitative data analysis, a text analysis framework was used to guide the investigation (working first within and then across data from the interviews to develop a series of descriptive codes). These were then structured within categories relating to the main themes of the interviews. All participants reported that art activities positively impacted on their wellbeing and psychosocial work environment. No negative experiences or effects of the participation in art activities were stated.

Research ethics

This pilot study was approved by the hospital administration and all participants consented to take part in the research. The research was supervised by the Lithuanian Health Sciences University and participant anonymity was ensured.

About participants

100% of participants were females (n=34), with an average age of 39±11. The professions of the group were as follows: Doctor, 35%; Physiotherapist, 23%; Nurse, 18%; Ergotherapist, 12%; Health Psychologist, 6%; and Administration Staff, 6%.

QUANTITATIVE RESULTS

Demographic data revealed that in the year prior to the study, 88% of participants had not participated in art activities, but 91% had attended various art events. These included theatre (53%), films (41%), and concerts (35%). Most participants stated that by engaging with art activities in the study they aimed to gain new knowledge and skills (82%), experience positive emotions and relax after perceived stress at work (59%), and to spend their time in an interesting way (38%).

All participants (100%) evaluated WEMWBS, WHOQOL–100 Overall quality of life and general health; Spirituality, religion and personal beliefs domains; positive feelings; Self–esteem and Negative feelings facets after art activities better then before art activities (Figure).

QUALITATIVE RESULTS

As discussed above, NEF [30] suggests that the bedrocks of well-being are being connected and active, taking notice, continuing to learn, and giving. The qualitative results of this study suggest that participation in art activities provide access to all five of the factors outlined by NEF [30]. Art activities also contributed to the participant's experiencing a reduction in work-related stress.

Participants (P1-P9) reported a strong range of responses about their enhanced mood. For example, P1 stated that "through art activity I have found a peacefulness", and P2 reported "my heart is feeling better, my soul is feeling calm". Furthermore, there were indications that these feelings were retained beyond the immediate primary activity: "in art I feel relaxed [...] and then I go home in a romantic mood, and all the evening and the next day I feel like my mood has lifted" (P3). This observation was echoed by another participant within the family context, who reflected that at home they "talked about the things I created in art sessions. No work problems were brought home" (P7). Participants reflected on their increased positive feelings towards work. For example, one participant commented that "when you are in a good mood, work productivity increases" (P8). Furthermore, the "next day, productivity was much better. In art activities you leave that negative energy, you get rid of all that workday stress" (P5).

Arts activity also impacted on participants' reactions towards negative situations. One participant reflected that, "I started to evaluate things that are related to work more clearly and calmly, [...] coping with negative information better" (P9). Another participant commented, "Now, I do not feel as worried inside. I am trying to put my emotions to the side and look for better ways to solve problems" (P4).

Participants described how engagement with the study altered their perceptions of the working environment, and generally aroused their creativity. One participant commented, "when working at the hospital and dealing with work tasks, you take a look out of the window, you look through it and see how beautiful those yellow treetops are. Sometimes such things, you don't notice at all" (P1). While this could be perceived as a passive appreciation of the creative process, another group member described a more active response: "I have a dog and after a couple of art activities I took my dog out for a walk and I found some lovely branches of a tree. This had never happened before, and I took notice of them. So, I picked them up and brought back home. Now they are almost fully dry. I took a paintbrush and painted them. I have never done this before" (P2).

In terms of self-esteem and raised awareness of peers and patients, the qualitative data revealed high levels of self-reflection. One participant commented: "I was observing one of my colleagues, when she was painting she was saying, I failed, I can't draw/paint, but she made a very precise piece of work, and took a look at her face, her smile was blooming. Even in silence, when she wasn't speaking to anyone, she was proud of herself" (P3). One nurse reflected, "A couple of patients, asked me – nurse, why are you so cheerful, whistling something, what has happened? – I did not say, but the day after I told them why" (P8).

Participants stated that the art activities had also increased their sense of community at work, had a positive impact on psychosocial work environment. This involved improving communication and relationships among the participants and non-participants too: "It is a time, where our department workers could get to know each other, make friends and spend time together in a non-official setting" (P5). Another participant (P3) echoed this, in stating "the bond is stronger among people. You get to know each other better" (P3). "Those who were not attending art activities were asking us about the art sessions, we did chat about it, this was a good chance to talk about the things not related to work, communication improved" (P8).

The range of positive emotions experienced by participants through the creative process illustrated individual and shared enthusiasm. The experience was described using positive terminology such as 'amazing', and participants reported 'feeling good' and frequently 'happy' throughout their engagement with art activities. One participant observed higher levels of optimism in themselves and commented: "you feel more light inside, you think – I can do this and I can do that" (P9).

DISCUSSION

This small-scale pilot study demonstrated that the participatory arts does offer an effective means of improving the well-being of the workforce, reducing stress and enabling a sense of community. As part of a mixed methodology, WEMWBS and WHOQOL-100 were appropriate instruments for measuring well-being in this study, and could be used in a broader context. Lithuania is a country with high levels of mental illness and suicide [20, 21], and art activities offer an upstream approach to workforce well-being; art activities may provide public health with a valuable and potentially cost-effective assets-based tool [31-33].

Mental health and well-being are interconnected. As the UK Faculty of Public Health's web-based, Better Mental Health for All [34] highlights, the mainstay measurement of public mental health is mortality data. However, this neither captures the disabling factors of mental illness, or, conversely, well-being. In the UK, WEMWBS has been adopted as valid and reliable tool by the Office for National Statistics [35] in measuring national well-being [36]. The British Cohort Study [36] has yielded a dataset of around 17,000 entries, and it enables potential associations between mental well-being and arts participation to be studied at a much larger

scale. Research shows that WEMWBS and WHOQOL-100 has acceptable internal consistency and test-retest reliability [37, 38] and WEMWBS and WHOQOL index are widely used in measuring arts and health activities impact on individual well-being [26, 39-42].

What this study adds

This study focused on a workforce that is susceptible to stress-related health problems [43-45, 51, 52]. Taking pro-active approach to specific determinants of health through the introduction of art activities to a clinical setting, this research generated an intervention that was enthusiastically adopted by a cross-section of health sector occupations. This project was particularly innovative in the Lithuanian context due to the lack of work being done on the link between well-being and engagement with the arts. This was the first use of WEMWBS in Lithuania, and it has added to the aggregated knowledge base. In addition, the research has started an important dialogue around staff health and well-being within the Lithuanian health sector, something that has been previously overlooked. Furthermore, this research offers the potential framework for a larger study.

Limitations of the study

The main limitations of this pilot were the absence of a control group, small sample size, short time frame. All participants were professionally qualified and female, suggesting that the ways in which participants are recruited into research should be explored further, taking into account gender, diversity of job role, and employment status. A pilot project of this size was not able to track participants' independent engagement with the art activities following the study period. Further research might explore Social Return on Investment, which gives participants the opportunity to apply a proxy value to a service that sits outside standard econometric modelling. In the current climate of recession, this approach may offer additional complementary data [46].

CONCLUSIONS

1. Following art activities, all participants evaluated their Mental Well-being, WHOQOL-100 Overall Quality of life and General Health domains, Self-esteem, Positive feelings and Negative feelings facets higher than before art activities.
2. Participation in art activities helped to reduce stress at work, increase self-esteem and opportunities for socialization, build a sense of community, and improve communication and relationships both at work and at home settings. Alongside acquiring new skills, participants reported a more positive attitude to work productivity, mood, and reactions towards negative situations.
3. All participants enjoyed the art activities, and 85 % of participants aspired to continue creative practice in the future.
4. In partnership with the arts and health care sector, at policy and in workplace settings, this pilot study presents significant future opportunities for public health to investigate the arts as a vehicle to promote workforce well-being.

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MENINĖ VEIKLA IR ASMENS GEROVĖ DARBE: SVEIKATOS PRIEŽIŪROS DARBUOTOJŲ PILOTINIS TYRIMAS LIETUVOJE

Santrauka

Įvadas. Sveikatos priežiūros sektoriuje Europos Sąjungoje dirba apie 10 % darbuotojų, kurie kasdien susiduria su įvairiais sveikatos ir saugumo darbo aplinkoje rizikos veiksniais. Viena iš prioritetinių Europos pakto dėl psichikos sveikatos ir gerovės darbe sričių yra psichikos sveikata darbo vietos aplinkoje. Šio pilotinio tyrimo tikslas buvo ištirti meninės veiklos poveikį sveikatos priežiūros darbuotojų gerovei Lietuvoje.

Tiriamieji ir tyrimo metodai. Pilotinis tyrimas vyko 2012 m. rugsėjo–lapkričio mėnesiais. Tyrime dalyvavo 34 sveikatos priežiūros darbuotojai (dalyviai). Tyrimo metu vieną kartą per savaitę (iš viso 8 savaites) dalyviams (n = 34) ligoninėje buvo rengiamos meninės tapybos ant šilko veiklos. Tyrimo anketą sudarė demografiniai klausimai, Varviko-Edinburgo psichikos sveikatos skalė (angl. WEMWBS) ir Pasaulio sveikatos organizacijos Gyvenimo kokybės klausimynas. Tyrimo dalyvių anketinė apklausa vyko du kartus – tyrimo pradžioje ir tyrimo pabaigoje, taip pat buvo atlikti 9 individualūs interviu dalyvių gr. (tyrimo pabaigoje, po meninių veiklų).

Rezultatai. 88 % dalyvių tyrimo metais iki tol nedalyvavo meninėse veiklose. Tyrimo pradžioje dalyviai įvardijo tikslus, kurie buvo susiję su dalyvavimu meninėje veikloje, daugiausia tai: įgyti naujų žinių ir įgūdžių (82 %), patirti teigiamų emocijų ir atsipalaiduoti po darbe patiriamo streso (59 %). Po meninių veiklų visi dalyviai džiaugėsi dalyvavę tyrime, geriau įvertino savo bendrą gyvenimo kokybę ir sveikatą, WEMWBS ir 85 % dalyvių ketina tęsti kūrybinę veiklą ateityje.

Išvados. Dalyvavimas meninėje veikloje turėjo teigiamos įtakos sveikatos priežiūros darbuotojų bendrai sveikatai ir psichikos sveikatos gerovei, padėjo sumažinti stresą, patiriamą darbe, padidino savivertę ir darbo produktyvumą. Šis pilotinis tyrimas, kuriame pirmą kartą šalyje buvo naudota Varviko-Edinburgo psichikos sveikatos skalė, turi didelį potencialą didesnės apimties studijai ateityje, siekiant ištirti meno ir meninių veiklų, kaip priemonės stiprinti sveikatos priežiūros darbuotojų gerovę darbo aplinkoje, galimybes.

Raktažodžiai: dalyvaujamasis menas, sveikatos priežiūra, pozityvioji psichikos sveikata, gerovė, stresas, WEMWBS.

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