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Workplace Burnout Prevention as an Artistic Practice: Art Therapy-Informed Techniques for Department Managers and HR Professionals

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Abstract: Workplace burnout has become a critical organisational challenge, affecting employee well-being, productivity, engagement, and retention. This paper proposes an interdisciplinary framework for using art therapy-informed techniques as preventive workplace practices implemented by Human Resources professionals and department managers. Existing evidence supports expressive arts interventions in occupational settings, particularly their potential to reduce stress, emotional exhaustion, and psychosocial distress, although most studies concentrate on healthcare settings. The framework distinguishes clearly between clinical art therapy and non-clinical facilitation: HR and managers may organise creative reflection, visual journaling, and metaphor-based exercises as preventive activities, but they must not diagnose, treat, or interpret employees' psychological conditions. A structured implementation model is outlined, covering organisational readiness, participatory design, facilitator competence, communication, and ethical safeguards. The paper concludes that art-based burnout prevention, when integrated with genuine organisational change, may reduce absenteeism, strengthen team cohesion, and nurture a more humane organisational culture.

Introduction

Burnout is a prolonged response to chronic interpersonal and organisational stressors, marked by exhaustion, cynicism, and a reduced professional efficacy, particularly when employees face high demands and insufficient resources or support (Maslach & Leiter, 2016; Maslach et al., 2001). Although often discussed as an individual problem, research increasingly frames burnout as a systemic workplace issue.

HR departments and line managers typically respond through training, wellness programmes, or counselling access, yet many interventions remain cognitive, verbal, and policy-based, overlooking the embodied and non-verbal dimensions of workplace strain

(Richardson & Rothstein, 2008; Van der Kolk, 2015). Employees do not always have the language, time, or psychological safety to articulate what burnout feels like. Art therapy-informed practices can offer a meaningful contribution here.

Art therapy is a professional mental health discipline requiring trained practitioners. However, selected art-based practices, such as reflective drawing, visual journaling, metaphor mapping, collaborative image-making, can be adapted ethically as preventive, non-clinical workplace activities. This article therefore uses the term *art therapy-informed techniques*. The distinction is essential: HR professionals and managers should not diagnose burnout, interpret employees' artwork, or provide treatment. Their legitimate role is to create structured, voluntary, low-risk activities that help employees notice stress and reflect before distress becomes severe.

The central argument is that workplace burnout prevention can be understood as an artistic practice: a deliberate process of restoring attention, meaning, emotional expression, and relational connection within organisational life. This article proceeds by outlining the conceptual and psychological basis for art therapy-informed prevention, reviewing the occupational evidence base. It then proposes a structured implementation framework with explicit ethical boundaries, before discussing the expected outcomes alongside the limitations that a responsible implementation must acknowledge.

Conceptual Background

Burnout is a multidimensional condition characterised by emotional exhaustion, depersonalisation/cynicism, and a reduced professional efficacy (Maslach et al., 1996; Maslach et al., 2001). The Job Demands-Resources (JD-R) model explains why burnout develops: high job demands (workload, role conflict, interpersonal tension) increase exhaustion, while insufficient resources contribute to disengagement (Demerouti et al., 2001). Resources such as autonomy, social support, and recovery opportunities can buffer these effects (Bakker & Demerouti, 2007, 2017).

This systemic perspective matters for HR and managers because it shifts burnout prevention away from purely individual stress management toward organisational design. If an employee is overloaded, isolated, or constantly interrupted, art-based reflection alone will not solve burnout. However, such practices may reveal stress patterns, support emotional regulation, and create early warning signals that inform broader organisational interventions. In this sense, art therapy-informed practice belongs on the resources side

of the JD-R equation, strengthening the reflective capacity, communication, and social support that mitigate the impact of high demands.

Psychological Mechanisms

Emotional regulation

Art making offers employees a structured way to slow down, focus attention, and externalise tension without immediately needing to explain it verbally. In stressful workplaces, emotions may be suppressed because employees fear appearing weak, unprofessional, or unproductive; a short, guided drawing or colour-based mood map can help them observe their emotional state without formal language. Research into creative arts interventions suggests such practices may reduce stress and support well-being, particularly among healthcare workers and other high-pressure professionals, although evidence strength varies (Martin et al., 2018; Huet, 2015; Phillips & Becker, 2019; Tjasink et al., 2023).

Non-verbal expression

Burnout often develops before employees can articulate what is happening; workers may say they are 'fine' or 'just tired' even as exhaustion increases. Visual, symbolic, and collaborative forms of expression help individuals access and share emotions that are difficult to express directly (Malchiodi, 2012). A shared image of 'what our workload feels like this quarter' can reveal bottlenecks or emotional fatigue that would otherwise stay hidden, transforming private strain into discussable organisational material that managers are better positioned to act on.

Cognitive reframing

Symbolic distance allows employees to reconsider a stressful situation from a different vantage point. An employee who draws burnout as 'a machine with no off switch' may then be invited to depict what would help the machine pause or regain balance—opening reflection on boundaries, delegation, or support. Such reframing can move employees from helplessness (Seligman, 1975) toward agency, echoing findings that mindfulness-compassion art-based approaches support resilience among healthcare workers (Ho et al., 2021).

Evidence for Art Therapy and Creative Arts Interventions in Occupational Settings

The evidence base for art therapy and creative arts interventions in workplaces is promising but uneven. Most robust evidence originates in healthcare, where burnout and emotional strain are well documented. Huet (2015) found that art therapy-informed interventions may help employees process stress, while noting the need for stronger research designs; Phillips and Becker (2019) reached similar conclusions for expressive arts interventions among healthcare professionals, though studies vary in quality, sample size, and methodology. Ho et al. (2021) reported that a mindful-compassion art-based intervention reduced burnout and promoted resilience in a waitlist randomised controlled trial, and a systematic review by Tjasink et al. (2023), followed by a subsequent trial (Tjasink et al., 2025), indicated growing empirical interest in this field.

Beyond clinical art therapy, supportive evidence for broader creative arts interventions have been provided across formats including visual arts, music, and movement-based activities (Martin et al., 2018), and artistic activity has been linked to positive well-being effects among nursing staff (Karpavičiūtė & Macijauskienė, 2016). A systematic review of workplace interventions for healthcare professionals similarly noted that while individually focused interventions dominate the evidence base, addressing workplace conditions directly may be necessary for a more sustainable burnout reduction (Cohen et al., 2023).

Considered together, the literature supports three cautious conclusions. First, art-based practices can contribute to stress reduction, emotional processing, and resilience. Second, evidence concentrates heavily in healthcare and helping professions, so generalisation to corporate, educational, industrial, or administrative settings should be made carefully rather than assumed. Third, art-based prevention should complement rather than replace workload redesign, leadership development, psychological safety, and evidence-based occupational health strategies (Cohen et al., 2023).

Gaps in HR-Driven Implementation

Despite the growing evidence for art therapy-informed interventions, a translational gap remains: existing studies focus predominantly on interventions delivered by therapists or researchers, particularly in healthcare settings, while less attention has been given to how HR professionals and managers can ethically integrate such practices into routine, non-clinical burnout prevention.

This gap matters because HR and managers are often the first to observe early burnout signs, for example absenteeism, withdrawal, irritability, declining performance, or disengagement, yet without clear boundaries, HR-led art activities risk becoming superficial, intrusive, or ethically problematic. A prior condition for implementation is psychological safety: employees will not engage authentically unless they trust their expressions will not be judged, shared without consent, or used in evaluation (Edmondson, 1999). Table 1 summarises the core implementation questions and the corresponding ethical requirements.

Table 1. Core implementation questions and ethical requirements.

Implementation Question	Ethical Requirement
Is psychological safety established?	Employees must trust expressions will not be judged, recorded, or used against them. Facilitators are also expected to examine their own biases.
Who facilitates the activity?	HR/managers may facilitate low-risk reflection; clinically intensive activities require qualified therapists.
What is the aim?	Prevention, reflection, and communication, not diagnosis or treatment.
Is participation voluntary?	Employees must be free to opt out without penalty.
Are artworks interpreted?	No clinical interpretation by HR or managers.
Where does the workshop take place?	A private and neutral space, not associated with managerial authority or discipline.
Is confidentiality protected?	Personal reflections must not be used for evaluation or performance management.
What happens to the artwork afterwards?	Individual work: an employee's advance consent required to keep, display, or photograph; it is default that employee keeps it (American Art Therapy Association, 2013). Collective work: requires consent from all contributors. Exhibition requires separate consent covering audience and identification (American Art Therapy Association, 2013).
What happens if distress appears?	Clear referral pathways to Employee Assistance Programmes, occupational health, or mental health professionals.

Source: The authors' own elaboration, drawing on the sources cited.

A critical limitation deserves acknowledgement: when burnout stems from a manager's own behaviour or a structurally flawed job design, art-based activities cannot substitute for organisational intervention. In such cases, the ethical responsibility shifts to HR, which should escalate concerns or address leadership behaviour directly, consistent with the JD-R model's premise that when demands persistently exceed resources, the solution needs to be structural rather than expressive.

Art Therapy-Informed Techniques Adapted for Workplace Use

Art therapy-informed techniques can be adapted for workplace burnout prevention when they are translated from clinical contexts into non-clinical, reflective, and organisationally appropriate forms, helping employees pause, represent experience, and communicate indirectly. Workplace-adapted techniques can be grouped into several broad categories, drawing on the established art therapy and expressive arts literature. These categories are not mutually exclusive, and they clarify how creative methods may serve different preventive functions; none require artistic skill, as the value of the activity lies in the process rather than the product (Karpavičiūtė & Macijauskienė, 2016; Martin et al., 2018).

Self-reflective visual practices use drawing, colour, shape, or collage to represent internal states or perceived sources of strain, helping employees translate diffuse feelings into visible form (Malchiodi, 2012); because they can be completed privately even within a group setting, they protect autonomy while still allowing shared, anonymised discussion of general themes.

Metaphor-based practices build on the way burnout is already described in everyday language, such as feeling `drained`, `stuck', or `on a treadmill` , and develop this language into visual form and inviting employees to represent pressure as a landscape, object, or machine. Facilitators should offer the widest possible range of symbolic forms and allow employees to choose freely, since a prescribed metaphor risks shaping what an employee feels permitted to express (Moschini, 2019; Stoddard & Afari, 2014).

Collaborative art-making, for example group murals, collective collage, visual mapping, counters the withdrawal typical of burnout by creating structured space for joint attention and mutual recognition (Karpavičiūtė & Macijauskienė, 2016; Reed et al., 2020), though it does not suit all personality types or cultural preferences, so individual alternatives should remain available without penalty (Cain, 2012), and facilitation requires attention to group dynamics, particularly when a manager participates alongside their team.

Mindfulness-oriented art practices, such as pattern-making, mandala drawing, and slow observational sketching, emphasise attention, sensory engagement, and present-moment awareness rather than expressive depth; brief art-making of this kind has been associated with reduced cortisol levels (Kaimal et al., 2016) and is among the most adaptable for non-clinical workplace use because it does not require emotional disclosure.

Narrative-visual practices, including visual timelines, symbolic maps, and illustrated work journeys, help organise experience across time, which matters because burnout often disrupts the sense of a meaningful, progressive story connecting past experience to professional identity (Theorell, 2016). These are especially useful during restructuring or after intense project cycles, provided closing rituals help the activity end with a sense of agency rather than exposure.

Environmental and aesthetic practices focus instead on the sensory qualities of the workplace itself: participatory design of rest areas or shared visual displays draws on evidence that visual access to restorative surroundings supports psychological recovery (Ulrich, 1984), though such changes should emerge from collective participation rather than managerial imposition, and should not be used to mask deeper problems such as chronic overload or poor management.

Finally, as hybrid and remote work become more common, **digital and hybrid adaptations** (for example, digital whiteboards, anonymous mood boards, online collage tools) extend the same principles of process over product and non-evaluative reflection to distributed teams, provided privacy is protected and platforms are chosen with data protection in mind (Lupton, 2016).

Detailed, ready-to-use activity protocols corresponding to each of these categories (purpose, materials, duration, reflection questions, facilitator boundaries, and evaluation options) are provided in Annex 1 to this article.

Implementation Framework for Organisations

Implementation should be treated as a structured organisational intervention rather than an informal wellness activity, combining perspectives from organisational health intervention research, implementation science, and workplace well-being practice (Fixsen et al., 2005; Nielsen et al., 2014; Proctor et al., 2011). Organisational readiness requires sufficient trust, leadership support, time allocation, and communication clarity (Weiner, 2009); if employees perceive well-being initiatives as performative, even well-designed activities meet scepticism (Vignoli et al., 2017). The scope should be defined clearly as

individual, team, or organisational, since ambiguous purpose weakens participation and evaluation (Steckler & Linnan, 2002).

Participatory design, involving employees, HR, managers, and, where possible, qualified art therapists, improves intervention fit and the perceived legitimacy (Nielsen et al., 2021; Sørensen & Holman, 2017), while integration with existing HR systems prevents activities from becoming isolated symbolic gestures and supports sustainability beyond a single facilitator (Cohen et al., 2023). Facilitator competence must match activity intensity: low-risk reflective activities may be led by trained HR staff or managers, while emotionally intensive or trauma-related content requires qualified mental health professionals (Proctor et al., 2011). Communication should avoid both trivialisation (´fun art time´) and over-medicalisation (´therapy´), describing activities instead as ´guided creative reflection for workplace well-being´ (Alonso et al., 2023; McGregor et al., 2025), which supports the psychological safety needed for genuine participation (Edmondson, 1999).

Finally, timing should align with organisational rhythm, since brief sessions during lower-intensity periods outperform longer ones squeezed into overloaded schedules (Moore et al., 2015). Fidelity distinguishes core principles, namely voluntariness, non-evaluation, confidentiality, from adaptable elements such as materials or format (Proctor et al., 2011), and documentation should capture themes and implementation barriers, never personal artwork, supporting iterative refinement of the programme over time.

Ethical Boundaries: Therapy v. Facilitation

Ethical implementation requires voluntary participation, informed consent, confidentiality, non-discrimination, and cultural sensitivity (American Art Therapy Association, 2013). Employees must be told clearly that the activity is not therapy and that they may opt out at any point. HR departments should also avoid collecting personal artwork unless there is a clear, consensual, non-evaluative justification for doing so.

Organisations are required to establish referral pathways. If an employee shows signs of severe distress, panic, trauma response, suicidal ideation, or inability to function, HR professionals and managers must not attempt to handle the situation through art activities; they are obliged to refer the employee to qualified support, such as an Employee Assistance Programme, licensed mental health professional, occupational health service, or emergency support where appropriate. Table 2 summarises the most important distinctions between clinical art therapy and HR/manager art-informed facilitation (Malchiodi, 2012).

Table 2. Clinical art therapy versus HR/manager art-informed facilitation.

Clinical Art Therapy	HR/Manager Art-Informed Facilitation
Conducted by trained art therapists	Conducted by HR professionals/managers for low-risk reflection
May involve assessment and treatment	No diagnosis, treatment, or interpretation
Addresses trauma, mental illness, or clinical distress	Focuses on stress awareness, prevention, and team reflection
Requires therapeutic confidentiality and clinical competence	Requires workplace confidentiality, informed consent, and referral pathways
Individual psychological meaning may be explored	Employees determine what, if anything, to share

Source: adapted from Malchiodi (2012).

Expected Outcomes and Organisational Impact

Outcomes should be understood as measured and multidimensional, not a stand-alone cure for burnout, but a contribution to a broader ecology of prevention across individual, interpersonal, team, and cultural levels (Salvagioni et al., 2017). At the individual level, awareness of one's emotional state is a foundational step toward self-regulation (Gross, 1998), and creative reflection may help employees recognise unsustainable patterns earlier; however, severely depleted individuals may be least able to monitor their own condition accurately (Muraven & Baumeister, 2000), and an increased self-awareness carries a risk of individualising burnout, locating the problem in the person rather than the workplace (Cederstrom & Spicer, 2015). A related outcome, reduction of emotional exhaustion, is supported cautiously by occupational studies (Phillips & Becker, 2019; Tjasink et al., 2023) and achieved through mechanisms of externalisation and reappraisal that can restore a sense of control (Gross, 1998), though deeper reductions are more likely when creative practices are embedded in broader well-being systems (Reed et al., 2020).

At the team level, creative reflection can expand the communicative repertoire of the workplace beyond the formal language of workload and deadlines, helping employees name shared experiences and building emotional literacy over time (Steiner & Perry, 1997; Torres et al., 2023). Expressive group activities can also counter the withdrawal typical of burnout by creating a different interactional space of co-creation, listening, and shared attention (Karpavičiūtė & Macijauskienė, 2016; Nielsen et al., 2017), interrupting the narrowed attention typical of burnout so that teams notice stress stems from many

small interruptions rather than one large problem (Weick, 1995); handled voluntarily and non-evaluatively, such activities can also contribute to psychological safety (Edmondson, 1999).

At the organisational level, artistic practice may result in absenteeism, turnover intention, and engagement (Corbeanu et al., 2023; Salvagioni et al., 2017), though attribution requires research designs rarely available to HR-led programmes and these indicators are best interpreted as part of a wider preventive ecology consistent with the JD-R model (Bakker & Demerouti, 2007). Perhaps the most significant impact is cultural: art-informed practice may help humanise the workplace, shifting the central question from ´are employees still performing?´ toward ´how are employees experiencing the work?´, though this shift depends on whether leaders genuinely model the values they promote (Schein, 2010).

Challenges and Limitations

Although art therapy-informed burnout prevention has significant potential, several challenges deserve an honest acknowledgement. They fall broadly into evidential, operational, ethical, and contextual categories, none of which invalidate the framework, but each shapes the conditions in which it can be responsibly introduced. On the evidential side, the research base remains uneven, with small samples, heterogeneous interventions, and limited follow-up (Huet, 2015; Phillips & Becker, 2019; Tjasink et al., 2023), so claims should remain proportionate—promising, contributory. Related to this, most evidence concerns healthcare, and occupational stressors vary considerably across sectors (Eurofound, 2021), so what resonates with a nurse experiencing compassion fatigue may carry little meaning for a software engineer or a logistics worker.

Operationally, creative practices are inherently flexible, creating tension between fidelity and contextual fit (Fixsen et al., 2005); a workable approach standardises principles such as voluntariness and non-evaluation rather than scripts, allowing materials and formats to vary by context. A further operational risk is a superficial or performative use: organisations may offer creative workshops while ignoring excessive workload or unfair treatment, and because burnout is fundamentally linked to organisational conditions, such use is more likely to deepen cynicism than address its causes (Maslach & Leiter, 2016)—the difference between genuine preventive culture and performative wellness lies in whether reflection is connected to organisational action.

Contextually, some employees may feel embarrassed or sceptical about creative tasks, particularly in performance-driven cultures, and art and self-expression are culturally

mediated, so standardised activities may unintentionally privilege particular expressive norms (Huss & Sela-Amit, 2019); multiple entry points and attention to neurodiversity, disability, and language access are ethical requirements, not optional refinements. Finally, non-clinical facilitators should remain within the boundaries of their role when responding to the disclosure of trauma or severe psychological distress and refer participants to appropriate clinical or support services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Evaluating and attributing outcomes is methodologically difficult in complex organisational environments (Moore et al., 2015), and employees experiencing burnout risk often feel they have no time for reflective activities—a paradox that places responsibility on the organisation to genuinely protect time for these processes rather than reproducing the inequalities it aims to address. None of these challenges is unique to art therapy-informed approaches, and together they reinforce the careful, bounded implementation outlined throughout this article.

Discussion

Viewing burnout prevention as an artistic practice expands the language of workplace well-being: burnout is at once cognitive, affective, and embodied, and art therapy-informed methods can make these dimensions visible before they become crises, offering an early warning capacity that surveys and performance metrics rarely provide.

The framework draws on art therapy selectively, adapting it for non-clinical, preventive use instead of replicating clinical practice, which is the article's central methodological and ethical contribution. Art therapy-informed practices do not address job demands directly; their contribution consists in the resource side of the JD-R equation, building reflective capacity, social support, and psychological safety that allow strain to be named before it becomes entrenched (Bakker & Demerouti, 2007). This article has identified a translational gap, namely the absence of structured guidance for ethically adapting art therapy-informed techniques for HR-driven use and proposed a framework to address it. Future research priorities include evaluation of HR-facilitated programmes across diverse sectors and development of fidelity measures for non-clinical adaptation.

Conclusion

This article argues that art therapy-informed practices can contribute to the prevention of workplace burnout, a condition now recognised by the World Health Organisation as an occupational phenomenon (World Health Organisation, 2019). Used as carefully

bounded, preventive, and organisationally responsible forms of creative reflection, instead of a replacement for workload management, leadership reform, or clinical care, these practices offer a distinctive mode of attention recognising that employees experience stress through emotion, image, metaphor, and loss of meaning.

The article positions art therapy-informed burnout prevention as an interdisciplinary practice bridging organisational psychology, HR management, occupational health, and creative arts therapy. HR professionals and managers are not therapists: they do not diagnose, interpret artwork, or treat distress. Their role is preventive and facilitative, making space for creative reflection, team dialogue, and early recognition of strain, while maintaining clear referral pathways for deeper clinical needs. This boundary protects employees and strengthens the credibility of the practice.

The evidence base supports cautious optimism. Reviews of art therapy-based and expressive arts interventions indicate potential benefits for stress reduction, emotional processing, and burnout-related outcomes, especially in healthcare contexts (Huet, 2015; Phillips & Becker, 2019; Tjasink et al., 2023), and recent trials suggest growing empirical interest in structured art-based interventions for burnout and mental distress (Ho et al., 2021; Tjasink et al., 2025). The field is moving, slowly but meaningfully, from theoretical promise toward empirical validation, though stronger longitudinal, cross-sector research remains essential.

Doing nothing is not a neutral choice. Burnout erodes professional identity, damages relationships, and undermines organisational performance, and, in severe cases, contributes to lasting psychological harm (Salvagioni et al., 2017). Organisations that treat prevention as optional become complicit in the conditions that cause harm. Ultimately, the value of art therapy-informed techniques in HR and managerial practice depends on how they are framed and used: imposed superficially, they become another organisational demand and a form of organisational bad faith; used ethically, voluntarily, and in connection with substantive organisational care, they can contribute to an earlier recognition of burnout risk, richer communication, and more humane forms of workplace support.

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