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Can art therapy reduce death anxiety and burnout in end-of-life care workers?

A quasi-experimental study

Jordan S Potash, Andy HY Ho, Faye Chan, Xiao Lu Wang, Carol Cheng

The need for empathy and the difficulties of coping with mortality when caring for the dying and the bereaved can cause psychological, emotional, and spiritual strain among nurses, social workers, and other professional caregivers (Demerouti et al, 2000; Peterson et al, 2008). Such stress can lead to burnout, which is a feeling of persistent diminished energy and pervasive doubt in one's professional role (Maslach et al, 1996). The effects of burnout can also affect the caregiver's patients, colleagues, family, and friends (Bakker et al, 2005; Schaufeli et al, 2008). This paper reports an examination of the effectiveness of art-therapy-based supervision in reducing burnout and death anxiety among end-of-life (EoL) care workers in Hong Kong.

Background

Burnout and supervision

One way to assist EoL care workers is to strengthen their self-competence, which includes enhancing autonomy and ensuring availability of support (Chan and Tin, 2012). This trait also includes hardiness, coherence, and meaning-making (Ablett and Jones, 2007). Of particular importance are opportunities to periodically reflect on one's own attitudes, feelings, and anxieties related to death (Bluck et al, 2008). Single-session stress-management training (Kravits et al, 2010), ongoing team-building programmes (Swetz et al, 2009), and supervision (Pereira et al, 2011) have been shown to be effective in reducing burnout. Supervision entails a mentor-type relationship that ensures ethical practice, imparts clinical skills, and provides opportunities for reflection on thoughts and emotions related to patient relationships (Wheeler and Richards, 2007). Specific attention to emotion-focused coping skills (emotional awareness and regulation) proved more effective in reducing burnout than problem-focused strategies (skill development) in a study by Sardiwalla et al (2007).

Abstract

Background: The need for empathy and the difficulties of coping with mortality when caring for the dying and the bereaved can cause psychological, emotional, and spiritual strain. **Objective:** The aim of this study was to examine the effectiveness of art-therapy-based supervision in reducing burnout and death anxiety among end-of-life care workers in Hong Kong. **Methods:** Through a quasi-experimental design, 69 participants enrolled in a 6-week, 18-hour art-therapy-based supervision group, and another 63 enrolled in a 3-day, 18-hour standard skills-based supervision group ($n=132$). Pre- and post-intervention assessments were carried out with three outcome measures: the Maslach Burnout Inventory—General Survey, the Five Facet Mindfulness Questionnaire, and the Death Attitude Profile—Revised. The data was analysed using paired sample t-tests. **Results:** Significant reductions in exhaustion and death anxiety and significant increases in emotional awareness were observed for participants in the art-therapy-based supervision group. **Conclusion:** This study provides preliminary evidence that art-therapy-based supervision for end-of-life care workers can reduce burnout by enhancing emotional awareness and regulation, fostering meaning-making, and promoting reflection on death.

Key words: Hospice ● Palliative care ● Supervision ● Burnout ● Art therapy

Burnout, supervision, and art therapy

Emotion-focused supervision requires professionals to consider and communicate feelings and experiences that may be difficult to verbalise. Although making art provides a means to express oneself through images and metaphors (McNiff, 1992), art therapy offers a professional relationship in which to create art for the purpose of increasing understanding of one's emotions and stress (Slayton et al, 2010). Supervised art therapy allows the making of art to take a central role in professional self-understanding (Franklin, 1999; Lahad, 2000). Several art therapists have documented how their work with EoL care workers prevented and reduced burnout by managing stress, fostering collegial connections, emphasising self-care, and enabling the

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Table 1. Outline of art-therapy-based supervision activities

| Broad theme | Sub-theme | Activity |
|----------------------------------|----------------------------------|---|
| Self-care and stress management | Self-awareness | Create a mandala (circle) to symbolise present feelings |
| | Symbols of stress | Create art to represent stress and then transform it to make yourself feel better |
| Case sharing and clinical skills | Meaningful patient interactions | Create art about a patient interaction that demonstrated professional strength |
| | Challenging patient interactions | Create art about a patient interaction that was challenging |
| Grief and bereavement | Symbols of grief | Create art to represent an encounter relating to a patient's death |
| | Finding meaning | Create a mandala to demonstrate meaning |

Table 2. Outline of skills-based supervision activities

| Broad theme | Sub-theme | Activity |
|---|---|---|
| Overview of basic and intermediate counselling skills | Basic concept and skills | Mini-lecture with examples from trainer's past clients |
| | Concept elaboration and advanced skills | Mini-lecture with examples from trainer's past clients |
| Case presentation | Patient interaction | Sharing of selected tape-recorded client interactions and transcriptions |
| | Reflection on patient interaction | Present how the situation was handled, the thoughts and feelings evoked, and how the worker experienced themselves in the situation |
| | Reflection on death | Case enactment with 'family sculpture' or role play |
| Case analysis | Reflective learning | Group discussion on reflections and interpretations of the situation, possible solutions and alternative approaches |

expression of grief (Nainis, 2005; Italia et al, 2008; Brooks et al, 2010; Salzano et al, 2012).

Aims

The present study aimed to understand the effects of art-therapy-based supervision for EoL care workers in Hong Kong, who typically only receive problem-focused supervision. Specific research questions included whether

participation in an art-therapy-based supervision group could:

- Reduce or mitigate burnout
- Increase feelings of competency and self-efficacy
- Affect emotional awareness and regulation
- Decrease negative death attitudes.

Methodology

The study used a quasi-experimental design to accommodate the typical professional-development course schedule offered by the authors' collaborating agency. This method enabled the use of pre- and post-intervention measurements to compare the effectiveness of art-therapy-based supervision and usual supervision practice.

Setting and participants

Participants included nurses, social workers, counsellors, clergy, physical therapists, occupational therapists, and volunteers in the field of death, dying, and bereavement, from various settings in Hong Kong. The participants self-selected to register for either art-therapy-based or skills-based supervision included as part of the regular training arranged by the Society for the Promotion of Hospice Care.

Interventions

Each course was offered three times from September 2011 to August 2012. Session sizes were limited to 25 participants. Participants in the art-therapy-based supervision attended six weekly sessions, each lasting 3 hours. The sessions focused on specific themes (Table 1) and included a breathing exercise, guided visualisation, making art, reflective writing, as well as small and large group discussions (Potash et al, in press). The course was led by an art therapist who is registered, board-certified, and licensed in the US.

Participants in the skills-based supervision group attended three daily sessions, each lasting 6 hours. The sessions included opportunities for participants to learn new clinical skills, share case material, and engage in case analysis (Table 2). Each session included discussion and case consultation. The course was led by a counselling psychologist and nurse consultant.

Data collection

The participants completed three self-administered standardised scales immediately prior to and at the conclusion of the supervision course in which they enrolled. The time between pre- and post-assessment was 6 weeks for the art-therapy-based supervision group and 3 days for the skills-based supervision group. Participant-

generated art, reflective writings, discussions, and evaluations were also included to supplement the quantitative data.

Measures

The three measures used were the Maslach Burnout Inventory—General Survey (MBI-GS), the Five Facet Mindfulness Questionnaire (FFMQ), and the Death Attitude Profile—Revised (DAP-R).

The MBI-GS (Maslach et al, 1996) consists of 16 items, rated on a 6-point Likert scale, that measure three sub-domains: exhaustion (physical and emotional energy), cynicism (meaningfulness), and professional efficacy (skill competency). Higher scores on the first two sub-domains indicate increased burnout, whereas a higher score on the final one indicates decreased burnout. The MBI-GS was selected over the MBI for health professionals, as allied health workers and volunteers were included in the study.

The FFMQ (Baer et al, 2006) is composed of 39 items, rated on a 5-point Likert scale, that measure five sub-domains: observing the world (attention to external world); describing thoughts and feelings (attention to internal world); acting with awareness (paying attention to current tasks); not judging internal experiences (evaluating thoughts and feelings); and not reacting to internal experiences (degree to which thoughts and feelings affect behaviour). Higher scores indicate increased attention to the present moment.

The DAP-R (Wong et al, 1994) consists of 32 items, rated on a 7-point Likert scale, that measure five sub-domains: fear of death; death avoidance (avoiding the topic of death); escape acceptance (death as an escape from pain); approach acceptance (desire for afterlife); and neutral acceptance (death as natural). Higher scores indicate higher levels of fear, anxiety, and acceptance of death, respectively.

Ethical considerations

Ethical approval was obtained from the Human Research Ethics Committee for Non-Clinical Faculties at the University of Hong Kong (reference number EA160811).

Data analysis

Statistical analysis was completed using SPSS 20 (IBM). Descriptive analysis was performed to understand sample characteristics, including age, gender, clinical role, and years at hospice. Paired sample t-tests were used to compare mean scores obtained before and after the intervention. Results yielding a *P*-value of <0.05 were considered statistically significant.

Table 3. Participant demographics

| Characteristic | Art-therapy-based group | | Skills-based group | |
|--|-------------------------|------------|--------------------|------------|
| | Total (n=69) | QD (n=56) | Total (n=63) | QD (n=57) |
| Gender | | | | |
| Female | 66 (95.7%) | 54 (96.4%) | 53 (84.1%) | 47 (82.5%) |
| Male | 1 (1.4%) | 1 (1.8%) | 8 (12.7%) | 8 (14.0%) |
| Age | | | | |
| 18–24 years | 1 (1.4%) | 1 (1.8%) | 2 (3.2%) | 2 (3.5%) |
| 25–29 years | 3 (4.3%) | 1 (1.8%) | 5 (7.9%) | 5 (8.8%) |
| 30–39 years | 25 (36.2%) | 19 (33.9%) | 17 (27.0%) | 15 (26.3%) |
| 40–49 years | 23 (33.3%) | 20 (35.7%) | 28 (44.4%) | 25 (43.9%) |
| 50–59 years | 13 (18.8%) | 12 (21.4%) | 9 (14.3%) | 8 (14.0%) |
| 60+ years | 2 (2.9%) | 2 (3.6%) | 0 | 0 |
| Role | | | | |
| Nurse | 23 (33.3%) | 20 (35.7%) | 26 (41.3%) | 25 (43.9%) |
| Social worker | 20 (29.0%) | 13 (23.2%) | 19 (30.2%) | 17 (29.8%) |
| Other | 24 (34.8%) | 23 (41.1%) | 17 (27.0%) | 15 (26.3%) |
| Years at hospice | | | | |
| <1 | 22 (31.9%) | 19 (33.9%) | 20 (31.7%) | 18 (31.6%) |
| 1–3 | 13 (18.8%) | 10 (17.9%) | 15 (23.8%) | 14 (24.6%) |
| 3–5 | 11 (15.9%) | 8 (14.3%) | 8 (12.7%) | 7 (12.3%) |
| 5–7 | 4 (5.8%) | 3 (5.4%) | 4 (6.3%) | 4 (7.01%) |
| 7–10 | 3 (4.3%) | 3 (5.4%) | 3 (4.8%) | 2 (3.5%) |
| >10 | 13 (18.8%) | 11 (19.6%) | 8 (12.7%) | 8 (14.0%) |
| QD, quantitative data available for analysis | | | | |

Rigour

Previous studies reported in the literature have demonstrated the validity and reliability of the MBI-GS (Schutte et al, 2000; Worley et al, 2008), FFMQ (Baer et al, 2008; de Bruin et al, 2012), and DAP-R (Clements and Rooda, 1999–2000; Ho et al, 2010).

Results

This paper primarily reports on the quantitative findings. Some 69 participants enrolled in the art-therapy-based supervision and another 63 enrolled in standard skills-based supervision (*n*=132). The demographics of the two groups were similar (Table 3). Results for all of the measures are presented in Table 4.

Burnout

The results of the MBI-GS showed that both groups experienced a decrease in exhaustion, but only the participants in the art-therapy-based supervision group had a significant mean reduction from baseline (mean (*M*)=15.46, standard deviation (*SD*)=5.93) to post-intervention (*M*=13.73, *SD*=5.40) (*t*=2.64, *P*=0.011). By contrast, both groups had increases in cynicism, but

Table 4. Results of the burnout and death anxiety measure self-analyses

| Tool | Subscale | Art-therapy-based supervision group (n=56) | | | | | | Skills-based supervision group (n=57) | | | | | |
|--------|-------------------------------------|--|------|----------------|------|-------|--------|---------------------------------------|------|----------------|------|-------|--------|
| | | Baseline mean | SD | Follow-up mean | SD | t | P | Baseline mean | SD | Follow-up mean | SD | t | P |
| MBI-GS | Exhaustion | 15.46 | 5.93 | 13.73 | 5.40 | 2.64 | 0.011* | 15.19 | 6.22 | 14.74 | 6.15 | 0.82 | 0.42 |
| | Cynicism | 10.84 | 5.17 | 11.58 | 4.83 | -1.08 | 0.29 | 11.63 | 4.71 | 12.94 | 3.65 | -2.60 | 0.012* |
| | Professional efficacy | 26.29 | 6.46 | 25.78 | 5.61 | 0.87 | 0.39 | 24.80 | 6.02 | 24.27 | 5.66 | 0.78 | 0.44 |
| FFMQ | Observing | 26.55 | 4.27 | 28.26 | 4.41 | -3.29 | 0.002* | 26.22 | 4.26 | 26.33 | 3.91 | -0.31 | 0.76 |
| | Describe | 24.18 | 2.03 | 24.49 | 1.89 | -1.32 | 0.19 | 24.31 | 2.34 | 24.17 | 2.35 | 0.37 | 0.71 |
| | Acting with awareness | 21.17 | 4.79 | 19.69 | 4.50 | 2.58 | 0.013* | 20.53 | 4.30 | 20.86 | 4.19 | -0.72 | 0.48 |
| | Non-judging of inner experiences | 22.42 | 4.91 | 21.47 | 4.51 | 2.13 | 0.038* | 22.84 | 3.94 | 23.27 | 4.22 | -0.94 | 0.35 |
| | Non-reactivity to inner experiences | 22.04 | 2.85 | 22.46 | 3.30 | -1.08 | 0.29 | 21.45 | 2.29 | 21.47 | 2.28 | -0.06 | 0.95 |
| | | | | | | | | | | | | | |
| DAP-R | Fear of death | 2.64 | 0.87 | 2.33 | 0.92 | 3.63 | 0.001* | 2.98 | 0.97 | 3.22 | 0.99 | -2.88 | 0.006* |
| | Death avoidance | 2.45 | 1.17 | 2.21 | 1.15 | 2.14 | 0.037* | 2.75 | 0.92 | 3.07 | 1.10 | -2.25 | 0.029* |
| | Neutral acceptance | 5.91 | 0.63 | 5.96 | 0.80 | -0.48 | 0.64 | 5.73 | 0.68 | 5.52 | 0.83 | 1.90 | 0.063* |
| | Approach acceptance | 5.23 | 1.24 | 5.45 | 1.23 | -2.67 | 0.010* | 4.84 | 1.12 | 4.77 | 1.03 | 0.92 | 0.36 |
| | Escape acceptance | 3.90 | 1.28 | 4.11 | 1.57 | -1.28 | 0.21 | 4.00 | 1.26 | 4.15 | 1.38 | -1.00 | 0.33 |

DAP-R, Death Attitude Profile—Revised; FFMQ, Five Facet Mindfulness Questionnaire; MBI-GS, Maslach Burnout Inventory—General Survey; SD, standard deviation. *Significant at $P<0.05$.

the increase was only significant for the skills-based group (baseline $M=11.63$, $SD=4.71$; post-intervention $M=12.94$, $SD=3.65$; $t=-2.60$, $P=0.012$). The two groups had similar non-significant decreases in professional efficacy.

Emotional regulation

The results of the FFMQ revealed significant increases in observing for the art-therapy-based supervision group from baseline ($M=26.55$, $SD=4.27$) to post-intervention ($M=28.26$, $SD=4.41$) ($t=-3.29$, $P=0.002$). There were also significant decreases for acting with awareness from baseline ($M=21.17$, $SD=4.79$) to post-intervention ($M=19.69$, $SD=4.50$) ($t=2.58$, $P=0.013$) and for non-judging of inner experiences from baseline ($M=22.42$, $SD=4.91$) to post-intervention ($M=21.47$, $SD=4.51$) ($t=2.13$, $P=0.038$). No significant changes were observed for participants in the skills-based supervision group.

Death attitudes

The results of the DAP-R revealed several significant changes. Both groups' mean fear of death scores decreased from baseline to

post-intervention (art-therapy-based supervision group baseline $M=2.64$, $SD=0.87$; post-intervention $M=2.33$, $SD=0.92$; $t=3.63$, $P=0.001$) (skills-based supervision group baseline $M=2.98$, $SD=0.97$; post-intervention $M=3.22$, $SD=0.99$; $t=-2.88$, $P=0.006$). The death avoidance of the art-therapy-based supervision group decreased from baseline ($M=2.45$, $SD=1.17$) to post-intervention ($M=2.21$, $SD=1.15$) ($t=2.14$, $P=0.037$), whereas that of the skills-based supervision group increased from baseline ($M=2.75$, $SD=0.92$) to post-intervention ($M=3.07$, $SD=1.10$) ($t=-2.25$, $P=0.029$). The skills-based supervision group had a significant decrease in neutral acceptance from baseline ($M=5.73$, $SD=0.68$) to post-intervention ($M=5.52$, $SD=0.83$) ($t=0.82$, $P=0.063$). The art therapy-based supervision group had a significant increase in approach acceptance from baseline ($M=5.23$, $SD=1.24$) to post-intervention ($M=5.45$, $SD=1.23$) ($t=-2.67$, $P=0.01$). Both groups had non-significant increases in escape acceptance.

Discussion

There was evidence that the art-therapy-based supervision reduced the exhaustion component

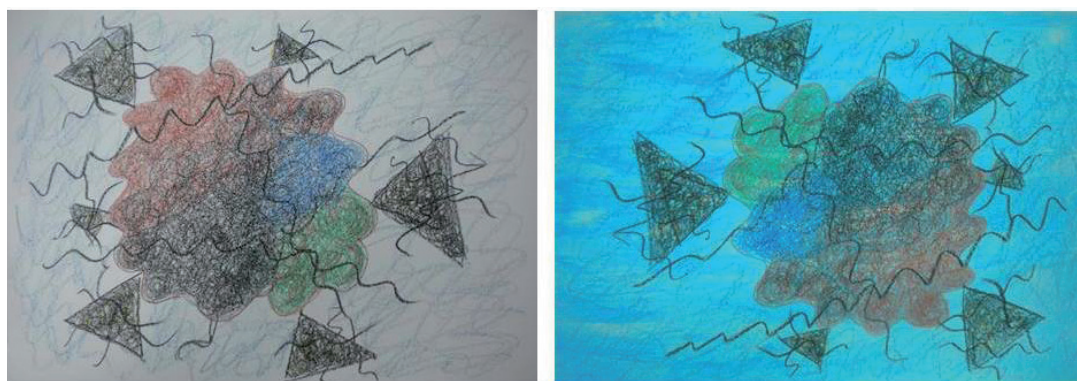


Figure 1. An example of how making art may reduce the risk of burnout, in this case by enabling the artist to gain a fresh perspective on stress through metaphor

of burnout for the EoL care workers. This effect may be explained by the enhancement of emotional awareness and reduction of death anxiety among the art-therapy-based supervision group but not the skills-based supervision group.

Burnout

The art-therapy-based supervision group had a significant reduction in exhaustion, which relates to both physical and emotional energy. One explanation for this change could lie in the fact that these participants described their time spent making art as providing a much-needed opportunity for introspection and contemplation. Although there were increases in cynicism (decreased levels of interest and enthusiasm) for both groups, those in the art-therapy-based supervision group did not have a statistically significant rise. This difference may be explained by comments the participants offered during discussion and in their evaluations, to the effect that the group facilitated meaning-making, appreciation for shared learning, and connections with their colleagues fostered through the making of art. These findings parallel those of Ablett and Jones (2007) around the importance of support and meaning-making as ways to cope with work limitations and demands. These participants' adoption of a different perspective on their situations may, in combination with their higher energy, have buffered the full effects of cynicism.

Figure 1 offers an example of how making art may reduce the risk of burnout. In the second session on symbols and transformation of stress, this participant initially described stress as an amoeba under attack by both internal threats (thoughts and feelings) and external threats (colleague confrontations and client demands). She chose to alter the stress by covering the crayon drawing with blue watercolour paint. This choice represented putting the amoeba and



Figure 2. An example of art illustrating professional strengths, in this case including patience, modesty, caring, and openness

conflicts in water—a metaphor for gaining a fresh perspective upon reflection. Other participants altered their images by changing the colours, removing elements, or altering the perspective. All of these tactics were discussed as metaphors for work-related strategies.

Competency and self-efficacy

According to the participant evaluations, the two groups thought that their respective supervision was useful for increasing competency. However, the results of the professional efficacy subscale of the MBI-GS showed non-significant decreases for both groups. The items for this subscale describe personal feelings of confidence, accomplishment, and effectiveness in one's work. The results may be due to the participants having limited opportunities to enact their new perspectives and skills. Further research in this area is required.

Within the art-therapy-based supervision group, the participants often commented on having increased awareness of their own competence as a result of their participation. One reason for this may have been the emphasis on emotion-focused skills that promoted reflection on



Figure 3. An example of art illustrating participants noticing and responding to their experiences

personal resources and self-competence (Chan and Tin, 2012). For example, questions about how to make use of specific techniques with patients were answered by having the participants reflect on their current professional skills and how they would handle the situation if external advice were not available and having them take notice of the feelings that prompted the question. Only after a review of one's current skill set would the facilitator offer additional ideas. Figure 2 is an example of art illustrating professional strengths, including patience, modesty, caring, and openness. This participant was encouraged to review the application of these traits when discussing her challenges. Several of the participants also reported feeling that they became artists over the supervision sessions, reflecting changes in self-perceived abilities and identity.

Emotional regulation

The FFMQ provided some additional explanation of how emotional awareness and regulation might have accounted for the decrease in burn-out. Even though each session began with some breathing and guided visualisation exercises, the course did not teach or emphasise mindfulness practices. Any changes in these areas were best attributed to the art-therapy process, which emphasises both self-reflection and emotional

awareness (McNiff, 1992). The findings show that the participants in the art-therapy-based supervision group had significant increases in the 'observe' subdomain of the FFMQ, whereas the skills-based supervision group did not. The increase in observation skills in the art-therapy-based supervision group makes sense, as the participants gradually became more attuned and sensitive to the images they and their colleagues created.

The significant decrease in the 'acting with awareness' subdomain in the art-therapy-based supervision group is surprising, given that the participants described how the group helped them to become more self-aware. This outcome may relate to this scale's definition of awareness as attentiveness to a task, rather than emotional self-awareness. Another possibility is that increased emotional awareness redirects one's attention from external events and activities, such as work tasks, to internal ones, such as thoughts and feelings. As mentioned above, the course did not train participants in mindfulness techniques, which emphasise observing thoughts and feelings and letting them pass. The goal of art therapy is the opposite: to pay attention to thoughts and feelings in order to create art about them for reflection (Franklin, 1999). This aspect of the art therapy process may explain the non-significant trend toward being less reactive to thoughts and feelings, as measured in the final subdomain. Although the participants may have judged their inner states, the findings suggest that the judgments did not lead to emotional distress.

Figure 3 is an example of the participants noticing and responding to their experiences. It comes from the fourth session, during which the participants reflected on a challenging situation. The participant described it as:

'Challenges [are] just like big waves. [They] shake me, flow me, frightened me. I could not say I enjoy it. But I know challenges bring me golden rain. Wisdom like gold. Golden rain strengthen[s] my golden boat. Golden boat can bring me [to] get over all the "big waves".'

The participant noticed the distress that challenges bring, but by reflecting on this she was able to observe her anxiety and channel it into meaningful expression.

Death attitudes

Both groups had significant changes in their fear of and willingness to discuss death. The participants in the art-therapy-based supervision group had less fear and greater willingness to discuss

the topic. The significant increase in approach acceptance for the art-therapy-based supervision group may indicate that the lessened fear of death could be a result of increased belief in a promising afterlife. This change may be due to the participants discussing and describing their various perspectives on what happens after someone dies. Participants in the skills-based supervision group had a significant decrease in neutral acceptance (death as natural). This may be explained by the assumption that the accurate use of skills will dissipate the distress that results from thinking about death. By contrast, adopting an emotion-focused approach emphasises that paying attention to feelings about death provides opportunities for reflection that could lead to better self-care and patient care.

It should be noted that thinking about death was counterintuitive for some of the participants. At the beginning, there was some discomfort, but by the end many of the participants said they saw the benefit of taking time to reflect on death and the feelings it brings. *Figure 4* is an example of art from a participant who described mixed feelings in relation to death. She wrote:

'Great sorrow though it has been, calm and peaceful as clouds sweep across the blue sky.'

In this case, the initial sadness experienced on first thinking about death was ultimately replaced with a comforting and meaning-oriented response that would not have been possible had the initial discomfort been ignored. This observation may also explain the changes in burnout, as discussing death-related memories has been described in the literature as an important factor in supervision for EoL care workers (Bluck et al, 2008).

Limitations

A limitation to this study was the quasi-experimental design and the lack of randomisation of participants to the two courses. As all of the participants elected to enrol in some kind of training course, there were equivalent levels of willingness for professional development in the two groups. Although it is possible that participants who selected the art-therapy-based supervision group were more amenable to using art for expression and communication, this comfort with making art does not necessarily relate to emotion-focused coping. Those participants who regularly created art did so as a hobby or recreationally, rather than as an opportunity for self-understanding.

The two groups had an equal number of course hours, but some of the differences




Figure 4. An example of art illustrating participants having mixed feelings in relation to death

between them could have been due to differences between participating for three full days in a row vs meeting once a week for six weeks. It is possible that meeting over a relatively extended time might allow the development of collegial relationships, as well as allowing opportunities to try new skills. Further, the different styles of the trainers, which reflect the different goals of the two programmes, could also be a factor. Future research should use a fully experimental design to test the differences reported in this article.

Finally, in interpreting these findings it is important to avoid assuming that one type of supervision is better than the other. The two groups were compared, but the research was not designed with a true control group. This study was mostly interested in understanding art-therapy-based supervision. Future research might need to consider the relative benefits of each type of supervision.

Conclusion

Despite the aforementioned limitations, this study has produced modest but promising findings. The results show that art-therapy-based supervision has the potential to reduce burnout for EoL care workers by decreasing exhaustion, fostering emotional awareness, and promoting comfort in thinking and talking about death. Managers and directors may want to consider providing opportunities for regular art-therapy-based supervision as part of a comprehensive and holistic professional development programme in EoL care. 

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