



Research article

Creating a vital healing community: A pilot study of an art therapy employee support group at a pediatric hospital



Mary K. Kometiani*

Akron Children's Hospital, Akron, OH, United States

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ABSTRACT

The purpose of this pilot study was to survey participants in an art therapy pediatric hospital staff support group to assess their sense of wellbeing in the workplace. The primary goal was to explore the value of using the ProQOL measure to evaluate outcomes of art therapy engagement for staff. Art therapy is an effective application of holistic wellness to combat stress and provide the powerful rewards of respite, personal growth, and emotional support while building a healing community in the workplace; it also helped with improving focus and productivity despite the strain of providing care to complex and challenging patient and families. Potentially the encouraging outcomes of this study can be used to improve availability of art therapy services for healthcare system employees.

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Introduction

Hospitals are busy settings that do not offer much respite for their employees who often rush to finish all that is required during the work day. Although working in a hospital can be immensely gratifying and stimulating, the intensity of the environment poses a significant threat to the wellness to its workers. Pediatric hospital caregivers often work within demanding and complex environments and situations dealing with severely ill young children. Often pediatric hospital staff encounter youth who have been tragically abused, injured by random violence, debilitated by careless accidents, or have just received a devastating diagnosis. Each day the precious and fragile lives of infants, young children and growing teens and their families hang in balance at a children's hospital. Only when hospital workers are able care for themselves can they help heal their patients (Bush, 2009). When hospital workers are consistently healthy in mind and body, they can provide the high standard of care that is required of their positions.

Hospital employees are exposed to intense stressors including rapid work pace, demanding schedules, ever-increasing role obligations, and very high expectations if not a perfected work performance. Caring for the caregivers is a necessary health care initiative; workplace wellness should not only address the physical health, but also the emotional and psychological health of its employees. If holistic care is overlooked for hospital caregivers,

occupational stress can lead to fatigue, detachment, depression, reduced productivity, burnout, illness and even patient harm (Berry, Mirabito, & Baun, 2010; Brown & Nowlan, 2016; Kushner & Ruffin, 2015; Luca, Bellia, Bellia, Luca, & Calandra, 2014), and failure to address job stress in caregivers may result in impaired professional competence which is harmful to the profession (Barnett, Elman, Baker, & Schoener, 2007). Staff support is not only beneficial for personal wellness but also crucial for workplace wellness and patient care; there is an undeniable connection between staff health and the welfare of patients (Goodrich, 2011). In addition wellness programs have been proven to save organizations millions of dollars and improve productivity (De La Torre & Goetzl, 2016) as well as stimulate success and strength (Richardson, 2017). Research proves that healthy employees are more productive workers, safer caregivers, and are a positive investment in the institution's future.

Occupational stress can be reduced by facilitating community development in the workplace because experiencing a sense of kinship provides a sense of meaning and encourages connection and growth. Workers experience meaning and satisfaction if they feel accepted, supported, and valued (Parker & Gadbois, 2000). Providing an opportunity for building teamwork in the workplace creates a more supportive workplace (Lown & Manning, 2010), and instilling an empathetic environment in which employees share their experience and improve communication proves to deliver valuable time for staff to revisit why they work in the caring profession (Thompson, 2013). Employee workplace retention is strengthened through offering staff adequate opportunities to experience support (Han, Trinkoff, & Gurses, 2015), feel empowered and develop a sense of self-awareness (Oyeleye & Hanson, 2013). Not only are

* Correspondence to: Art Therapy Heals, LLC, Lima, OH 45805, United States.
E-mail address: ArtTherapyHealsLLC@gmail.com

these opportunities necessary for the hospital patients' safety and for the financial welfare of the organization, but support in the workplace provides a sense of value and worth to its employees leading to job satisfaction and career preservation.

Art therapy is an effective way to combat workplace stress and reduce compassion fatigue through offering opportunities for emotional support, self-awareness, and providing meaning. Research has proven that the use of art therapy reduces symptoms associated with stress for health care professionals (Huet & Holttum, 2016; Huss & Sarid, 2014), and art therapy groups were shown to provide support and team building (Salzano, Lindemann, & Tronsky, 2013). Art therapy was an effective way of providing time for reflection, insight, managing stress, and achieve balance for medical students (Potash, Chen, & Tsang, 2015). Art therapy aided oncology nurses to tackle grief issues, encouraged emotional health, and provided support to address burnout and team morale (Nainis, 2005). During a quasi-experimental study in Hong Kong, art therapy was also used to reduce burnout for end-of-life care workers (Potash, Ho, Chan, Wang, & Cheng, 2014). In these studies, art therapy provided a safe environment to process caregivers' reactions to various situations and manage their stress regarding patient care. In addition to the value of burnout reduction and relieving grief, creative encounters were able to help South African hospice caregivers feel more affirmed, empowered, and hopeful through analysis of interviews and field notes (Repar & Reid, 2014). The use of art proved to impact caregivers' wellbeing in a positive manner (Karpaviciute & Macijauskiene, 2016; Titues & Sinacore, 2013). The worthwhile and powerful benefits of using art therapy with health care workers included decreasing stress symptoms and workplace burnout, providing an environment for employees to process emotional experiences and grief reactions to patient care, and improving the morale of the team through supportive self-care.

Due to the existing gaps in the research on the benefits of art therapy specifically with pediatric hospital health care workers, the purpose of this pilot study was to observe the potential outcomes of facilitating art therapy with a staff support group in a children's hospital. The hypothesis of the pilot study, designed by the author, research assistant, and director of the program, was to evaluate the outcomes of the engagement for staff through the impact on work performance and overall sense of wellness using the ProQOL (Version 5), Professional Quality of Life Scale. Semi-structured interviews were also recorded to better comprehend the individual responses to the art therapy group interventions and the subsequent impact on one's personal health. Participant generated art was also included to supplement the data.

Method

Participants

The study took place at a large pediatric health care provider in the United States of America. The hospital had over 250 beds at its main location servicing a large geographical area consisting of rural and urban areas in northeast Ohio. As this was an existing and ongoing group within the hospital, all members of the monthly staff support group were eligible to participate. The group sessions were advertised to all hospital staff in bulletins, email newsletters, and by advertisements in the elevator systems. The sessions took place in a center that was dedicated to expressive therapy with an open and inviting atmosphere, natural lighting, large tables, and an abundance of various art supplies.

Demographic data was collected to capture the professional and personal characteristics of the participants and included information of age, gender, position, and duration of employment. The sessions were comprised of 12 participants attending the first ses-

sion, nine attending the second, and 13 attending the third session ($M=11$). The final number of 12 participants completed the baseline questionnaire and five participants completed the third month follow-up questionnaire. All participants were asked to contribute to the semi-structured interview to supplement the quantitative data; three participants consented and completed the interview. The average range of participant ages was 40–49 years old with the mean years of employment at the hospital being over eight years. The group consisted of all female employees with eleven Caucasians and one African American. Participants were from various hospital departments and included correspondence clerk ($n=1$), coding specialists ($n=3$), medical coders ($n=3$), medical librarian ($n=1$), office coordinator ($n=1$), executive secretary ($n=1$), palliative care social worker ($n=1$), and palliative care expressive therapist ($n=1$).

Although the group was fairly homogenous, the participants had diverse stressors. Healthcare workers often report deficient balance between home and work, and lifestyle stress is experienced by all, but especially for women who often continue to provide care at home past working hours (Mullen, 2015). Participants were managing personal stress from bereavement, aged and ailing loved ones, and family role transitions such as becoming a newlywed, and recently being divorced. Work life stress included the spectrum of starting a new position to approaching retirement, taxing patient and family situations, and the usual chaotic schedules within a fast paced environment—exemplified by frequently working through lunch or eating lunch during a meeting. Some of the participants were very familiar with art techniques and were experienced in their creative routines, and others were not familiar with art expression.

Procedure

Approval from the Institutional Review Board of the health care system was sought and obtained before this study started. Potential risks and benefits were covered and written consent was obtained prior to participating in the art therapy session. Consenting participants were given paper copies of the ProQOL test questionnaire at baseline before attending the first session and then again three months later after completing the third session. The questionnaire was done through rolling enrollment as all of the participants were unable to attend each month, and some were not able to complete both sets (a testament to their stressful schedules).

The ProQOL was chosen for this pilot study because it is the most universally used validated scale to assess the effects of those working with stressful events (Stamm, 2010). The ProQOL has been used with many health care workers: nurses in acute settings and non acute settings (Ariapooran, 2014; Kelly et al., 2015), pediatric nurses (Berger, Polivka, Smoot, & Owens, 2015; Branch & Klinkenberg, 2015), transplant nurse coordinators (Kim, 2013), genetic counselors (Lee, McCarthy Veach, MacFarlane, & LeRoy, 2015), physicians (Cooke, Doust, & Steele, 2013), and hospital staff (Smart et al., 2014). Research demonstrates that those subjected to intense stress experience are at risk for burnout, depression, fatigue, and traumatization (Stamm, 2010). The ProQOL is a 30 item measure reporting both optimistic and adverse work experience and the feelings towards the work. The ProQOL involves choosing answers on a 0 (never) to 5 (very often) Likert scale. The ProQOL measure is made up of two subscales: (1) compassion satisfaction, the gratification derived from doing work that helps others; (2) compassion fatigue, otherwise known as burnout and performing ineffectively at work. The scales of compassion fatigue are defined by feeling unhappy, exhausted, and disconnected to the work environment, and secondary traumatic stress which is classified by the overwhelming preoccupation with work, the inability to distinguish between work and personal life.

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