

Brief Reports

Art Therapy with an Oncology Care Team

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Abstract

Oncology nurses are particularly vulnerable to “burnout” syndrome due to the intensity of their work and the ongoing losses they experience while providing oncology care to their patients. High levels of stress in the workplace left untended lead to high job turnover, poor productivity, and diminished quality of care for patients. Attention to staff issues of grief and emotional release, along with a supportive work environment, minimizes burnout. Art therapy is an effective tool for helping staff process their grief and other emotions, as well as build team morale. This article describes how art therapy has been used in diverse ways to address these staff issues at a large Midwest academic hospital. One project, the creation of a “Healing Quilt,” is described in detail. Through this intervention the entire staff had an opportunity to use art therapy for self-care and team-building.

Introduction

The essence of oncology nursing extends beyond clinical knowledge and skills; it demands compassion, dedication, and solidarity with coworkers. One might say it takes “heart.” Recognizing the challenges inherent in oncology, particularly in the inpatient environment, and knowing how to meet them efficiently and effectively while also caring for oneself are essential to being a successful and healthy oncology nurse. Art therapy is a valuable resource for helping oncology caregivers safeguard their inner health by helping them become aware of their emotions, express them safely, and create a healthy environment. The purpose of this paper is to describe the nature of the oncology environment and its particular stresses, to tell how the art therapy program was developed within the cancer program, to discuss art therapy methods that have been used to address these stresses, and to present an art therapy intervention that was particularly successful.

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The Oncology Environment

Oncology nurses are particularly vulnerable to “burnout” syndrome due to the intense and ongoing losses they experience while providing oncology care to their patients (Lewis, 1999). The burnout described by Penson, Dignan, Canellos, Picard, and Lynch (2000) is attributed to the extreme stress that originates in emotional fatigue, loss of identity, and frustration with terminal disease. High levels of stress in the workplace left untended lead to healthcare workers fleeing from these psychologically draining situations to find other jobs. Burnout is costly. The added price of training a new nurse is estimated to be equal to the annual salary of a staff RN. It also negatively impacts patient care because caregivers affected by burnout miss more days of work and are less productive. There is a correlation between nurse burnout and patient evaluations that reflects decreased quality of care (Letter, Harvey, & Frizzle, 1998).

Two of the most neglected areas of self-care for oncology nurses are processing their grief (Boyle, 2000) and dealing with their own emotional reactions when caring for patients. Saunders and Valente (1994) note that to constructively cope with patients’ and families’ grief, nurses need to address their own difficult emotions and be able to use social support. The psychological impact of caring for oncology patients and families can prove overwhelming if the appropriate support system is not in place.

Oncology nurses benefit from a workplace where the intense, emotionally laden experience that surrounds them is managed properly. If the staff experiences support from their coworkers and management leadership and sense that they are not alone, they are able to make a difference in patient care (Hinds, Quargnenti, Hickey, & Mangum, 1994). Particularly in times of uncertainty and change, social networks at work play a key role in protecting employees against burnout (Garrett & McDaniel, 2001). Community-building and teamwork in the workplace are touted as a defense against the constantly changing healthcare environment. Parker and Gadbois (2000) suggest that building community in the workplace promotes a meaningful and rewarding work environment. Failure of management to address the human side of work and provide a supportive work environment intensifies stressors and puts employees at risk for developing symptoms of burnout. Various art therapy approaches can be used to deal with these issues.

Creating an Art Therapy Program

Turnover of staff on the oncology units at a large academic medical center in the Midwest had reached over 40% compared to the hospital average of 14.2%. In addition, patient-family satisfaction scores that once were high had decreased. To address this situation, a variety of plans were designed with the aim of developing social support through team-building and cultivating stress management strategies. Along with additional social workers, a nurse specializing in patient education, a recreation therapist, and an art therapist (myself) were brought to the oncology units to create a psychosocial care team. These new positions were funded through grants.

The art therapy program was created through the efforts of a physician and the nursing director of patient care. They conferred with local art therapists, the director of art therapy at The School of the Art Institute of Chicago, and other hospitals with art therapy programs. With this information they wrote a proposal and, after more than 2 years of searching, found the resources to fund the program for 3 years. Without the vision and dedication of this doctor and nurse administrator, the art therapy program would never have been developed. In order to bring this type of innovative programming to a hospital, it is critical to have the passionate support of people who will work with administration to look for grant funding. Very often no money is budgeted for art therapy in medical centers. Grant writing and outcome measurement skills are necessary to bring in the money needed to pay art therapy staff and buy materials.

Art Therapy and Workplace Stress

Traditional art therapy can provide an excellent format to address some of the grief and emotional stress issues for the oncology care team. According to Malchiodi (1998):

Art making can be particularly beneficial in circumstances where overwhelming or complex emotions need to be expressed. The process of making art may help people confront emotions, overcome depression, integrate traumatic experiences, and find relief and resolution of grief and loss. (p. XIV)

Nurses who have used art to respond to the emotions stirred up by their healing practice have found it helpful. Hayes (2003), who is a nurse, said, "Art...allows us to capture and preserve the memorable moments in our practice of nursing" (p. 90). It is a gift to have a concrete reminder of the power of the healing mission.

Art therapy uses the creative process and psychotherapy methods to help people deal with emotional conflict, increase self-knowledge, and promote personal growth. McNiff (1992) views the artmaking process as a therapeutic tool that evolves through a series of phases of creating the art and then reflecting on it. Turetsky and Hayes (2003) have employed art therapy as a model for prevention and treatment of grief for adults during midlife. In a doctoral dissertation on grief and expressive therapies, Isis

(2003) theorized that through the creation of symbolic imagery, self-insight is gained, and a vessel or container is created for grief that is beyond words. Through the iterative process of creation and reflection, grief can be healed. Transformation can occur through relating a story, whether it is told in words, images, or another form of expressive art (Thompson, Cupples, Sibbett, Skan, & Bradley, 2001).

An art therapy task can also facilitate a better understanding of teamwork and communication. Carman (as cited in Harris, 2001) claims, "Merely talking can often result in over-articulation of an issue or conversely, in not being articulate enough. Through art, a person may be able to look at [his or her] feelings objectively, putting issues in a different light" (p. 19). Carmen has used art therapy as a team-building tool in a variety of work settings. Art therapy helps managers put issues that are troubling to employees into better focus and provides depictions around which to focus discussion.

Art therapy has been used with medical staff by several other therapists. Julliard, Intilli, Ryan, Vollman, and Seshadri (2002) found medical residents experience stress on the job, and art therapy helped to reveal and express that stress. Murrant, Rykov, Amonite, and Loynd (2002) have employed creative expression to support and educate a nursing staff in hospice and palliative care. They gathered feedback that showed that the arts helped nurses achieve self-care. A study by Van Der Venet (2003) produced evidence that caring for traumatized people caused feelings of isolation that art therapy helped alleviate.

Art Therapy for Oncology Staff

At our hospital, art therapy for staff is a regular occurrence. Some of the nurses take exception to being given traditional psychotherapeutic support. According to Thompson et al. (2001), medical personnel "feel compelled to portray a healthy exterior" (p. 728). Many believe that to be credible caregivers they must not appear under par themselves. It is important to steer clear of pathologizing their reactions to patients' suffering, which may cause embarrassment for the staff. However, a safe, empowering means of expressing their emotions is beneficial. Most of our nurses respond well to art therapy.

New nurses experience art therapy during their orientation. Not only does this help them understand how art therapy can help their patients, but it also allows them to process some of their own anxiety related to joining the oncology care team. Lunchtime art therapy sessions for nurses, focused on specific patient care issues, are conducted frequently on the individual units. At one such session, nurses were invited to draw their frustration. Many images the staff created appeared faceless. The nurses had a lively discussion about how oncology nursing often caused them to feel isolated and devoid of identity. Strategies were shared about what they could do to protect their sense of self, including deep breathing exercises or sharing thoughts with another staff member while in the Med Room. It was reassuring for the nurses to realize that they shared this feeling of being faceless.

During holiday seasons, art projects are made available to staff as a way to decrease stress and build morale by creating decorations for the units. The staff members have found it relaxing to take a short break from the stress of their jobs for some self-expression, and the change of décor in the environment gives their spirits a boost. Projects are always designed to help the nurses feel recognized. For example, during "Oncology Nursing Month," each staff member made a flower with his or her picture on it to express individuality and uniqueness. Together these handcrafted flowers made a beautiful garden representing the "Best Bloomin' Oncology Team," which brightened the units. The nursing staff has enjoyed these projects so much that I do a monthly drop-in art therapy session on each unit.

The Caring Quilt

One especially effective art therapy intervention to support staff occurred during a retreat for the entire oncology care team. This event was designed to help nurses and other oncology patient-care team members enhance their communication and teamwork skills and develop healthy forms of self-care. The art therapy component of the retreat was a group quilt project. This project was designed to bring together all the team members who worked on the oncology units; it provided a playful and relaxing way for them to get to know each other better, to increase their communication skills, and to be involved in self-care. It also gave staff members a means for expressing some of the multitude of emotions they experienced while giving care to oncology patients and their families.

The idea of making a quilt has been used therapeutically by a number of art therapists. The AIDS quilt (Junge, 1999) is one of the better known uses of this concept. Cohen, Barnes, and Rankin (2002) presented a quilt project as an intervention for handling posttraumatic stress recovery with art therapy. Wolf (2003), a nursing professor, used the quilt as a metaphor for teaching students how to develop a caring relationship with patients. Quilts bring together many diverse pieces to create an object that is both beautiful and functional. They are most often used as blankets to warm and protect. This was a perfect metaphor for the hospital's team of diverse people who brought healing, warmth, and comfort to patients. The entire oncology care team handpainted the quilt. The "artists" were doctors, nurses, patient care technicians, unit managers, unit secretaries, social workers, occupational therapists, physical therapists, recreational therapists, housekeeping staff members, food service staff members, and volunteers. The end product was a 9' x 13' assembly of twenty-seven 18" x 30" painted canvas panels (Figure 1).

Since there were a large number of staff members, the retreat was repeated seven times. Each repetition of the retreat was a 2-hour session with 14 to 25 participants. The task of the art therapy project was for everyone in the session to break into small groups of three or four participants and to create together an 18" x 30" hand-painted canvas rectangle. The number of groups differed from three to five

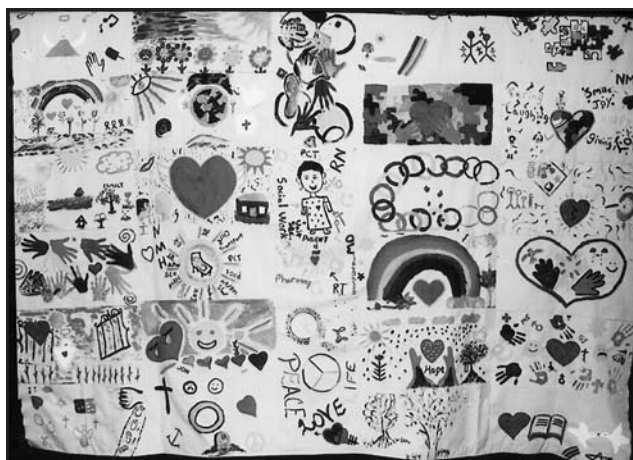


Figure 1



Figure 2
Quilt Detail

depending on how many staff members were in a session. At the end of each session, everyone had a chance to process the art.

Prior to the art project, the staff members participated in verbal exercises on team-building and communication skills. As the final activity of the retreat, participants were given an opportunity to practice through the creation of art the skills that had been presented earlier. The small groups of three or four were instructed to collaborate and to create a picture that expressed what it meant to be part of an oncology care team. They were encouraged to begin by planning the images they wanted to paint and then deciding how they would organize the production of their part of the quilt. Besides the canvas rectangles, each group had bottles of tempera paint and an assortment of brushes. The participants were given about 20 minutes to work.

Some of the staff members did not know each other before working in the small group; thus, they had to begin by getting to know each other and forming a functioning team. They had to figure out how to discuss their ideas and find a way to implement them. This situation was similar to those that arise on a daily basis on the hospital units. Staff needed to find ways to complete work tasks as a team.

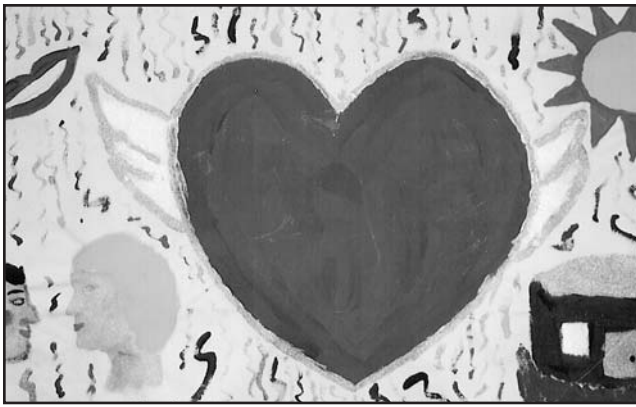


Figure 3
Quilt Detail

Some group members stepped forward as leaders whereas others were more comfortable as followers. Some groups divided the canvas into equal parts and each person painted his or her own symbols. Other groups came up with a central theme, and everyone worked together.

Concurrent with the art therapy project were individual massage sessions that pulled the participants out of the project for a short time. This reflected the multitasking situations that often happen at work. Reactions to being called away from the painting varied from pleasure in anticipation of the massage to reluctance to relinquish the brush to someone else. Conversely, participants who received the first massages had to join groups that had already formed. They had to find a way to fit into these groups. These were situations similar to those that occur on the units while caring for patients and brought out similar emotions in the participants. After the paintings were finished, they had time to talk about how it felt to be in these circumstances and how best to deal with them. For example, one nurse who was pulled away from the project talked about her feelings of frustration when she handed the paintbrush to another person who would paint a different image than she had planned. This was similar to the situation of her turning a patient over to another nurse at the end of her shift. When she saw the finished project, it was different than she had envisioned, but she admitted it came out nicely anyway. She could trust her coworkers. During this interaction, the staff acknowledged the pain involved with caring for patients with severe, often terminal, illnesses, but they balanced their grief with a life-affirming sense of accomplishment. They realized they did this work because they had great compassion and many skills that positively impacted the lives of the people they treated.

At the end of each retreat, the paintings from that session were hung on the wall to allow everyone a chance to see the results of their own and the other groups' creative output. Several themes ran throughout the work. A number of quilt squares showed the "stormy" side of working on the oncology unit depicted by rain clouds, rain, tears, lightning, and tornadoes. These sad elements were balanced with sunshine, fluffy clouds, rainbows, and blue skies (Figure 2). The staff members were given an opportunity to



Figure 4
Kimberly Donsbach, RN interacts with Quilt during "Opening" party.

express their feelings about the suffering and loss that is a large part of oncology work and to think about how they handle it. There were many images of lively trees and flowers, often watered by the rain from the gloomy clouds. One group showed their empathy with patients' suffering by painting a row of flowers with faces showing expressions that ranged from very happy to very sad. This referred to the faces depicted on the pain scale used to help patients give a subjective report of the pain they experience. Hands were another common theme. Several panels had diverse hands coming together to share the work. Ideas of healing hands, helping hands, lending a hand, and skilled hands were brought forth. One group felt as though they leaned on each other and became intertwined, similar to the game "Twister." Circles were often found in these panels symbolizing the team coming together. One group showed the team as a chain that is "as strong as its weakest link." Several paintings featured the patient-focused mission of our institution. Patients are the reason the team comes together in the first place, and their care is the goal of everyone on the team. However, the most prevalent theme seemed to be the heart, the symbol of love and caring (Figure 3). Some of the hearts were broken or tearful. Some were large and whole. Almost every panel had a heart on it somewhere. Certainly, without loving care, the oncology team could not do this job.

Exhibiting the Quilt

After the retreat ended, the panels were sewn together and the finished piece put on view on the oncology unit. The quilt was featured at the opening of a month-long celebration of oncology nurses and the oncology care team (Figure 4). Many team members were surprised to see how powerful the paintings were when all sewn together. There was a sense of pride as they viewed the quilt. One nurse commented that the quilt helped her see how she and the other team members were both alike and different. She said:

It was interesting to see reinforced what I already knew, that everyone viewed themselves as caring. But it was nice to get a broader perspective by seeing the differences. For instance, the housekeepers and food service people see every patient everyday, whereas the nurses see only a few patients and not necessarily the same ones each day. The service staff developed a closer relationship with patients than I had realized.

Another nurse said she liked the creativity because it was a "stress reliever." But most nurses said what they liked most was that it was fun!

To evaluate the effectiveness of the retreat and quilt art project, surveys were given to the participants. The responses to the retreat in total were overwhelmingly positive. Out of 107 participants, 105 were happy with all aspects of the retreat. When asked what things *must* be continued for the next retreat, 53 out of 107 participants specifically mentioned the art therapy project. The quilt is now being used as a backdrop for the memorial service we have twice each year to honor the patients from our program who have died. It is a symbol of the loving care the team brings to the patients and families we treat.

Art therapy has proven to be an integral part of our oncology program for patients and staff. Since its inception, there has been an improvement both in staff turnover and in patient satisfaction. The staff still has multiple stresses and difficult challenges; however, they now have another tool to help them cope more effectively. Reinforcing the fabric that holds team members together through the creative process leads to a more resilient and healthy staff and a more rewarding patient care environment.

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