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# The Effect of Art Therapy on Hospice and Palliative Caregivers

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The Effect of Art Therapy on Hospice and Palliative Caregivers

by

Carol E. Gress

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, NC

2015

Submitted by:

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Carol E. Gress

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Date

Approved by:

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Tracy D. Arnold, DNP, RN

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Date

## Abstract

A quazi-experimental, one-group, pretest/posttest study was conducted with a group of 25 hospice workers employed by a medium sized county hospice organization in the southeastern United States that was experiencing rapid personnel turn-over. Participants in the study included a doctor, a physician's assistant, a nurse practitioner, a massage therapist, a grief counselor, a licensed practical nurse, a certified nursing assistant, two clergy, three administrative staff, three social workers, seven volunteers, eight registered nurses and one other. The purpose was to investigate whether attending four 1-hour art therapy sessions could help reduce stress and thereby Burnout. Stamm's (2010) Professional Quality of Life theory was utilized to frame the study and Stamm's ProQOL-5 was used as both pretest and posttest. The ProQOL-5 tested three elements of Stamm's theory which cannot be combined: Compassion Satisfaction, Burnout and Secondary Traumatic Stress, and a paired sample t-test were applied to each element. No statistical differences were found between pretest and posttest scores on the ProQOL-5 in the areas of Compassion Satisfaction and Secondary Traumatic Stress. Interestingly, posttest scores on the ProQOL-5 went up instead of down significantly, after participants received four 1-hour sessions of art therapy. No quantitative evidence was found to support the use of art therapy to reduce Burnout and increase Compassion Satisfaction and Secondary Traumatic Stress. There were some minor qualitative data to indicate art therapy was helpful in reducing stress at least temporarily. More investigation needs to be done in order to develop evidence-based interventions to relieve stress and reduce Burnout in hospice/palliative care workers as the field is growing rapidly.

*Keywords:* hospice, palliative care, end of life care, compassion fatigue, compassion satisfaction, burnout, expressive therapy, art therapy, vicarious traumatization.

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## **CHAPTER I**

### **Introduction**

#### **Problem Statement**

Hospice and palliative care workers deal with death and dying on a daily basis. These workers are provided with training that includes practical and clinical skills. But this training often neglects to provide self-help skills for dealing with the emotional needs that arise from grief, patient suffering, and decline (Murrant, Rykov, Amonite, & Loynd 2000). Van Westrhenena and Fritz (2012) found that emergency room nurses tend to use avoidance of dying patients and their families as a primary coping strategy, which is an option that is unavailable to hospice workers. Hospice workers must learn to see the dying process as a transitional stage relevant to life, and as an opportunity for success.

The World Health Organization's Global Perspective on Palliative Care (2002) defines palliative care as the affirmation of life, acceptance of death as a normal process, and support for patient and family coping, bereavement, psychological and spiritual needs (Sepulveda 2002). Successful care in the hospice and palliative care arena requires that all caregivers fully engage with the patient and family members to provide holistic care to the client. According to van Westrhenena and Fritz (2012), "Care giving to terminally ill people can be emotionally powerful and gratifying at a personal level, but it is also viewed as exhausting, stressful and emotionally demanding" (p. 35).

In order to help combat such exhaustion, hospice workers must learn to see death as a transitional stage pertinent to living, and not as a failure.

## **Justification of the Research**

A county based hospice organization in a southeastern state was experiencing a high rate of staff turnover. Administrators were interested in understanding how burnout was contributing to the loss of valuable staff members. Hospice administrators were also interested in staff development treatments that might reduce burnout and improve staff retention rates. Research has shown repeatedly that modern society denies death through not actively thinking and/or talking about the reality of human finitude (Attig, 2004; Kubler-Ross, 2010). Despite this reality, art therapy has been shown to help individuals access and process difficult emotions such as grief and fear of death (Buday, 2013; Kaufmann, 1996; Lawton & McKie, 2009).

A review of the current literature revealed that art therapy has been used fairly frequently with hospice clients (Buday, 2013; Devlin, 2006; Fenton, 2008; Tyler, 1998). Yet there are only a few studies in which art therapy has been used with hospice and palliative care workers who experience exposure to death and dying every day in the course of their jobs (Potash, Ho, Chan, Wang, & Cheng, 2014). Art therapy was shown by qualitative measures, to assist with burnout in most of the studies that have been done using art therapy with hospice and palliative care workers (Brooks, Brandt, Eyre, Hunt, & Dileo, 2010). Murrant et al. (2000) tell us that “Self-care strategies are essential to the effective functioning of a hospice and to the longevity of an individual working or volunteering in palliative care” (p. 44).

However, since the research is limited regarding the efficacy of art therapy in teaching hospice workers how to care for themselves with respect to death and dying more research is necessary in order to validate art therapy as an effective intervention for

reducing Burnout in hospice and palliative care workers. The limited studies that exist are rich in qualitative evidence that suggest that art therapy assists hospice workers in reducing burnout but they are sparse in quantitative data that supports the same results. The study proposed here, *Can Art Therapy Reduce Burnout in Hospice and Palliative Care Workers*, is intended to add to the body of quantitative data to support the reduction of Burnout in hospice and palliative care workers receiving art therapy, and may serve to solidify the scientific findings already present in the current body of research.

### **Purpose**

The purpose of this study was to explore whether hospice and palliative care workers would have significantly decreased indicators for Burnout and Secondary Traumatic Stress, and increased indicators for Compassion Satisfaction after participating in four one-hour group art therapy sessions.

### **Research Question**

This study aims to answer the following research question:

What is the effect of art therapy on compassion satisfaction, burnout, and secondary traumatic stress in hospice/palliative caregivers?

### **Theoretical Framework**

The Professional Quality of Life Theory developed by Stamm (2010) served as the theoretical framework for this study. In this theoretical framework those who are involved in the helping professions and are exposed to various levels of trauma, suffering, and death may experience three different theoretical emotional outcomes. The positive emotional outcome experienced by those involved in the helping professions is identified as Stamm's concept "Compassion Satisfaction" and may motivate health care

givers. “Compassion Fatigue” is Stamm’s conceptual name for the negative emotional outcomes of helping. Compassion Fatigue includes two separate aspects Burnout which can lead to depression, anger, frustration, exhaustion, decline in work performance, and Secondary Traumatic Stress which is similar to post traumatic stress and may result from working with those who experience high levels of trauma.

It is common for individuals to feel both “Compassion Satisfaction” and “Compassion Fatigue” simultaneously, which results in both a desire to continue the work and a possible negative orientation towards the work if they are unable to fully process the trauma and engage with the work in a healthy way. Professional Quality of Life theory is fundamentally rooted in a tertiary concept of Environment. The three aspects of the Environment are Work Environment, Client Environment, and Person Environment. The two theoretical emotional outcomes of the theory are directly tied to the three aspects of the Environment. The negative theoretical emotional outcome, “Compassion Fatigue,” is divided into two categories. The first type of Compassion Fatigue is Burnout which is characterized by feelings of depression, anger, frustration, and exhaustion. A helper experiencing the second type of Compassion Fatigue may have feelings of fear and work related trauma much like those who experience Post Traumatic Stress Disorder (PTSD) called “Secondary Traumatic Stress” that results from exposure to traumatic events called Primary Trauma or exposure to the descriptions or stories about traumatic events experienced by coworkers or clients called Secondary Trauma.

The group of researchers who developed the Professional Quality of Life Theoretical Framework did so over a period of more than 20 years of research that began in the mid 1990’s. Stamm’s research developed out of the desire to help those who help

others. Stamm (1995) and her contemporaries Figley (1995) and Pearlman & Saakvitne (1995) observed that those employed in certain helping professions were often exposed to trauma as a result of their work that created negative feelings and resulted in serious problems that could affect the quality of their work, their personal relationships and their lives. The research conducted by Stamm (1995); Figley (1995); and Pearlman and Saakvitne (1995) has spanned multiple cultures across the world resulting in the publication of over 500 papers, books and articles, including 200 peer reviewed papers, 130 dissertations, and as many as 10,000 unpublished papers and studies, all which added to the body of data validating their measure the ProQOL-5 survey, and the development of the concepts of the Compassion Satisfaction and Compassion Fatigue and the Theory of Professional Quality of Life (Stamm, 2010).

### **Definition of Terms**

**Compassion Fatigue:** The negative effects that result from the work of helping others. These negative effects result from the helper's combined exposure to the work environment, the client, and the person environment and may take the form of anger, frustration, depression, exhaustion, and burnout. Includes both Traumatic stress and vicarious trauma. Can come from either primary or secondary exposure to traumatic stress.

**Compassion Satisfaction:** Good feelings which result from helping others. May be rooted in feelings of altruism, personal values, religious convictions or the need to be needed.

**Burnout:** A severe condition that can develop as a result of traumatic stress in a person's work. An individual experiencing burnout may demonstrate symptoms of depression,

anger, frustration, decline in work performance, and decline in positive relationships with clients and coworkers.

**Secondary Traumatic Stress:** Stress derived from secondary exposure (hearing about events, typing notes created by coworkers) to the traumatic stress that coworkers have experienced firsthand.

**Vicarious Trauma:** Traumatic stress experienced as a result of secondary exposure to trauma that has been experienced by coworkers.

**Primary Exposure:** Primary exposure to trauma comes from being exposed to traumatic sights, sounds, events encountered firsthand in the helper's line of work.

**Secondary Exposure:** Secondary exposure to trauma comes from being exposed to stories about, descriptions of, perhaps pictures of traumatic events experienced by others one works with.

**Professional Quality of Life:** The overall way that a person experiences life that is influenced by the combination personal aspects that make up the whole individual's environment, the unique qualities that make up the work environment, and the unique aspects that combine to create the person or helper's environment.

**Client Environment:** The combination of individual aspects that combine to create the whole that the helper is exposed to in the helping setting. Includes the client, the situation, significant others, the actual environment that surrounds the client (scene of the disaster may contain noxious odors, fire, danger, horrific sights, extreme noise, harmful exposures to chemicals or disease).

**Person Environment:** All of the aspects that combine to make up the whole that is the helping person. Includes the helper's (income, age, sex, race, marital status,



license/certification level, job employed to do, hours worked, number of years in the field, health status).

**Work Environment:** The individual aspects of the organization for which the helping person works or volunteers (policies, procedures, management styles of supervision, physical plant, access to resources, benefits, pay scale, amount and quality of work expected).

**Palliative Care:** The care of a seriously chronically ill individual who has not been determined to be dying. Care focuses on maintaining quality of life and pain relief, although the client may still be receiving some curative treatments for the disease process. May take place in the client's home or within a formal healthcare facility.

**Hospice Care:** The care of a dying individual which focuses on the whole person physically, mentally, psychologically, and spiritually. Care focuses on improving and maintaining quality of life and relief from pain, but not upon prolonging quantity of life. May take place in the client's home or within a formal healthcare facility.

**Art Therapy:** The process of image making for the purpose of accessing the image maker's inner being for the purpose of understanding and healing traumatic emotional reactions to events such as suffering or death.

**Expressive Therapies:** Therapies that are similar to art therapy, but which utilize other forms of expression besides the image, such as: music, dance, writing, singing, and guided revelry.

## Summary

This study, *Can Art Therapy Reduce Burnout in Hospice and Palliative Care Workers*, utilizes the theory of Professional Quality of Life and the Professional Quality of Life 5<sup>th</sup> edition (ProQOL-5) survey developed by Stamm (2010) to explore whether four one hour art therapy sessions can help hospice and palliative care workers in one local county hospice organization to reduce burnout.

## CHAPTER II

### Literature Review

A literature review was conducted by searching a variety of databases and search engines. These databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, EBSCO Host, Elsevier, Sage, Gardner-Webb Library, and the search engine Google Scholar. Key terms for the search included: professional quality of life, expressive therapy, art therapy, hospice, palliative care, care givers, burnout, self-care strategies, health care workers, Elizabeth Kubler-Ross, death, dying, end-of-life care, Maslach Burnout Inventory, and compassion fatigue. Six studies were identified that utilized the teaching of the expressive therapies as self-care strategies for the reduction of stress and the prevention burnout in hospice and palliative health care workers: van Westrhenena and Fritz (2014); Salzano, Lindemann and Tronsky (2012); Christianson et al. (2013); Brooks et al. (2010); Potash et al. (2014); Lawton and McKie (2009).

A review of the current literature revealed that there is a good quantity of research to support the use of art therapy and other expressive therapies in reducing stress related to death and dying for patients and family care givers. Hospice and palliative care workers who deal with the stress related to death and dying on a daily basis suffer from a greater than average incidence of burnout. Self-care strategies have been identified as valuable resources for the prevention of job related stress and burnout. Few studies have been conducted to explore the value of the expressive therapies for hospice and palliative care workers. No previous studies were found to have used the Theory of Professional Quality of Life or the Professional Quality of Life Survey (PROqol-5) although both

were specifically designed to address the positive and negative results of dealing with clients who experience a high level of trauma on workers/care-givers. The small number of studies that have explored the use of expressive therapies for preventing burnout and reducing stress have produced a modest amount of quantitative evidence to support the use of expressive therapies for stress reduction with hospice and palliative care workers. Studies have produced comparatively greater qualitative evidence that the expressive therapies have been helpful in reducing stress in hospice and palliative care workers.

Art Therapy has been an accepted practice in the fields of counseling and psychotherapy since 1946, but did not become recognized as a profession until the early 1980's according to Devlin (2006). Elisabeth Kubler-Ross' description of the use of Art Therapy with dying children in her book *On Children and Death* popularized the use of Art Therapy with dying persons and brought the field of Art Therapy to the awareness of the general public (1983). A review of the current literature found that art therapy and other expressive therapies such as music, dance, acting, writing, and guided imagery are frequently utilized with hospice and palliative care clients, and their family members (Fenton, 2008; Buday, 2013; Devlin, 2006; Rollins, & Riccio 2002; Gallagher, 2013; Van Hyfte, Kozak & Keoire 2014; Lander, Napier, Fry, Brander, & Acton 2005).

Typically, training for palliative care workers includes practical and clinical skills but neglects to provide self-help skills for dealing with the emotional needs of those working with death and dying on a daily basis (Murrant et al., 2000). Payne, Dean and Kalus (1998) conducted a study in which they compared levels of death anxiety experienced, and coping strategies employed, by emergency nurses and hospice nurses. Hospice nurses were found to have lower levels of death anxiety, better coping strategies

and greater support from coworkers while emergency nurses tended to avoid dying patients and their bereaved family members. One possible explanation for emergency nurses avoidant behavior may be that the standard medical model of care values saving lives above all else, thus the death of a patient is viewed as a failure. Conversely, hospice nurses must learn to see the dying process, which takes place as one stage in the process of living, as an opportunity for success.

The World Health Organization's Global Perspective on Palliative Care (2002) definition of palliative care includes the affirmation of life, acceptance of death as a normal process, and support for patient and family coping, bereavement, psychological and spiritual needs (Sepulveda et al., 2002). Successful care in the hospice/palliative care arena requires that nurses and other caregivers fully engage with the patient and family members in a holistic manner by providing care to the whole person physically, mentally, emotionally, and spiritually. "Care giving to terminally ill people can be emotionally powerful and gratifying at a personal level, but it is also viewed as exhausting, stressful and emotionally demanding" (van Westrhenena & Fritz, 2012). Brooks et al. (2010) found that the precise symptoms of burnout are unique to the individual, but listed negative emotions, emotional fatigue, depression, a sense of helplessness, decreased activity and lack of motivation as hallmarks of burnout.

Attig (2004), a champion of the dying as victims of disenfranchisement due to social and cultural norms that create fear of death, death avoidance, and death denial states: "Art interventions enable palliative caregivers, both formal and informal, to become social justice workers by interrupting the disenfranchisement of grief and 'empathic failure'" (p. 201). Another study stated that, "diverse art forms can be used to

engender love, hope and social action with the dying and the bereaved and their caregivers” (Lander et al., 2005, p. 121). The expressive therapies are frequently employed to assist patients and their care givers with the difficult work of self-examination, processing of inner conflicts and grieving, because the arts touch individuals at a very deep level allowing them to connect with our innermost feelings (Buday, 2013). Fenton (2008) quotes Achtenberg (1985) who tells us that “the image is the world’s oldest and greatest healing resource” (p. 137).

### **Literature Related to Problem Statement**

A review of the current literature revealed only a few small studies to support the use of art therapy with hospice and palliative care workers.

Potash et al. (2014) studied the use of art therapy to enhance emotional coping skills in a group of end-of-life care givers in Hong Kong and found that art therapy based staff education helped workers deal with inner conflicts in a safe and supportive environment and reduced burnout better than traditional skills training. Participants in the art therapy group also had significantly less fear of death and were more comfortable discussing death following the art therapy treatment.

van Westrhenena and Fritz (2012) found expressive therapies to help improve the well-being while encouraging communication and the impetus toward self-care in their qualitative study of 19 hospice trainees at nine hospice facilities in Gauteng, South Africa. Furthermore, they observed that art therapy could “provide the opportunity for debriefing without engaging the care givers in interrogating traumatic events” (van Westrhenena, & Fritz 2012, p. 45).

Brooks et al. (2010) studied the effects of music and imagery on nursing staff's self-reported levels of burnout, and job satisfaction in a two-armed, randomized, mixed methods approach and were surprised to find no statistically significant difference between the experimental group or control group either before or after the art therapy intervention, yet qualitative data collected via individual interviews indicated that subjects in the experimental group self-reported that the art and music sessions improved their energy levels, and helped them feel more relaxed, and focused.

Christianson et al. (2013) used the Pittsburg Sleep Quality Index (PSQI) and the Brief Fatigue Inventory (BFI) to measure fatigue in six palliative medicine physicians who received four, one hour expressive art activities in a pretest/posttest design and found no statically significant improvement in sleep quality on the PSQI, even though there was a significant decrease in levels of fatigue on the BFI immediately following expressive art therapy.

Murrant et al. (2000) offered a six hour self-care workshop for caregivers at Casey House Hospice entitled *Creativity and Self-Care for Caregivers* that included two hours each of visual art therapy, music therapy and journaling to teach the importance of self-awareness and self-care. All 75 caregivers who responded to the post questionnaire stated that they had a positive experience that helped them become more aware of the need for self-care.

Salzano et al. (2013) studied 20 hospice caregivers who were given a group quilt making project focused on team building and team support to improve communication and decrease indicators of burnout. Salzano et al. (2013) found that the treatment group had significant reduction in burnout from pretest to posttest on the Maslach Burnout

Inventory General Survey (MBI-GS) total score, the MBI-GS Cynicism subscale, and the MBI-GS Exhaustion subscale than controls. They also found significant increases on the Support Appraisal for Work Stressors (SAWS) in the Work Colleges Support subsection on posttest.

### **Literature Related to Theoretical Framework**

Slocum-Gori, Hemsworth, Chan, Carson and Kazanjian (2013) undertook a nationwide study of hospice and palliative care workers in Canada in an attempt to understand the complex interactions between Compassion Satisfaction, Compassion Fatigue and Burnout. They also sought to understand how demographic characteristics like professional affiliation, organizational affiliation, practice status and type of service provided interacted with Compassion Satisfaction, Compassion Fatigue and Burnout.

They used the Professional Quality of Life Survey (ProQOL) to inventory 630 hospice workers from every setting, hospital, hospice care centers and home care. They found that there was a significant positive correlation between Compassion Fatigue and Burnout, and a significant negative correlation between Compassion Satisfaction and Compassion Fatigue, as well as between Compassion Satisfaction and Compassion Fatigue.

Slocum-Gori et al. (2013) found that demographic characteristics did influence levels of Compassion Satisfaction, Compassion Fatigue and Burnout in complex ways that suggested that Compassion Satisfaction could be positively influenced by changes organizational policies and procedures and caregiver support programs. The findings in this study served to support and quantify the underlying assumptions postulated in the



literature about how the three constructs of Compassion Satisfaction, Compassion Fatigue and Burnout are interrelated and how they are influenced by the environment.

### **Strengths and Limitations of Literature**

Of the six studies that this researcher was able to find related to art/expressive therapy with hospice and palliative care workers, five were very small, and most lacked control groups. Three studies did produce significant quantitative data to support the use of art therapy to assist with the reduction of burnout and the promotion of self-care strategies for hospice and palliative care workers. All six studies offered valuable qualitative evidence that highlighted the positive benefits hospice and palliative care workers reported they derived from their expressive therapy experiences. The small number of studies located, as well as, the validation of the ProQOL-5 measure and the Theory of Compassion Satisfaction and Compassion Fatigue reported in the largest study, led to this researcher's interest in exploring the Theory of Compassion Satisfaction and Compassion Fatigue, and Vicarious Traumatization.

## **CHAPTER III**

### **Methodology**

The purpose of this study was to examine the effectiveness of four art therapy sessions provided to hospice/palliative workers at one county hospice/palliative care organization. These sessions were focused on increasing Compassion Satisfaction while decreasing Compassion Fatigue and Burnout. Hospice workers deal with death on a daily basis and this can lead to Compassion Fatigue and Burnout (Stamm, 2010). However, interventions that can help caregivers access and express their inner feelings related to death and the care of the dying may lead to reduced stress and reduced job turnover by improving personal coping skills and increasing awareness of the need for ongoing self-care. In order to provide holistic, compassionate care to the dying patients and their family members it is important that hospice/palliative caregivers do not distance themselves from the pain that comes with their experience as caregivers providing holistic care to the dying patients and their families.

Research has shown that emotional distancing is one of the major ways by which workers protect themselves from the vicarious traumatization that they experience when a patient dies (Payne et al., 1998). In our society, Nurses and other caregivers are taught to care for patients by helping them recover. In hospice and palliative care, most patient care will end when the patient dies and this can be experienced as a failure rather than a success by hospice and palliative care providers. The experience may lead to pain, loss, depression, and deep feelings of suppressed grief. Hospice and palliative care organizations need quality interventions that they can offer staff members to decrease the negative effects of dealing with death on a daily basis and increase coping skills that can

lead to greater employee retention through increased compassion satisfaction and decreased compassion fatigue and burnout.

### **Design**

This study used a pre-experimental, one group pretest-posttest design. The participants completed the Professional Quality of Life Survey 5<sup>th</sup> edition (ProQOL-5) which measures compassion satisfaction, burnout, and secondary traumatic stress, as the pretest. Participants then received the treatment or independent variable, four one-hour sessions of art therapy before they completed the ProQOL-5 again, as the post-test.

### **Setting**

A county-based hospice organization located in a medium sized town in the southeastern United States served as the research site. Within the county, there are two hospice house locations each with eight inpatient hospice beds. The hospice organization provides services to patients and families in the hospice houses as well as in patient's homes. The hospice organization also provides palliative care services throughout the county. The organization's administrative building houses all of the support services personnel such as management, clergy, social workers, patient accounts services, volunteer services, and provides office space for nurses and palliative care workers. The administrative building has large and small conference rooms and is the central location for staff and volunteer training. It is a large, spacious, pleasant modern facility located next to one of the hospice houses in a quiet rural setting. The hospice organization employs approximately 100 paid staff members including; administrators, administrative support staff, physicians, physician assistants, nurse practitioners, RN's, LPN's, CNA's, social workers, grief counselors, a volunteer coordinator, an admission coordinator, a

massage therapist and an internet technology specialist. In addition to paid staff, there are also approximately 200 volunteers who are integral to the successful functioning of the organization. Art Therapy sessions were held initially in a small conference room near the front entrance of the administrative building, but the demand for meeting space necessitated moving from room to room so frequently that the sessions were moved to the basement where palliative care maintains office space and offered this researcher a conference room that became the permanent meeting space for the remainder of the art therapy classes. The palliative care conference room provided a quiet, pleasant environment with a large table that comfortably accommodated eight participants, a sink to facilitate cleanup, and a closet in which art supplies could be stored.

### **Sample**

Thirty-one hospice and palliative care workers volunteered to participate in the research study. Inclusion criteria specified that participants must be an employee or volunteer of the local county hospice/palliative care agency. Participants represented nearly every discipline within the organization and included one physician, one physician assistant, one nurse practitioner, eight RN's, one LPN, one massage therapist, two social workers, one clergyman, one CNA, two members of the administrative support staff, seven volunteers and a patient accounts coordinator. Twenty-five of the participants who initially volunteered completed all four art therapy classes and were included in the final study.

## **Instruments**

The instruments used to collect data for this study included a demographic questionnaire (Appendix A) developed by the researcher and the Professional Quality of Life Survey 5<sup>th</sup> edition (ProQOL-5) (Appendix B).

Data accessed by the demographic questionnaire included respondent age, sex, race, job position, number of hours worked per week, paid/volunteer status, highest educational level obtained, and number of years in the hospice or palliative care field.

The Professional Quality of Life Survey 5<sup>th</sup> edition (ProQOL-5) was developed to assess three different types of feelings experienced by persons who work in helping professions that expose them to traumatic, stressful situations. These feelings can be categorized as Compassion Satisfaction, Compassion Fatigue and Burnout. Permission to use the ProQOL-5 is provided in the ProQOL-5 manual, on the ProQOL-5 itself and on the ProQOL website. The ProQOL-5 is the newest edition of the ProQOL tool designed by Charles F. Figley in 1996. The ProQOL-5 tool includes 30 questions; 10 questions each on Compassion Satisfaction, Burnout and Secondary Traumatic Stress. Each item represents a feeling that the worker may experience. The worker rates each item on a scale from 1-5 indicating how often they have experienced that feeling in the last 30 days from 1-never to 5-very often. There are three steps to scoring the ProQOL-5: First some items must be reversed. Second the items in each of subscales must be totaled. Third these subscale totals must be converted to t-scores either by using the table or the SPSS code both of which are included in the ProQOL manual. The average score in each of the three areas is 50 and about 25% of people score above 57 while 25% of people score below 43. The standard deviation in all three areas is 10. The alpha scale reliability is .88

for compassion satisfaction, .75 for burnout and .81 for secondary traumatic stress. Stamm (2010) cautions that the ProQOL is not a diagnostic tool and should not be used as such as there is no related official diagnosis and that both burnout and posttraumatic stress disorder share features with the diagnosis of depression. High scores in burnout or secondary traumatic stress can however indicate that changes need to be made in a worker's personal environment or the organization's work environment, while high scores in compassion satisfaction can indicate that a worker is highly engaged in their work. The results of 1,289 case studies in the ProQOL data bank indicate that the ProQOL has demonstrated high concept validity across age, race, culture, gender, pay rate, years worked in the field, years with current employer and years that the ProQOL has been being used as a measure. The ProQOL manual provides instructions on how to interpret individual scores in each area, as well as, all areas combined on the individual and the group level.

The researcher utilized the methods for providing art therapy described by Susan Buchalter in her book *Art Therapy and Creative Coping Techniques for Older Adults* (2011). Buchalter is a leader in the field of Art Therapy and has written several textbooks for art therapists. Her method is representative of the type of standard art therapy exercises widely used in the fields of art therapy and psychotherapy.

### **Protection of Human Subjects**

Permission to conduct this study was obtained from the Institutional Review Board of the University. Permission to conduct the research study at the hospice and palliative care organization was obtained from the Hospice Agency Senior Leadership Team of the organization.

After permission to conduct the study was obtained, the researcher was scheduled to present a short introduction and description of her research study to hospice staff at their next staff meeting. At this meeting, the researcher introduced herself and gave a description of the proposed research project. Staff members were invited to volunteer by passing out a sign-up sheet on which workers could provide their names and contact information, and gave a brief overview of the possible benefits of Art Therapy for Hospice and Palliative care workers. Staff members who volunteered to participate were provided with a consent (Appendix C) describing the rights of research participants participating in a study.

The letter provided contact information for the researcher, the research advisor, and the employee health representative for the local County Hospice Association that they could contact in case they felt they had experienced any undesirable effects as a result of participation in the study. Staff members who were unable to attend the staff meeting were mailed a flyer (Appendix D) that briefly explained the risks and possible benefits of the study. The flyer explained the volunteer nature of the study, participant's right to drop out at any time without repercussions, the anonymous nature of the survey results, and the confidentiality that would be required to participate in group art therapy and sharing sessions. Volunteers were asked to provide an email address where they could receive the schedule of the Art Therapy sessions and the demographic survey.

Participants were warned not to write any identifying information on the pre-test or the demographic survey. The ProQUAL-5 pre-test/post-test was delivered and returned in person per the request of administrators of the local hospice organization. All data obtained was secured on the researcher's password protected computer and backed up on

her external hard drive, both of which are kept in her locked office. At the conclusion of the study, all participants were debriefed (Appendix E).

### **Data Collection**

Participants were asked to complete four one-hour art therapy sessions over a 4-6 week time period. At the beginning of the first session, participants were asked to complete the demographic tool and the ProQual-5. The researcher also discussed the confidential nature of the group process, and provided each participant with a copy of the consent form. Participants included in the study attended four art therapy classes over a six week time period during which art therapy sessions were offered 54 times.

Participants were allowed to attend any four of the 54 one hour sessions that fit best with their personal schedule. Since it was not possible to know which participants would attend a particular group session, it was necessary to have fifth and sixth session exercises prepared in order to assure that no participant was asked to repeat an exercise they had already completed.

After completing the demographic questionnaire and the ProQOL-5 pre-test, the researcher provided each participant with a piece of paper, a pencil, a compass with which to draw a circle, a ruler, and an assortment of crayons and markers. The researcher then began the first Art Therapy session by explaining that participants were going to create a mandala and asking all participants to draw a circle on their paper. Examples of Mandalas, generally circular, symmetrical objects of art that have been created by many different cultures in different countries throughout history, were presented. The researcher explained that mandalas were often created for the purpose of facilitating healing of oneself or another. The researcher instructed participants to fill their circle



beginning at the center and working outward in any way they wanted to. Emphasis was placed on the process rather than the final product and participants were encouraged to relax, take in the familiar smells of the art materials and just allow whatever came to mind to be expressed on the paper without thought to the final composition. The researcher played a recording of relaxing music throughout the entire one hour session. Participants were reassured that Art Therapy is not about being able to draw or being “an artist”, and that all participants are capable of doing equally well regardless of talent or skill. After all of the participants indicated that they had finished the mandala drawing exercise, the researcher asked the group if anyone would like to talk about the image that they created. Participants who were comfortable talking within the group then took turns discussing their creations and receiving feedback from the group. The goals for this exercise included focusing on creating art as a healing process and learning about how the group can help point out symbols and other aspects in artwork that may not be readily apparent to the creator.

In session two all participants were provided with a package of construction paper and asked to pick the color that most appealed to them at the moment. They were also given scissors, glue sticks and a large pile of various magazines. The researcher explained that participants were going to create a mood collage. Participants were instructed to take their time, look through the magazines and cut out images that best represent their current mood. Participants were further instructed to glue their chosen images onto their paper in a manner that was aesthetically pleasing to them. The researcher played a recording of relaxing music throughout the entire session. After all participants indicated that they had finished their collages, participants were instructed to take turns

showing their collages to the group and discussing how their creations represented their current mood. Group members were encouraged to provide their insights into what they “saw” in each person’s collage. Discussion focused on why each participant chose the images that they included in their collage and how this reflected their current mood. The goals of this exercise included helping participants to check in on their current mood, as well as, helping participants relax and embrace the art therapy process while letting go of any fears related to their creative abilities.

In session three the participants were provided with a variety of colors of play dough. They were told that this would be a short warm up exercise during which they were encouraged to create a shape and give that shape a name. They were encouraged to pay attention to the sensations they experienced while handling the play dough, and allow the smell and feel of the material to take them back to a simpler time where they could be free to create without self-judgment. Afterwards participants were encouraged to talk about what they had created and provide any insights into what they noticed about other group members’ creations. The main exercise was then presented and participants were given water color paper, a set of children’s water color paints and a variety of brushes. Participants were instructed to explore the paint without attempting to paint anything in particular. Participants were encouraged to explore the colors, texture, and smell of the paints, and play with the paint while allowing their minds to wander aimlessly. Relaxing instrumental music was played throughout the entire session. After participants finished their exploration of the paint they were encouraged to share their paintings with the group and give any thoughts, feelings, or comments that came to mind while working with the paints. Group members were encouraged to verbalize their reactions to each painting

shared after the individual finished commenting. The goal of the warm up as well as the main exercise was to relax and enjoy the process while becoming aware of what our creations can tell us about what is currently on our minds.

In the fourth session participants were given watercolor paints, an assortment of brushes, watercolor paper, pencils, markers and crayons. Participants were asked to imagine themselves riding a wave at the beach. They were told to imagine the size of the wave, the color of the wave, the strength of the wave and how they were feeling at the moment. They were asked to visualize the way in which they were riding the wave. The researcher suggested that they might be on top of the wave, underneath the wave or inside the wave. Participants were asked to imagine their surroundings and the conditions they were riding the wave in. They were asked if the wave was gentle, forceful, overwhelming, warm, cold, peaceful, threatening, or something different than mentioned. Participants were asked to complete the picture any way that they liked by including any other elements that they imagined were present such as people, sky, land, boats, sea creatures, clouds, etc. After all participants indicated that they had finished, they took turns sharing their paintings and the story that they had imagined with the group. Group members were encouraged to share any thoughts or insights that came to them as they observed the participant's artwork. The goal was for participants to become aware of their individual coping styles as well as the different approaches to coping shared by group members and to emphasize each participants coping strengths.

In session five all participants were provided paper, crayons, pencils and markers and asked to close their eyes if they were comfortable doing so, and to stare at a fixed point on the table in front of them if they were not. Relaxing music was played as the

researcher led the group in relaxation exercise beginning with focusing on the breath, inhaling deeply through the nose and exhaling fully through the mouth. Participants were encouraged to feel their breath fill their lungs fully by expanding their abdomen when inhaling and empty their lungs completely upon exhaling. After a few minutes participants were asked to slowly begin at their heads and notice any tension they were feeling while inhaling, then relax the tension as they breathed out. The researcher then led the group through relaxing the face, head, neck, shoulders, and so on, throughout the entire body all the way to the feet. The researcher used a calming vocal tone throughout the entire exercise and concluded by asking participants to slowly open their eyes at their own speed. Then, participants were asked to use the materials in front of them to draw a picture of their body. Discussion focused on the tension found and released during the exercise and awareness of where participants felt they tended to hold tension in their bodies. The goal was to teach a simple self-soothing exercise that participants could use to de-stress any time they became of holding tension in the body or holding their breath when they are under stress.

During session six the participants were given colorful clay and asked to choose any colors that appealed to them at the time to make an animal of their choosing. After all participants indicated that they were finished with their animals, they took turns sharing their animals and their thoughts about and reasons for choosing to creating the animals they chose. Then books on symbology were provided so that each participant could look up the attributes that each particular animal is commonly thought to embody. The goal was to find and emphasize the strengths within each participant that their chosen animal

symbolized, and to help them become aware of symbology and how it can be used to understand oneself better.

Immediately after a participant completed their fourth session, they were asked to take the ProQUAL-5 for the post-test. They were reminded of their right not to answer any question that they did not want to answer. All artwork was sent home with the participant who created it and none was kept by the researcher. The researcher avoided participating in the production of art work as she had art experience and did not want to intimidate participants who might lack confidence in their artistic abilities.

### **Data Analysis**

Information obtained in this study was anonymous and was placed in a large yellow envelope by the participant after it was completed to maintain confidentiality, before being entered into the researcher's computer in an excel spread sheet. The pre-art therapy ProQOL-5 questionnaire was produced on white copy paper and the post-art therapy ProQOL-5 questionnaire was produced on yellow paper so that the researcher could determine which scores represented the participants' feelings before receiving art therapy and which scores represented the group after. Paired group sample t-tests were applied to compare mean scores obtained before and after the intervention (art therapy) and to determine the significance of the findings utilizing the SPSS Statistical package. Results with a p-value of greater than 0.05 were considered statistically significant.

## **CHAPTER IV**

### **Results**

#### **Introduction**

This study employed a one sample pretest-posttest design in an attempt to determine whether art therapy could increase indicators compassion satisfaction, and decrease indicators burnout and secondary traumatic stress in hospice and palliative care workers. This design was used because it was too difficult to obtain a enough group of volunteer participants to divide the group into a test group and control group and because the researcher wanted to be able to offer art therapy to all those who indicated that they wished to receive it. A one group pretest-posttest design is an example of a quazi-experimental research design due to the lack of a control group. In this type of design the dependent variable (compassion satisfaction, burnout and compassion fatigue) is measured (by administration of the ProQOL-5) to the same group of subjects both before and after the experimental treatment (four one hour sessions of art therapy) is applied.

#### **Sample Characteristics**

The sample in this study consisted of 25 hospice/palliative care workers from a local hospice organization who volunteered to complete four 1-hour sessions of art therapy over a period of four to six weeks. Initially, 64 hospice/palliative care workers indicated that they were interested in participating in the study, and 31 hospice/palliative care workers actually participated in at least one 1-hour session of art therapy. All of the participants who participated completed the pretest (ProQOL-5) anonymously, and all 31 of these pre-tests were included in the pre-test measurement group as it was impossible to determine which survey belonged to which participant. The post-test was administered

only to those participants who completed all four of the prescribed 1-hour sessions of art therapy as this was initially defined as one criteria for inclusion in the study. This created a situation in which the pretest and posttest groups of participants were not matched samples and further added to the quazi-experimental nature of the study.

A researcher designed demographic questionnaire was administered along with the pre-test. Data gathered from the 31 initial participants who took at least one art therapy session is provided in Table 1. From this data we are able to determine that all 31 (100%) of the participants who took the demographic questionnaire were female. Participant age ranged from 24 to 79, one person did not answer the question and the average age of participants was 44.8 years. Five (16%) individuals self-identified as black, and the remaining 26 (84%) individuals identified as white. Two (6%) participants were high school graduates, seven (22%) had attended some college, six (19%) held associate degrees, seven (22%) held bachelor's degrees, one (3%) had some graduate school, eight (25%) held master's degrees, and one (3%) was doctorate prepared. Twenty-two (70%) participants reported being fulltime employees, one (3%) was part time, two (6%) were volunteers and seven (22%) did not answer the question. Between them, the 31 participants who began the study had 166 years of hospice/palliative care experience ranging from just one day to 27 years in the field. Positions reported included three (10%) administrative staff, two (6%) clergy, one (3%) CNA, one (3%) grief counselor, one (3%) licensed practical nurse, one (3%) massage therapist, one (3%) nurse practitioner, one (3%) physician, one (3%) physician assistant, eight (26%) registered nurses, three (10%) social workers, seven (23%) volunteers, and one (3%) other.

Table 1

*Frequency Distribution of Demographic Variables of All Participants*

Demographic Variable	<i>n</i>	%
Gender		
Female	31	100
Male	0	0
Ethnicity	5	16
Black	26	84
White		
Highest Level of Education		
High school	2	6
Some college	7	22
Associate	6	19
Bachelors	7	22
Some graduate school	1	3
Masters	8	25
Doctorate or higher	1	3
Position at Hospice		
Administration	3	10
Clergy	2	6
Certified Nursing Assistant	1	3
Grief Counselor	1	3
Licensed Practical Nurse	1	3
Massage therapist	1	3
Nurse Practitioner	1	3
Physician	1	3
Physician Assistant	1	3
Registered Nurse	8	26
Social Worker	3	10
Volunteer	7	23
Other	1	3
Position Status		
Full time	22	70
Part time	1	3
Volunteer	2	6
No Answer	6	20



### **Major Findings**

A paired samples *t*-test was conducted to compare compassion satisfaction before and after the art therapy sessions. No significant difference was found among participants that participated in four art therapy sessions ( $t(54) = .119, p > .05$ ).

A paired samples *t*-test was conducted to compare burnout before and after the art therapy sessions. A significant difference was found among participants that participated in four art therapy sessions ( $t(54) = -14.5, p > .05$ ).

A paired samples *t*-test was conducted to compare secondary traumatic stress before and after the art therapy sessions. No significant difference was found among participants that participated in four art therapy sessions ( $t(54) = .463, p > .05$ ).

## **CHAPTER V**

### **Discussion**

This study was conducted to explore whether art therapy could help reduce job related burnout and secondary traumatic stress and increase compassion satisfaction in hospice/palliative care workers who suffer from high levels of stress and burnout that leads to rapid employee turnover. Stamm's (2010) Professional Quality of Life theory was used to organize and inform the study. This chapter discusses the findings of this study and how they relate to the current body of knowledge on art therapy for hospice and palliative care workers.

### **Implication of Findings**

Sixty-four hospice/palliative care workers from the local hospice organization initially indicated interest in participating in this study, 31 of these actually participated in one to three art therapy sessions, but only the 25 participants who actually completed four art therapy sessions took the posttest and were included in the final data. Some of the workers who were initially interested in participating but did not follow through, reported that although they wanted to attend art therapy sessions they did not feel they could pull themselves away from their work. Participants often echoed this sentiment by mentioning how difficult it was to "get away" for art therapy sessions. In the end, this researcher had the impression that some of the hospice/palliative care workers were so motivated to help others that they made sure to complete all four sessions so that they could help the researcher finish the study. This strong desire to be of help and corresponding lower desire to do things for themselves which several participants mentioned during the course

of the study may be one reason why so few of the workers who originally indicated they were interested in the study, actually completed four art therapy sessions.

All 31 of the initial participants who took the pretest and completed the demographic questionnaire were female which was not surprising since the majority (98.5%) of the volunteers and employees of the local hospice organization were female. Level of education was spread across a wide range. Two participants reported their highest level of education as high school graduation, seven stated they had had some college, six had associate degrees, seven were bachelor's prepared, one had had some graduate school, eight held master's degrees and one was a medical doctor. The level of education did not provide any additional information to inform the study.

The participants' position at the hospice organization also varied widely. Participant's positions included 3 (10%) members of the administrative staff, 2 (6%) clergy, one (3%) certified nursing assistant, one (3%) grief counselor, one (3%) licensed practical nurse, one (3%) massage therapist, one (3%) nurse practitioner, one (3%) physician, one (3%) physician assistant, eight (26%) registered nurses, three (10%) social workers, and one (3%) other. Demographic data related to hospice/palliative care worker's positions within the agency revealed that participant's position at hospice was a more likely indicator of why subjects participated in the study. All of the hospice/palliative care workers who participated in the study worked in the hospice administration facility or had their office space in and supervision based at that facility. Most of the participants 29 (94%) were workers who had the highest level of autonomy within the agency due to the fact that they could create their own schedules. This meant

participants could schedule their art therapy session without having to add an hour to their day or worry about finding coverage for their patients.

All hospice/palliative care workers were offered art therapy sessions in the facility where they worked, during their shift or immediately before/after their shift based on their preference. All staff was assured by the administration of the hospice organization that they would be paid their hourly rate for attending art therapy sessions. Art therapy sessions were offered three days a week, at several times during the day, for six weeks. The researcher explained in staff meetings, emails, face-to-face visits, and brochures (Appendix D) mailed to workers homes and posted throughout the hospice facilities, that participation was not limited to those who initially expressed interest and that sessions did not have to be attended in any particular order. The researcher polled the hospice workers to determine the best days and times of day to offer art therapy sessions and scheduled sessions accordingly.

Interestingly, all eight of the registered nurses (RN's) that participated were nurses who worked in patients homes in the community. Repeated attempts by the researcher to engage nursing staff from the hospice houses proved fruitless. This may be because nurses who worked in the community came in to the administrative building each morning to gather their supplies and make a schedule for the day, while those who provided care at the bedside in the hospice houses did not feel that they could schedule any time during their shift when they could participate. The hospice house staff worked in a hospital type environment, and stated that they had to be constantly available to patients and family members and there was not enough staff that they could cover for anyone leaving the floor during the shift. None of the hospice house staff expressed any

interest in attending art therapy sessions before or after their shifts, nor did they want to come in on their days/nights off. The one certified nursing assistant (CNA) who participated came to art therapy sessions with the RN she worked with. The fact that more CNA's did not attend may have been due to the fact that CNA's who worked in the community were not at liberty to create their own schedules, or perhaps, because CNA's were generally expected to arrive in the patient's homes earlier in the day in order to help with activities of daily living.

Twenty-two (70%) participants reported that they were fulltime hospice staff. One participant (3%) reported that they worked part-time, and two (6%) reported that they were volunteers. Six (20%) participants failed to answer the question, most likely because the question was on the back of the questionnaire where they may not have seen it. This would account for the fact that there were seven volunteers reported in the education level item, but only two participants claimed to be volunteers when asked whether their position was fulltime, part-time or volunteer. Fulltime workers may have been more likely to attend art therapy sessions, because they found it easier to fit the time required into their day. Volunteers may have been able to attend, because they were also able to plan their own days and did not have the same level of constraints with which paid workers must deal. The difficulty in obtaining participants was the main reason the researcher chose a quazi-experimental, one-group pretest/posttest research design rather than attempting to divide the small number of participants into test and control groups for a stronger experimental design.

A paired samples *t*-test was performed to compare the data on the ProQOL-5 pretest and the ProQOL-5 posttest for Compassion Satisfaction to determine whether

completing four 1-hour art therapy sessions had any significant influence on participant's scores. No significant difference was found in pretest/posttest scores for compassion satisfaction. This lack of change may be because those who choose to work in the hospice/palliative care field have personality traits that result in high levels of Compassion Satisfaction which are relatively stable over time. As previously mentioned this researcher noted that participants often spoke about their desire to help others and frequently mentioned that "helping others makes me happy" (spontaneous verbalizations from anonymous art therapy participants during art therapy sessions in this study). Another explanation may be the inability to control for work related environmental variables such as staffing levels, patient load, patient deaths, staff turnover rates, and numbers of new staff requiring orientation. Some variables related to the environment of the art therapy sessions were also impossible to control. The amount of time between art therapy sessions was different for all participants. The make-up of the groups each participant attended varied leading to different group dynamics for each session. The amount of difficulty a participant experienced around scheduling an art therapy session during a particular work day may have been greater for some sessions than for others. This could potentially result in increased stress related to attending one or more art therapy sessions.

A paired samples *t*-test was performed to compare the data on the ProQOL-5 pretest and the ProQOL-5 posttest for Burnout to determine whether completing four 1-hour Art Therapy sessions had any significant influence on participant's scores. A significant difference was found in pretest/posttest scores for Burnout. This was of concern to the researcher because Burnout scores were significantly higher for

participants after receiving four 1-hour art therapy sessions when compared to pretest scores. The researcher had expected Burnout scores to decrease after participants received four 1-hour sessions of Art Therapy. Participants frequently mentioned how relaxing and calming the Art Therapy was for them while participating in the sessions. It is possible that the stress reducing effect of Art Therapy is relatively short term rather than lasting or cumulative. One of the researcher's original goals was to teach Art Therapy as a self-care method that participants could use in the future to deal with work related stress. Interestingly, several participants mentioned that they were planning to sign up for various art classes offered through the local arts council. The inability to control for work environment variables such as staffing levels, patient load, patient deaths, staff turnover rates, and numbers of new staff requiring orientation may have become more stressful over the six week period. The data may simply be an indication that the work that hospice/palliative care workers were doing at the time they took the posttest had become significantly more stressful than the work they were doing at the time of the pretest. Other variables related to the Art Therapy sessions themselves were also impossible to control. Since each participant could choose to come to any of the sessions offered during the six week period, the amount of time between art therapy sessions was different for all participants. This fluid schedule designed to make it easier for participants to attend all four sessions of Art Therapy meant that the make-up of the groups varied depending on which sessions a participant chose to attend and resulted in different group dynamics for each session. The amount of difficulty a participant experienced around scheduling an art therapy session during a particular work day may

have been greater for some sessions than for others. This could potentially result in increased stress related to attending one or more art therapy sessions.

A paired samples *t*-test was performed to compare the data on the ProQOL-5 pretest and the ProQOL-5 posttest for Secondary Traumatic Stress (STS) to determine whether completing four 1-hour art therapy sessions had any significant influence on participant's scores. No significant difference was found in pretest/posttest scores for STS. The researcher had hoped that attending four 1-hour art therapy sessions would help participants experience an increased ability to connect with and verbalize trauma along with enhanced team dynamics that would lead to improved communication and decreased STS scores. It is possible that simply becoming aware of previously unrecognized traumatic stress may have resulted in increased awareness of participant's stress levels which may have raised STS scores, at least temporarily. Other explanations for these unexpected results may be the inability to control for work related environmental variables such as staffing levels, patient load, patient deaths, staff turnover rates, and numbers of new staff requiring orientation. The client/person helped environment was also impossible to control for in this study. Examples of this type of environmental variable include: the death of a patient with whom the worker was particularly close, a series of deaths in a short amount of time, an extremely difficult patient and/or family, and so on. Some environmental variables related to the art therapy sessions were also impossible to control such as group make up and dynamics. The amount of time between art therapy sessions was different for all participants. The amount of difficulty a participant experienced around scheduling an art therapy session during a particular work



day may have been greater for some sessions than for others. This could have potentially resulted in increased stress related to attending one or more art therapy sessions.

Individual participants also had environmental variables resulting from their unique person environment which could not be controlled for. One participant's home was robbed during their participation in art therapy; another was going through a divorce and third was in the process of adoption. One participant mentioned that she was having difficulty finding a sitter for her child. All participants may not have been experiencing such major life stressors, but all were certainly affected by their personal environmental in both positive and negative ways which were out of the researcher's control.

This study did not result in any quantitative data to support the use of art therapy to help hospice/palliative care workers increase Compassion Satisfaction, and decrease Compassion Fatigue. These findings were surprising to the researcher, especially since participants often commented during the art therapy sessions stating how relaxing the art therapy was for them, and how much they enjoyed it. Several participants even attended more than the prescribed number of sessions.

### **Application to Theoretical/Conceptual Framework**

Stamm's (2010) theory of Professional Quality of Life (ProQOL-5) was used to organize and inform this study. Stamm's concepts of Compassion Satisfaction, Compassion Fatigue and Secondary Traumatic Stress experienced by those in highly stressful helping professions where they are exposed to individuals who are undergoing high levels of trauma was used to understand the unique needs of this type of worker. Hospice/palliative care workers must deal with death and dying on a daily basis. Unlike other health care workers, hospice/palliative care workers must engage fully with patients

who are dying and their family members. In order to perform their jobs effectively, Hospice/palliative care workers must relinquish any type of self-protection that professional distancing may afford others in the health care professions (Payne et al., 1998). No previous studies regarding Art Therapy for hospice/palliative care workers were found to have used the Theory of Professional Quality of Life or the Professional Quality of Life Survey (PROQol-5), although both were specifically designed to address the positive and negative results workers that deal with clients who experience a high levels of trauma. The theoretical framework of Stamm's Professional Quality of Life (ProQOL) describes two separate outcomes that workers experience as a result of doing this type of helping. These two outcomes are Compassion Satisfaction and Compassion Fatigue. Compassion Fatigue has two separate aspects which cannot be combined. The two aspects of Compassion Fatigue are Burnout and Secondary Traumatic Stress. This explains why Stamm's ProQOL-5 scale is divided into three sections with 10 questions in each area yielding three individual scores for: (1) Compassion Satisfaction, (2) Burnout, and (3) Secondary Traumatic Stress. These scores cannot be combined into a total score because each area of the ProQOL-5 tests a separate concept. Stamm (2010) tells us that attempts to combine the concepts have failed since, while they may overlap, they are not identical. Stamm's (2010) Theoretical Model of Compassion Satisfaction and Compassion Fatigue describe the Professional Quality of Life as taking place within the environment. The three aspects of the environment are described by Stamm (2010) as: (1) Work Environment which takes into consideration all aspects of the job, (2) Client/Person Helped Environment which includes all aspects of the environment related to the individual being helped, and (3) Personal Environment or environment of the

helper which encompasses all aspects of the worker's personal life. Some of these environmental aspects became uncontrolled variables in this study, and may possibly explain the unexpected results.

### **Limitations**

There are several disadvantages to the use of a quazi-experimental one-group pretest/posttest design. The small number of participants made it impossible to establish both a treatment and a control group which would have allowed for a stronger experimental design. The main drawbacks include the obvious lack of a control group which did not receive the treatment, and the inability to randomly assign participants to test groups. This made it impossible to control for many aspects of the work environment such as staffing, work load, patient condition, as well as, personal environment related stressors which may have influenced the outcome of the study. Therefore, there is no way to know how much the unexplained results obtained in this study tell us about the workers' response to Art Therapy, as opposed to the three aspects of the environment. On the surface the qualitative data seems to support the use of art therapy to help hospice/palliative care workers reduce Burnout and Secondary Traumatic Stress and increase Compassion Satisfaction, but this study was not designed as a qualitative study. Therefore, there is no way to tell whether the bits of qualitative data gathered represent the results of the Art Therapy or the individual personality traits of the workers themselves.

## **Implications for Nursing**

Some argue that;

The need for hospice and palliative care services will increase dramatically over the next 20 to 30 years. Developed countries are facing the aging of their populations, as evidenced by the “78 million American “Baby Boomers” who have just begun to enter the phase of life associated with the peak incidence of cancer, heart disease, and other life-threatening and chronic illnesses.” (Current Problems in Cancer, 2011, p. 308)

Sarah Hill’s (2005) editorial for the *International Journal of Palliative Nursing* tells us that the inclusion of palliative care education is imperative for undergraduate health care professionals, yet Hill goes on to state that “even in countries where palliative care services are well developed there is no real strategy to include such teaching in overcrowded curriculums.” (Sarah Hill, 2005, p. 404). Murrant et al. (2000) found that “even when such education exists, it focuses on clinical skills and often neglects to provide self-help skills for dealing with the emotional needs that arise from grief, patient suffering, and decline” (Murrant et al., 2000, p.44). Research has pointed to “self-care interventions as a resolution to reducing levels of Compassion Fatigue and increasing Compassion Satisfaction.” (Slocum-Gori et al., 2013, p. 177). In 2002, The World Health Care Organization charged health care professionals globally with the task of fully integrating the field of palliative care into the current health care systems and “focusing on a broad definition of palliative care which encompasses the needs of family and caregivers as well as those of the patient and which addresses the physical, emotional, and spiritual needs of all those involved” (Sepulveda et al., 2002, p. 94). So, the

challenge at hand is evident. The medical specialty of hospice/palliative care in the United States has grown exponentially since the first hospital based program in the late 1980's to the present where physicians must have completed an accredited fellowship in order to sit for the certification examination (Current Problems in Cancer, 2011). There is every reason to think that nursing will quickly follow suit with clinical nurse specialist certification in the field of hospice/palliative care. Now is the time for research into evidence-based, best-practice measures for helping hospice/palliative care nurses deal with issues of death and dying in our "increasingly death denying society" (Wessler & Avioli, 1972, p.174).

### **Recommendations**

This study did not provide quantitative evidence to support the use of art therapy as a method of self-help or burnout and secondary traumatic stress reduction to help hospice/palliative health care workers increase compassion satisfaction and reduce compassion fatigue. There was, however, some informal qualitative evidence to the contrary observed by the researcher in the form of participant comments which indicated that participants "felt" helped. The handful of other studies available in the literature did find some quantitative evidence and arguably even more qualitative evidence to support the use of art, and other expressive therapies in helping to reduce stress in hospice/palliative care workers. More study is needed to understand how to help this rapidly growing group of health care professionals maintain their ability to provide the highly valuable and increasingly necessary services in their skill set.

Future projects with larger groups of participants that allow for the randomized division of participants into treatment and control groups would be useful in gathering

quantitative data that would be more generalizable to the entire field of hospice/palliative care. Mandatory attendance in the participant's choice of either art therapy or standardized skill based continuing education might be one method of reducing the stress related to whether or not to attend. Continuing education units needed to maintain licensure or obtain certification would also provide greater motivation for workers to participate in self-care activities as well as in research studies. Carefully designed qualitative studies might add to the current body of knowledge about how Art Therapy can help hospice/palliative care workers decrease the effects of Compassion Fatigue and increase Compassion Satisfaction if they are able to engage the participation of a large enough group of subjects who are sufficiently motivated to participate. Studies utilizing the principals of biofeedback might better illuminate on the usefulness of art therapy in reducing stress.

### **Conclusion**

With the arrival of largest aging population that the United States has ever known looming on the health care horizon and the enormous ethical and financial burdens it will place on the entirety of the health care systems in our country, now is the time for research that can shed light on best practices in hospice and palliative care. One group of individuals will surely carry the majority of the responsibility for this burgeoning need - the nursing profession. Nurses will need to learn new ways of delivering care in order to be both effective and resilient while responding to the great demand for hospice/palliative care ahead. Art and other expressive therapies that have offered the promise of better coping strategies for those who work with clients/patients who are experiencing trauma

should not be forgotten, but afforded continued investigation as we move forward to support patients and care givers who work with them.

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## Appendix A

## Demographic Questionnaire

Instructions: Please indicate the appropriate response for each question.

1. I identify my gender as:  
 Male  
 Female
2. I am \_\_\_\_\_ years old.
3. I identify my ethnicity as:  
 Black or African American  
 White  
 Asian  
 Hispanic/Latino  
 Native American  
 Native Hawaiian or Other Pacific Islander  
 Other, please specify \_\_\_\_\_
4. My highest level of education obtained is:  
 High school graduate  
 Some college  
 Associate's degree  
 Bachelor's degree  
 Some Graduate School  
 Master's degree  
 Doctorate or higher

5. My position as Hospice is:

- Administration
- Clergy
- Certified Nursing Assistant (CNA)
- Grief Counselor
- Licensed Practical Nurse (LPN)
- Nurse Practitioner (NP)
- Physician (MD)
- Physician's Assistant (PA)
- Registered Nurse (RN)
- Social Worker
- Support Staff
- Volunteer
- other, please specify \_\_\_\_\_

6. My position is considered:

- Full time
- Part time
- Volunteer

7. I have worked/volunteered at Hospice for \_\_\_\_\_ years

## Appendix B

Professional Quality of Life Survey 5<sup>th</sup> edition (ProQOL-5)

## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE  
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
_____ 1.					
_____ 2.					
_____ 3.					
_____ 4.					
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## Appendix C

### Consent

**PURPOSE:** The purpose of this study is to explore whether Art Therapy can reduce feelings of Burnout in Hospice and/or Palliative caregivers.

**PROCEDURE:** You are being asked to complete a demographic survey and a 30 question questionnaire that measures compassion satisfaction, compassion fatigue and burnout. After that you are being asked to attend 4 one hour sessions of art therapy after which you will be asked to complete the same questionnaire again. Your participation will take a total of about 4 hours.

**VOLUNTARY PARTICIPATION:** Your participation in this research study is entirely voluntary. Your participation or lack of participation in this study will not affect your employment or relationship with Hospice of Cleveland County in any way. You may discontinue your participation in this study at any time without any negative consequences. You may refuse to answer any question or complete any session at any time without penalty to you.

**RISKS AND BENEFITS:** The Institutional Review Board at Gardner-Webb University has examined this study design carefully and determined that there is minimal risk to you as a participant in this study. There are no tangible benefits for participating in this study.

If you have any questions about this study you may contact the researcher Carol Gress at [cgress@gardner-webb.edu](mailto:cgress@gardner-webb.edu) or at 704-300-3094 and/or her faculty research adviser Dr. Tracy Arnold at [tarnold@gardner-webb.edu](mailto:tarnold@gardner-webb.edu) or at 704-406-4359.

If you have any concerns about your rights as a research participant, questions about the risks and benefits of participation in this study, or concerns about how you are being treated you may contact the Institutional Review Board at Gardner-Webb University at 704-406-3255.

You may also contact Employee Health for Hospice of Cleveland County and/or your primary provider if you feel you are experiencing any distress as a result of participation in this study.

**CONFIDENTIALITY:** All of the information gathered on the surveys and questionnaires in this study will be kept confidential, therefore you are being asked not to put any identifying information (names) on anything.

The Art Therapy sessions in this study will be conducted as group sessions and every effort will be made to keep all group processes confidential, but the researcher cannot guarantee that group members will respect the confidentiality of these sessions.

**CONSENT TO PARTICIPATE:** I understand that I am volunteering to participate in this study and that by completing the demographic survey, questionnaire on Burnout and the Art Therapy sessions I am voluntarily consenting to participate in this research study. Please keep a copy of this consent form for your personal records.



## Appendix D

### Flyer

Flyer describes the study, has contact information, gives participant rights



Carol Gress is an artist and RN with a background in public health and mental health since 1983. She is currently enrolled in Gardner-Webb University's Master of Nursing Education Program. Carol is excited to announce that she will be partnering with Hospice of Cleveland County to provide staff members with free Art Therapy in-service education as part of her thesis project.

PLACE  
STAMP  
HERE

#### Contact Information

Carol Gress, RN, BSN, MN candidate  
cgress01@gmail.com for questions about this research project  
Dr. Tracy Arnold thesis advisor at Gardner-Webb University  
tarnold@gardner-webb.edu

## ART THERAPY AND THE ART OF SELF CARE

A fun, creative, nurturing workshop  
for hospice and palliative  
caregivers



### WHAT IS ART THERAPY?

Art Therapy uses the process of image making to help participants access inner feelings and make sense of traumatic events.

Art Therapy does not require participants to have artistic talent.

Images produced during Art Therapy sessions are not judged according to traditional artistic standards

Images are used entirely for symbolic purposes and help us access our inner selves

### STUDY PARTICIPANTS WILL HAVE THE OPPORTUNITY TO:

- Participate in four - one hour Art Therapy sessions over a period of 4-6 weeks.
- Have the Art Therapy sessions offered during your shift
- Paint, draw, finger paint, play
- Learn Simple Relaxation techniques
- Discuss the Images that emerge in a group setting
- Examine the meaning behind the images that emerge from the process
- Learn how to nurture yourself and your teammates more effectively
- Learn how stress can lead to burnout

### Why Should I Participate in this study?

Current research informs us that through the process of Art Therapy Hospice and Palliative Care workers may be able to:

- Access and deal with unresolved grief
- Communicate more effectively with coworkers, patients and family members
- Learn methods of self care which nurture the self and promote relaxation



### IMPORTANT INFORMATION FOR PARTICIPANTS IN THIS RESEARCH PROJECT

- PARTICIPATION IN THIS RESEARCH STUDY IS PURELY VOLUNTARY
- ALL INFORMATION IN THIS STUDY WILL BE KEPT STRICTLY CONFIDENTIAL
- PARTICIPATION IN THIS STUDY WILL NOT AFFECT YOUR EMPLOYMENT IN ANY WAY
- PARTICIPANTS IN THIS STUDY ARE FREE TO DROP OUT OF THE STUDY AT ANYTIME WITHOUT FEAR OF REPERCUSSIONS
- PARTICIPANTS ARE FREE TO CONTACT THE RESEARCHER AND/OR HER THESIS ADVISOR DR. TRACI ARNOLD WITH QUESTIONS ABOUT THIS RESEARCH PROJECT
- WITH ANY ETHICAL RESEARCH STUDY PARTICIPANTS ARE INFORMED THAT THERE IS ALWAYS A SMALL RISK OF UNANTICIPATED HARM
- IF YOU FEEL THAT YOU MAY BE EXPERIENCING A NEGATIVE EFFECTS AS A RESULT OF YOUR PARTICIPATION IN THIS STUDY PLEASE CONTACT EMPLOYEE HEALTH FOR HCC OR YOUR PRIMARY MEDICAL PROVIDER
- YOU WILL NOT RECEIVE ANY PAYMENT FOR YOUR PARTICIPATION IN THIS RESEARCH STUDY

### Contact Us

Researcher: Carol Gress, RN, BSN,  
candidate for Master of Nursing Education  
cgress01@gmail.com

Research Advisor: Dr. Tracy Arnold  
Gardner-Webb University  
tarnold@gardner-webb.edu

## Appendix E

### Debriefing Statement

Thank you for participating in this research study. The purpose of this study was to explore whether participation in Art Therapy could reduce feelings of Burnout in Hospice and Palliative Care givers.

The final results will be presented at Hospice of Cleveland County. You may also request a copy of the final report from the researcher, Carol Gress at [cgress01@gmail.com](mailto:cgress01@gmail.com) or [cgress@gardner-webb.edu](mailto:cgress@gardner-webb.edu). If you have any questions, you may contact the faculty advisor, Dr. Tracy Arnold at [tarnold@gardner-webb.edu](mailto:tarnold@gardner-webb.edu) .