

Stress Reduction for Nurses Through Arts-in-Medicine at the University of New Mexico Hospitals

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Artists-in-medicine at the University of New Mexico help nurses remember and renew the values that originally attracted them to the field of nursing. Exploring their nascent creativity through massage, yoga, art, music, and writing, nurses are encouraged to reconnect emotionally and spiritually with themselves, their patients, and fellow healthcare workers. **KEY WORDS:** *arts, burnout, chronic grief, compassion fatigue, creativity, massage therapy, music, retention, spirituality, stress reduction, writing* *Holist Nurs Pract* 2007;21(4):182–186

There is a growing consensus that ongoing dissatisfaction among hospital nurses is due in large part to increased job stress, greater administrative demands, and the continuing erosion of the nurse-patient relationship.¹ For example, increased government regulation and pressure to lower costs by hospital administration have created conditions where it is now not unusual for nurses to be on their feet 12 hours without a break, with the understanding that a shift might be extended even longer to cover shortages elsewhere. Increasingly, these conditions are affecting the severe national nursing shortage, which is projected to get worse in the coming years and will require nurses to work more hours for less real pay and under more stressful conditions than ever before.¹ Creative solutions will be required to address these burgeoning threats to job satisfaction.

COMPASSION FATIGUE AND CHRONIC GRIEF AMONG NURSES

Not that nursing was an easy job to begin with. Nurses have always been expected to be compassionate and focused regardless of the conditions under which they work. They are often called upon to care for people

who are in great pain, for patients who have been disabled or disfigured by their illness, and for those who are engaged in the dying process. Such compassion requires a degree of emotional engagement that normally leads to grieving, putting these caregivers at risk for chronic grief (accumulation of grief because of the inability to process one loss before another loss occurs)² and compassion fatigue (ability to continue providing care but with a recognized decrease in empathy and difficulty in processing emotions).³ These are significant threats to the emotional health of nursing staff, and since the degree to which a nurse is emotionally healthy affects the extent to which he or she can satisfy job expectations, hospital administrators are interested in finding ways to manage these threats. Smart administrators do this by looking for ways to prevent burnout, chronic grief, and compassion fatigue among nurses while they are on the job. Identifying strategies to assist the staff can be tricky, as nurses themselves are often unaware of the extent to which daily stress has built up and impinged upon their ability to relate to and care for patients. Even achieving enough relaxation from daily stress to start the process of coming back to one's natural feelings can seem to some a Herculean task. In the words of Anna Halprin, a highly esteemed author in the field of expressive arts therapy, "The inability to relax is often so enmeshed in emotional blocks that we are unaware of making relaxation the most difficult skill to achieve."^{4(p35)} This ongoing inability to relax, coupled with frequent emotionally draining experiences such as morbidity

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and death in patients, can make nursing too difficult for a caring professional to practice long term. All nurses who wish to have effective and enjoyable working careers should consider integrating into their every day self-care, some practices designed to identify and overcome stress, chronic grief, and compassion fatigue.

CURRENT BURNOUT AND STRESS MORBIDITY AMONG NURSES

In addition to reducing job effectiveness, rising levels of stress in nurses can affect retention through “burnout,” or the appearance of psychiatric morbidity in association with long-term stress. One study, which administered the Nursing Stress Scale and the Maslach and Jackson Burnout Inventory to 125 registered nurses, licensed practical nurses, and nursing assistants in a long-term care facility, found that the number of sick days taken by this group of nurses correlated significantly with higher scores on both the stress scale and the burnout inventory.⁵ Among 301 mental health nurses surveyed in Wales, more than half turned in burnout inventory scores indicating that they were suffering emotional exhaustion to the point of being a “high-burnout risk.” Just over one third of these nurses returned General Health Questionnaire (GHQ-12) results indicating some psychiatric morbidity.⁶

The long-term effects of untreated stress in the workplace can be as insidious as they are harmful. A survey of 51 nursing students polled 2 years after graduating from nursing school and retested again at 10 years, found that overall nurses tend to experience a significant decline in job satisfaction.⁷ Reasons for job dissatisfaction are varied and numerous; one article reported 75% of 213 nursing respondents had experienced “verbal abuse” from other nurses while on the job, more than any other source of abuse, including patients, patients’ families, or doctors.⁸

Several studies have found that somatic symptoms are common among stressed nurses. Emotional exhaustion and dissatisfaction with working hours were also found to be correlated with sleep disturbances, creating the potential for a “vicious cycle” of self-perpetuating exhaustion in nurses, and 23 of the 156 participants in that study further suffered from joint, back, or muscle pain most days or every day.⁹ Another inquiry into the nature of “burnout” revealed similar symptoms. Eksted and Fagerberg

recruited 8 white-collar workers (5 women and 3 men, age range between 30 and 56 years) who, in accordance with the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, met the criteria for unspecified maladjustment disorder and had taken significant leaves of absence because of excessive stress on the job. Through interviewing these subjects, they noticed some common themes among their “burnout” victims. Most of the victims experienced a clash between personal ideals and their respective corporate cultures, which created a sense of threat to self-image. This threat often manifested in bodily symptoms, specifically “headaches and muscular pain in the neck, arms and shoulders, often combined with a sense of tension and uneasiness.” Many reported an “inability to unwind.” The authors also describe a process of “cutting off” that occurs during the burnout period, where as the sufferer becomes more and more emotionally exhausted, she gradually withdraws from the world and loses more and more contact with the sensations of her body.¹⁰ It seems reasonable that activities that encourage relaxation and a return to sensation could be effective in helping to moderate the effects of emotional exhaustion.

Stress has typically been endemic to nursing staff; however, many strategies now exist to combat this pervasive threat to effective, compassionate care. A great deal of literature cites massage as a specific and effective way to reduce stress and improve the overall health of participants. In a meta-analysis of 37 studies of massage therapy that included 1802 participants, 795 of those who received massage therapy and 1007 who did not, significant differences were found among the treatment groups in several areas. Most notably, participants receiving massage showed lower levels of state anxiety ($P < .01$), blood pressure ($P < .02$), and heart rate ($P < .01$).¹¹ Thus, massage can be a powerful tool to effect change in the immediate health and stress levels of nurses.

The combined effects of compassion fatigue, chronic grief, and emotional and physical exhaustion has led to significant burnout and prolonged job dissatisfaction in the nursing profession. Given the current nursing shortage, it is crucial that these factors affecting nurse retention be addressed. How can we take better care of our nurses so that they are encouraged to stay longer and do a better job while working? Our strategy combines massage and creative encounters.

Massage is one of the ways in which artists-in-medicine encourage a “letting go,” relaxation and

opening of the body, a process that naturally allows the creative centers of the brain to open as well. It provides an excellent tool to stimulate full body relaxation quickly and, especially when combined with art, it can be a formidable instrument in inspiring people to shed their thoughts and overcome the stressors of the day. This accessing of creativity can allow nurses to reconnect with the basic precept of the nursing profession—providing compassionate care to those who are too ill to care for themselves. For this reason the Arts-in-Medicine (AIM) program at the University of New Mexico (UNM) started to provide a combined service of massage and art for hospital nurses and staff right on the units in which they work.

AIM PROGRAM AT UNM

The mission of the AIM program is to transform the medical environment toward optimum healing by facilitating transformative, educational, and rejuvenating artistic and creative encounters for patients, their families, and professional caregivers throughout the UNM Hospital, the Psychiatric Center, and the Cancer Research and Treatment Center. For the program comprising clinical service, research, and education, there are approximately 25 paid musicians, dancers, writers, visual artists, and body workers involved, as well as 75 volunteer artists, and 1 full-time faculty member. The program bridges academia and community including members of the Albuquerque community-at-large, students, and faculty from UNM's College of Fine Arts, College of Nursing, and School of Medicine, as well as patients and staff from UNM hospitals.

At the center of AIM's philosophy is the use of *creative encounter*: the meeting or joining with an other—be it person or place, idea, image or sensation—in openness, without judgment or expectation, intending for and allowing something new to be born. This something could be a new feeling, a new thought, a new perspective, a new sensation of pain relief or physical relaxation. These creative encounters or meetings might take place through deep breathing, free writing, massage, sound energy treatment, open dialogue, live music, art making, journaling, writing poetry, playing with clay, doing yoga, etc. We have found over the last 4 years that through creatively encountering an “other,” people learn. They learn to express themselves more easily, to clarify and personalize their sense of self and

spirituality, to understand the need for self-awareness and self-care, and to learn to observe and create more opportunities for change and choice. Perhaps the most significant factor in creative encounters is that they allow healthcare workers to become more comfortable with a state of *not* knowing. This, in turn, allows them to develop a deeper understanding of the complex and oftentimes obscure and unpredictable nature of pain, illness, and the dying process. These sensibilities allow caregivers to attend to the joy of participating in the caregiving process rather than solely to patient outcomes.

ROVING REJUVENATORS

Beginning in the spring of 2002, with the help of a grant from New Mexico Arts, a division of the Department of Cultural Affairs and the National Endowment for the Arts, and in collaboration with Carolyn Green, executive director of nursing at UNM hospitals, artists-in-medicine began offering services to be integrated into the daily routine of medical professionals. Dubbed the “roving rejuvenators,” pairs of artists traveled to 3 hospital units each week for 1½ hour each session. During each session, a massage therapist gave 10-minute chair massages and a visual, language, or musical artist engaged participants in imaginative and creative activities such as poetry reading, haiku and free writing, guided imagery, and listening to live music. The making of visual art included word and image collage, beading, ensemble painting, the making of books, gift cards, prayer ties, bookmarks, and crepe paper flowers. Each of the 16 to 20 hospital units received our services approximately twice a semester. As participants listened to music, received massage, learned stretches, wrote haiku, and created collage, they turned their attention away from work and toward themselves—their own emotions and bodily sensations. AIM activities are designed to favor this kind of personal shift and introspection; for example, the poems read aloud by artists described states of being, moments of awareness or of loss, and were generally chosen to inspire meditation upon life and the human condition. This combination of relaxation and introspection tended to change participants' bodily and emotional states widely and rapidly, achieving many of the goals of the AIM program, often while the nurses were on short breaks.

Before and after comments about the “roving rejuvenators” showed that such levels of relaxation

and introspection could directly affect job attitudes. One nurse who commented before the session that she was “feeling overwhelmed, rushed, very stressed, tired,” wrote afterward, “[I] feel like I’ll be more able to manage my assignment.” Another who stated, “I have to complete my task with no time to breathe,” commented afterward, “I have time to breathe and concentrate more.” Even a nurse who described, “the whole wave of emotions is now numbness,” reported “tremendous tranquility” after her session.

We collected before-and-after survey responses from 175 participants, aggregated across all the roving rejuvenator experiences from September 2005 to May 2006. In these surveys, we asked participants to rate 4 aspects of their emotional state on a scale from 1 to 6, and postparticipation improvements were reported in each category. The average response to the question, “To what degree are you feeling tense?” dropped dramatically from 3.7 before participation in a roving rejuvenator session to 1.7 after participation. Responses to the question, “To what degree are you feeling angry?” fell from an average of 1.9 beforehand to 1.2 afterward. Similarly, “To what degree are you feeling unhappy?” declined from 2.0 to 1.3, and “To what degree are you feeling fatigued?” declined from 3.6 to 2.0. These results suggest that the activities reduce some of the unpleasant, stressful, and tension-producing emotions that nurses typically experience at work, leaving them more peaceful and energized.

The positive feedback we received about the roving rejuvenators was encouraging, but we were concerned that the effects of such on-site activities might be superficial and short lived. To explore a program with greater impact, we undertook to develop a long-form nursing retreat away from the pressures and associations of the hospital, so that nurses could extensively explore the benefits available to them through relaxation and art.

AFTERNOON DELIGHT

Many of the different types of creative encounters mentioned above were put to use in 3 nursing retreats that AIM administered and playfully called “Afternoon Delight.” In these retreats, the goal was to encourage deep relaxation while at the same time to stimulate participants’ creative energies in hopes of bringing the nurses to greater awareness of and freedom from the pain and stress in their lives. We hoped to encourage strategies to manage and overcome chronic grief and

compassion fatigue. Relaxation techniques included traditional massage, sound and guided imagery, walking meditation, Japanese healing energy work, and acutonics—the application of tuning forks to traditional Chinese acupuncture points on the body. Creative encounters were facilitated through guided art walks, clay workshops, expressive movement classes, journaling, and storytelling sessions.

Responses to Afternoon Delight were overwhelmingly positive. Among the comments that characterized the retreat as a whole were that participants “learned to relax” and “to be more aware” of physical and emotional issues. The nurses expressed a greater willingness to “take time for myself” and to “cut myself some slack.” Several participants concentrated on the sensory experiences facilitated in the various workshops, and they recognized that by paying attention to the shapes, colors, sounds, and textures of the world—not just to assigned tasks—they always carried with them a powerful tool. One nurse commented that she “put together some way to get instantly in the moment. I liked the idea of using the senses to get me present.” A number of nurses had deep emotional experiences during the retreat. One commented, “Now I feel sad—somehow tension keeps the sad away.” Comments such as this echo Halprin’s quote above, and suggest that nurses are in great need of experiences like Afternoon Delight to reawaken the emotional dimension of their jobs and lives.

Afternoon Delight proved to be effective not only in learning to care for self but also in learning to support colleagues and improve a sense of community on the unit. Three months after one of the retreats, a nurse wrote, “I feel I am more attentive and compassionate about my coworkers stressors. I have started looking more at why people may react to certain situations and how I can help. There is not one thing I find I have implemented, only to be more aware.” We also found that following the Afternoon Delight experience, nurses were more attentive to how their own emotional and physical states could affect patient care. One Afternoon Delight participant commented, “As I was getting massaged and my body began to relax I envisioned entering a patient’s room with that sense of calm and peace which in turn can be transferred to my patients. I have a much deeper understanding of the importance of self-care today than I think I ever had.” Comments of this kind have convinced us that the program can have a real and profound impact on the quality of nurses’ work lives and the way in which they deliver healthcare in the hospital.

ISSUES IN CREATING THE PROGRAM

Survey results and participant reactions indicate that most of the goals outlined above were achieved; however, the AIM program was not without its difficulties. The most significant problem, surprisingly, was that staff often felt that they were too busy to take part. It is therefore important to get the support of unit managers and charge nurses, for they will ultimately determine how many nurses will be able to participate in the program. Moreover, the AIM program is intended to be a deeply personal experience, and as such it was sometimes difficult to convey precisely how people would benefit from participating. Much of our time was spent educating hospital staff and public alike in the potential benefits of AIM programming. Eventually, through word-of-mouth, brochures, hospital publications, Web site information, workshops and presentations, as well as local and national media attention the benefits of the program became clear to staff as well as to patients and their families. As enthusiasm for the program built and demand increased, funding issues came to the fore. Our program started on an arts council grant, but was so well received by staff, patients, and their families that hospital administration started contributing to continue the program. Nonetheless, a great deal of time and energy is spent identifying additional sources of funding to expand the program and meet the demands of our constituency. Finally, arranging for activity space can be a challenge. Most of our activities happen in unit break rooms; however, if these spaces are not workable, unit managers and

charge nurses may have excellent alternative suggestions.

Experience with the AIM program shows us that the rewards in facilitating creative and transformative encounters for nursing staff are worth the effort to overcome whatever obstacles may arise. For minimal cost, the gains to be made in nurse retention, effectiveness, job satisfaction, and ultimately patient satisfaction through AIM programming should prove worthwhile in any healthcare setting.

REFERENCES

1. The Joint Commission. Strategies for addressing the evolving nursing crisis. *Jt Comm J Qual Saf.* 2003;29:41–50.
2. Ferrell B, Coyle N. *Textbook of Palliative Nursing.* New York: Oxford University Press; 2001.
3. Joinson C. Coping with compassion fatigue. *Nursing.* 1992;22:116, 118–119, 120.
4. Halprin A, Kaplan R. *Moving Toward Life: Five Decades of Transformational Dance.* Hanover, NH: University Press of New England for Wesleyan University Press; 1995.
5. Kennedy BR. Stress and burnout of nursing staff working with geriatric clients in long-term care. *J Nurs Scholarsh.* 2005;37:381–382.
6. Hannigan B, Edwards D, Coyle D, Fothergill A, Burnard P. Burnout in community mental health nurses: findings from the all-Wales stress study. *J Psychiatr Ment Health Nurs.* 2000;7:127–134.
7. Sand A. Nurses' personalities, nursing-related qualities and work satisfaction: a 10-year perspective. *J Clin Nurs.* 2003;12:177–187.
8. Rowe MM, Sherlock H. Stress and verbal abuse in nursing: do burned out nurses eat their young? *J Nurs Manag.* 2005;13:242–248.
9. Edell-Gustafsson UM, Kritiz EI, Bogren IK. Self-reported sleep quality, strain and health in relation to perceived working conditions in females. *Scand J Caring Sci.* 2002;16:179–187.
10. Ekstedt M, Fagerberg I. Lived experiences of the time preceding burnout. *J Adv Nurs.* 2005;49:59–67.
11. Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research. *Psychol Bull.* 2004;130:3–18.