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## An Expressive Arts-Based Community Well-Being Initiative for Intensive Care Unit Staff: Fostering Self-Compassion and Peer Support Through Patchwork Murals

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**An Expressive Arts-Based Community Well-Being Initiative for Intensive Care Unit Staff:  
Fostering Self-Compassion and Peer Support Through Patchwork Murals**

Capstone Thesis

Lesley University

May 5, 2024

Megan Bell

Clinical Mental Health Counseling: Expressive Arts Therapy

Chyela Rowe, Ph.D., RDT/BCT

## Abstract

This community engagement project, conducted at a large hospital complex in Northeast Pennsylvania, focused on Intensive Care Unit (ICU) staff well-being. A brief literature review explored the multidimensional challenges experienced by healthcare professionals, particularly amidst the aftershocks of the COVID-19 pandemic, citing an urgent need for integrated support systems. Supported by the Center for Professionalism and Well-Being (CPW), the initiative aimed to co-design and co-create an arts-based well-being initiative that met the direct needs of ICU staff. Through meetings with the Nursing Operations Manager (NOM) and staff interactions, specific concerns and preferences were identified, informing program design. Participants created individual reflective artworks, which were then integrated into a collective patchwork mural to represent support and transformation. The facilitator's journey, captured through El Duende Process Painting (EDPP), identified the evolution of emotions and insights throughout each stage of project development. The culmination of the project, depicted through layered artistic reflections and poetry, illustrated the transformation from uncertainty and anxiety to hope and empowerment. This reflective narrative emphasized the value of collaborative arts-based experiences in supporting holistic well-being and peer support among healthcare professionals. Despite continued experiences with pre-existing barriers, this project identified collaboration with Well-Being Champions and ongoing feedback as crucial to developing future initiatives. This community engagement project demonstrates the potential that collaborative art-making has for fostering self-compassion, peer support, and professional healing in healthcare settings.

*Keywords: expressive arts therapy, community care, well-being, healthcare professionals, reflective narrative*

## Introduction

Since the start of the COVID-19 pandemic, healthcare workers have been exposed to continuously challenging experiences and have operated within an environment in which personal feelings and attitudes must often be suppressed to ensure patient safety (Huff et al., 2023). Extended periods of emotional suppression paired with continuous stress can lead to physical, psychological, and psychosocial challenges (Stilos & Burgoyne, 2021). Intensive Care Unit (ICU) staff specifically are often faced with difficult caregiver roles, dealing with critical incidents, end-of-life care, long working hours, poor team communication, and other systemic issues (Ho et al., 2018). Appearing, oftentimes in conjunction, with these experiences, are increased rates of anxiety, depression, and posttraumatic stress (Bucca et al., 2022). As COVID-19 has impacted the healthcare community heavily in the last several years, there is a need to focus individual healing through self-exploration and community-building to address these concerns. The development of appropriate initiatives to support mental health and well-being needs of healthcare professionals is more important now than ever to address these challenges; however, employee engagement continues to be low, with existing and newly developed well-being resources not being accessed by healthcare workers as expected (Keyworth et al., 2022).

Research regarding workplace well-being programs has increased significantly since the start of the COVID-19 pandemic. Cracks in the existing infrastructure of the healthcare system have been exacerbated by new challenges as the pandemic continues to develop to its current point (Smallwood, Bismarck & Willis, 2023). This research at the early stages of the pandemic indicated a need to support the well-being of healthcare professionals in the field, citing improved well-being as imperative to overall patient care, team communications, and personal self-care (Testoni et al., 2021). Even as the initial challenges of the pandemic have been

addressed and subsided, the effects have continued to have lasting impacts on the healthcare community. It has been suggested that support strategies for healthcare professionals promote regularly practiced self-reflection of awareness and engagement in supportive relationships with peers, mentors, and other organizational team members (Stilos & Burgoyne, 2021). Current research supports the practice of transforming the development and delivery of interventions to recognize the cultural and historical intersectionality of participating individuals, which also encourages individuals to develop agency and autonomy in their own well-being journeys (Boivin et al., 2023). To support this evolutionary process, the term “co-creation” has been identified to emphasize the importance of collective participation that brings value and meaning to all parties involved. Co-creation, as an approach for well-being program development, encourages participants to have a hand in the design process of specific well-being programs to promote the development of a greater meaning in collaborative participation, as well as fostering a greater sense of personal healing (Mat et al., 2022). In addition, creative arts therapy in a group setting has the potential to mitigate the effects of healthcare professional burnout by fostering resilience through community-building (Torres et al., 2023). Art-making has benefits for mental health and well-being and can be adapted to meet the needs of individual self-reflection and community care (Wang et al., 2020). Making art in community with those who share similar experiences supports the exploration of common themes of workplace well-being, personal reflection, and community care (Boivin et al., 2023).

Conversations about the biopsychosocial effects regarding healthcare professionals’ experiences paired with developing arts-based initiatives to address these concerns has the potential to promote the importance of community care, the knowledge of existing supportive factors, and the development of visual representations of personal experiences. Thus a

community engagement project was designed based on relevant research and personal anecdotes from participants. This capstone thesis project explored the availability and accessibility of arts-based well-being initiatives, and the perceived success of previous well-being supports. The focus of the project was derived from co-creative efforts of facilitator and ICU staff to develop a well-being initiative that could provide support in fostering self-compassion and community care.

### **Literature Review**

Jarden & Roache (2023) explored well-being in the context of its historical roots and development into contemporary social sciences. Due to the recent growth of positive psychology, well-being has become a more relevant topic of conversation within various academic disciplines including psychology, sociology, philosophy, health, public policy, and economics. Even through this newfound popularity, a clear and universal definition of well-being has not been organized. Culture, age, access to wealth and resources, and other individual differences play a large part in complicating a universal definition. There are also vast differences between academic and non-academic conceptualizations of well-being. As various disciplines center differing aspects of wellness within their own respective definitions, this creates challenges for the development of theory and practical applications, formulation of policies, and collaboration in multidisciplinary formats. Even as an interdisciplinary and holistic definition of well-being remains elusive, the following literature review attempts to contextualize well-being through various models and applications, including self-actualization and self-care, mental balance, low levels of distress, mental health support, quality of life, and functionality in personal, professional, and social experiences.

## **Mental Health in the Healthcare Profession**

The COVID-19 pandemic has had a major social, cultural, and economic impact around the globe (Buluga, 2022). Research from previous pandemics has identified organizational level factors as important in addressing the psychological needs of healthcare staff, such as providing psychosocial support and clear communication of available resources to reduce the mental and emotional impact of working during a pandemic (Keyworth et al., 2022). Since the start of the pandemic, there have been international efforts to develop appropriate interventions to support mental health needs in healthcare staff in response to COVID-19, yet fewer staff have accessed these resources than expected. Even as there is a resistance to accessing support, organizations have focused on offering stress reduction techniques, developing effective communication channels, and providing more mental health services.

Healthcare professionals are regularly exposed to trauma in the workplace, oftentimes exposed to the trauma and suffering of others (Ellis & Korman, 2022). On any given day, acute care professionals may be required to have difficult emotional conversations with patients about goals of care, symptomatology and pain, and end-of-life care while still maintaining professional expectations and responsibilities (Stilos & Burgoyne, 2021). Testoni et al., (2021) completed research in which critical incidents in hospital settings were studied to explore affected professionals' sensory and psychoemotional stress. The background of this research cited the strain people in Northern Italy experienced during the COVID-19 pandemic and the repercussions on healthcare workers that continue, even as the perceived severity of the pandemic has decreased. The goal of this research was to examine the pandemic-related stress among doctors and nurses in two Italian hospitals, focusing on the effects of severe critical

incidents. Researchers hoped to gain insight from interviews with these professionals about what changes may be needed in overall professional operations in addition to the development of emotional skills to promote better relationship management with patients in these emergency situations. The study involved six nurses and eleven doctors from two hospitals in Northern Italy who had all worked closely with COVID-19 patients. To gather data, each professional engaged in a 60-minute Skype interview that was recorded, transcribed, and analyzed. Each interview focused on existential, personal, and professional dimensions, focused on collecting data associated with changes and problems that emerged from the pandemic, relationships to patients during this global emergency, and the emotions and reactions related to the ongoing pandemic. Four common themes emerged from these interviews, including disorganization and psychoemotional stress, urgency and critical incidents, everything surreal, and disruptions in empathetic relationships with patients. These results allowed researchers to conclude that systematic and comprehensive psychological preparation is imperative in training professionals for developing relationships with patients in emergency situations, the use of exceptional medical equipment, creating new ethical models for disasters and pandemics, and engaging with themes of death and dying.

Prior to the COVID-19 pandemic, concerning levels of burnout already existed among healthcare workers due to excessive workload, lack of support, lack of work-life balance, loss of control, and loss of meaning from work (Torres et al., 2023). Burnout syndrome is defined as a feeling of exhaustion caused mostly by prolonged exposure to stress factors. Helplessness, hopelessness, exhaustion, and depersonalization are consequences of burnout syndrome (Buluga, 2022). Often seen in conjunction with manifestations of burnout are anxiety, depression, and posttraumatic stress (Bucca et al., 2022). Secondary traumatic stress is defined as a condition in



which an individual experiences traumatic stress symptoms as a result of experiencing or witnessing others' accounts of trauma (Ogińska-Bulik et al., 2021). A 2020 study by Dar & Iqbal discussed the relationship between secondary traumatic stress (STS) and vicarious posttraumatic growth (VPTG) experienced by healthcare professionals. The study was organized into a cross-sectional correlational design with 258 participating surgeons and physicians. Participants completed the Posttraumatic Growth Inventory-Short Form (PTGI-SF), the Secondary Traumatic Stress Scale (STSS), and the Brief Trauma Questionnaire (BTQ). Surgeons presented with an average stress score of 39.20, indicating moderate stress levels. Physicians scored an average of 35.59, indicating milder stress levels. From the overall sample, the mean STS score approached a moderate level ( $M=37.11$ ;  $SD=12.18$ ). In addition, participants in the study worked in their current field of practice for an average of three years ( $M=3.61$ ;  $SD=2.28$ ) and were exposed to vicarious traumatic events for an average of three hours per week ( $M=3.17$ ;  $SD=2.04$ ). The regression analyses demonstrated stress as having a curvilinear relationship with posttraumatic growth. Initially, stress and growth increased relationally to each other; however, after a certain point, increases in stress led to a decrease in growth. This pattern remained consistent for surgeons and physicians alike, suggesting that high levels of stress may interfere with personal growth after traumatic experiences. In a similar study conducted by Ogińska-Bulik et al. (2021), Secondary Traumatic Stress (STS) indicators were studied in a group of healthcare professionals, considering the correlations to job satisfaction, social support, and ability to process trauma. A large sample size of medical professionals ( $n=419$ ), ages 19 to 65 were asked to complete the Secondary Traumatic Stress Inventory, Job Satisfaction Scale, Social Support Scale, and Cognitive Processing of Trauma Scale. From the results, the most common predictor of STS symptoms was related to job satisfaction ( $\beta = -0.286$ ,  $p < 0.001$ ) which explains the most,

that is 16% of the variance of the general STS result. This indicates that the more satisfaction an individual has with their work, the lower their levels of STS symptoms. The results of these two studies suggest those who experience the highest levels of posttraumatic stress are often impaired in the meaning-making processes, as their ability to cope and cognitively process the trauma is undermined. In addition, those who experience lower levels of posttraumatic stress are minimally affected and will subsequently experience minimal growth. Managing symptoms of secondary traumatic stress allows healthcare workers the psychosocial and emotional capacity to address and process their experiences to facilitate posttraumatic growth and healing; however, the results indicate that there may be a lack of sufficient competencies related to coping with trauma experienced by others. This area of vulnerability may also be due to other issues regarding lack of appropriate resources or support in the workplace environment, as well as chaotic and stressful working conditions.

Hunte et al., (2023) focused on studying culturally specific healthcare to better understand the experiences and perspectives of healthcare professionals advocating for the well-being of the communities they treat, specifically related to perinatal and reproductive healthcare for Black patients. The authors stated the inequities that exist within maternal and infant health within the Black community are extensive and support the idea that racial-related stress and trauma compounds Black patients' embodied experience of family development as well as Black professionals' overall levels of stress, trauma, and compassion fatigue. The research focused primarily on a culturally specific perinatal public health program, Healthy Birth Initiatives (HBI), and utilized the interview data from its seven healthcare providers to elevate and honor their perspectives, knowledge, and experiences. Each of the seven participants identified as Black women who worked directly with HBI clients. Each participant engaged in an 80-minute

audio-recorded interview process, reflecting on the impact of racism-related stress, effectiveness and limitations of reproductive health interventions, and experiences with racial concordance in their work. Several themes emerged from these interviews including shared lived experience and parallel process, navigating multiple shifting gazes between involved parties, and reproductive justice and community care in culturally informed approaches. From these themes, researchers were able to conclude that the participant's narratives illustrated the strengths, limitations, and complexities associated with shared lived experiences with clients. The implications of this research were synthesized from ideas put forward by participants, including the need for self- and community-care, the importance of systemic professional support, funding and resources for culturally specific healthcare programming, continued holistic education, and further research. Specifically, within the role of healthcare professional, these participants sometimes saw themselves as buffers to protect patients from racism and other harms associated within the healthcare system. Based on the findings in this study, it may be important to consider how compounded stress, trauma, and compassion fatigue associated with culturally specific experiences have implications for caregivers.

### ***Well-Being Champions and Supportive Structures***

Well-Being Champions (WBC) are self-identified employees who value health and wellness, have a genuine interest in supporting their colleagues, and want to promote a “grassroots” approach to wellness programs (Wieneke et al., 2019). According to the study conducted by Wieneke et al. (2019), 46,787 employees at the Mayo Clinic completed an all-staff survey to provide feedback on how they view their work and workplace in general. From the feedback in this survey, participants who reported having a WBC associated with their department provided more favorable responses in general compared to those reporting no WBC,

represented with a statistical significance of  $P < .001$ . From these results, the researchers concluded that an employee-led WBC program can be effective in raising the awareness, understanding, participation, and overall success of an employee health and wellness program. WBC-led programs reported benefits such as increased awareness of well-being opportunities, greater sense of support for achieving a healthy lifestyle, and higher perceived health and wellness. The presence of a WBC is often associated with a more positive perception of personal and organizational well-being. In addition, the research demonstrates that WBCs provide necessary peer support to improve and maintain healthy behaviors among coworkers and to tailor larger organizational well-being programs to the needs of their specific team.

The existing infrastructure of the healthcare system has always had its faults; however, these concerns have been exacerbated by new challenges presented by the pandemic and require immediate attention (Smallwood, Bismarck & Willis, 2023). As there was an increase in well-being initiatives developed due to the effects of the pandemic, specific research was conducted to address the efficacy of these programs. A qualitative study by Keyworth et al. (2022) explored potential barriers and enablers for healthcare professionals in accessing well-being programs hosted by the Staff Mental Health and Well-Being Hub. Twenty-five participants took part in a series of interviews, discussing the availability and accessibility of resources presented by the Hub. Four key themes emerged from interview analyses, including environment and atmosphere in the workplace, the impacts of COVID-19, confidentiality, and awareness and communication of resources. The authors emphasized the importance of organizational-level promotion of mental health support resources for healthcare professionals. The findings from this research support the need to create specific interventions to promote organizational structure and mitigate concerns regarding efficacy and confidentiality.

Continuing to provide opportunities for healthcare workers to engage in wellness activities and to provide intentional initiatives that meet the needs of the staff may be beneficial to promote improvement of personal and professional wellness (Wieneke et al., 2019). Organizations are recognizing that it is essential to acknowledge the contextual experience of the workplace environment and the impact for the employee experience. By centering employees' experiences and redesigning workplace practices to fit with employee interests and needs, support systems may become more widely accepted. By addressing this context, employee well-being initiatives have the potential to impact teamwork, trust, and respect within a work team. A study was completed in Botswana to determine the correlation between healthcare workers' participation in workplace wellness activities and occupational stress and burnout (Ledikwe et al., 2018). 1348 of 1856 invited health workers completed a series of wellness questionnaires including the Job Descriptive Index, the Stress in General Scale, the General Health Questionnaire, and the Maslach Burnout Inventory-General Survey. Participants were divided into groups based on the number of workplace wellness activities they had participated in during the last year: zero activities (29.4%), 1-6 activities (38.9%), and seven or more activities 31.7%). Among the most highly attended activities were those associated with psychosocial and spiritual care focuses (13.6%), while the least attended activities focused on occupational health and safety (2.8%). When comparing survey scores of those with higher participation in workplace wellness programs and the survey scores of those with lower participations, a  $p$  value of  $\leq 0.005$  was identified when analyzing overall job satisfaction and levels of stress. The study found that participation in workplace wellness activities is generally associated with higher job satisfaction rates, lower levels of stress, and less exhaustion. This study indicates that engaging in workplace

wellness initiatives invite more direct approaches to addressing psychosocial and emotional well-being.

### *Integration with Arts-Based Approaches*

Previous research has shown that arts engagement has beneficial effects for both mental health and well-being, including emotion modulation and the influence of moods (Wang et al., 2020; Fancourt et al., 2019). Frequent participation in arts-based activities is linked to lower levels of mental distress and increased feelings of life satisfaction and mental functioning (Wang et al., 2020). Engaging particularly in artistic creative activities focused on self-identity, self-esteem, and agency, individuals are more likely to be able to rationalize stressful events, reframe their approach to negative situations, and lessen their likelihood to suppress emotions (Fancourt et al., 2019). Péntzes et al. (2023) conducted a study that focused on brain activity during art-making utilizing an electroencephalogram (EEG). The aim of this study was to explore how brain activity patterns differ during the utilization of various art materials and the level of instruction given during art-making. The participants for the study consisted of 50 Dutch women ages 18-26 years old, without any mental health concerns for the previous six months, and with no professional knowledge or experience with art materials. Each participant engaged in three conditions while their brain waves were recorded at six sites on the scalp by EEG equipment. The three conditions included drawing freely with a pencil, being asked to draw something specific with a pencil, and playing freely with clay. EEG brainwaves were recorded at six sites on the scalp by the equipment, with electrodes placed in frontal and parietal locations, as well as the ground and reference locations. Each session lasted about 60 minutes. During result comparisons, differences were found between the three conditions, between the frontal and parietal regions, and between the hemispheres. The clay condition presented delta brain waves

with a mean score of 113, while the two pencil conditions presented average scores in the 90s. As delta activity is normally expressed during states of relaxation, it is indicated that the clay condition was more relaxing than the other two conditions. During the instructed pencil-drawing condition, less alpha (M=78) and beta1 (M=93) activity was observed compared to the uninstructed pencil condition's alpha (M=81) and beta1 (M=97) measurements. Middle-high frequencies occur during active information processing and are part of normal conscious awareness. The parietal lobe processes tactile sensory information and is involved with visual-perceptual and spatial processing. These findings show that tactile engagement with art-making materials may lead to a "state of arousal that is well-balanced with relaxation" (p. 4). The results conclude that art-making with various arts materials and the level of instruction given influence brain activity, specifically that art-making seems to activate the parietal lobe more than the frontal lobe when considering univariate results of all of the art-making tasks together.

Stilos & Burgoyne (2021) worked collaboratively as participant-researchers to bring awareness of arts-based practice as self-care to healthcare professionals working in palliative care settings. Their research stated that negative emotions that healthcare professionals in palliative care units experience in the process of caring for other seriously ill individuals can oftentimes be overwhelming. Likewise, continuous exposure to such difficult situations and the accumulation of these unaddressed negative emotions can lead to further physical and psychological struggles. The research aims were to promote the importance of self-care in personal and professional work to better serve healthcare professionals in this difficult area of work. Both participant-researchers used reflective journaling as the primary arts-based intervention for the course of this research. Stilos, an advanced practice nurse in palliative care, contributed five different journal entries in which she explored various patient experiences and

personal emotional reflections from each of these. Burgoyne, a registered art therapist, created five separate art pieces in response to each of Stilos' writings. Stilos wrote that utilizing the process of daily journaling became an outlet for processing difficult experiences and emotions. She stated that the process allowed her to review and monitor her thinking patterns and other emotional tendencies that she may not be able to share in clinical settings. In addition, collaborating with Burgoyne to provide a visual element to each of these written entries provided “. . . additional healing and mental well-being, as it provided the writer with a visual representation of the challenging scenarios and a deeper empathic view of the nurse-patient therapeutic relationship” (p. 211). Stilos and Burgoyne hoped that the personal and vulnerable nature of this work will promote further progression of self-care practice in healthcare settings, especially for nurses and other professionals working in palliative care settings.

In another arts-based research study, Wang (2022) used an autoethnographic narrative arts-based inquiry method to explore concepts of power and spiritual support through the use of therapeutic arts. This exploration allowed personal application as a health professional who was experiencing compassion fatigue. Wang immersed herself into arts-making processes, personally and professionally, in the hopes that self-disclosure and self-exploration would benefit her overall well-being. The results of this research demonstrate the importance of self-regulation and self-care to rest and reset the body and mind for future caregiving work. Wang stated that this research is necessary to help professionals learn to care for themselves through art and culture in order to be able to continue being open and caring for others. The process of staying grounded in the self yet growing with cultural and spiritual support allowed Wang to process the negative emotions associated with compassion fatigue. Similarly, El Duende Process Painting (EDPP) is a popular creative arts method developed by Abbe Miller (2023). EDPP is a continuous art-making



experience in which a single canvas is utilized over multiple sessions to address emerging images and their multiple meanings identified by the creator. The method involves on-going experimentation with materials, methods, and documentation before, during, and after each layer is added. Miller believes that EDPP expresses art as a form of inquiry, holding truth, knowledge, loss, and transformation. In addition, this process allows the integration of multiple identities, including that of artist and researcher. Miller discusses the use of EDPP as response art to contain, explore, and express clinical experiences. This method is described as transformational and informative, reflecting trust, passion, and growth in the creator's skills as an arts-based practitioner-researcher.

New research for arts-based therapeutic techniques, especially within the context of healthcare settings, has become more targeted since the beginning of the COVID-19 pandemic. Ho et al. (2021) designed a mindfulness and expressive art-based therapy intervention curriculum to support the overall emotional, behavioral, and psychosocial wellness of healthcare workers. Each week's program builds upon the previous learning to deepen individuals' self-awareness, self-care practices, and access to community support. This curriculum reflected an effectiveness for reducing burnout, building resilience, nurturing compassion, fostering community support, and promoting overall mental wellness for healthcare professionals. In addition, creative arts therapy focused on building resilience has been identified as a beneficial intervention to mitigate and prevent prolonged stress (Torres et al., 2023). Creating art may serve as a visual representation of challenging scenarios and can offer space for individuals to explore experiences with workplace trauma and its effects on the physical, psychological, and emotional systems (Stilos & Burgoyne, 2021; Torres et al., 2023). In addition, art-based support groups can improve stress management around occupational concerns for hospital employees and care teams

(Torres et al., 2023). Arts engagement is considered a multi-modal health-promoting activity by combining social interaction, relaxation, emotional expression, and cognitive stimulation to promote collaborative social support, creativity, and feelings of self-esteem and efficacy (Wang et al., 2020).

The goal of this literature review is to shed light on the mental and emotional struggles healthcare workers face and to highlight potential methods in which personal and professional healing may be aspired. Arts-based research has demonstrated support for the utilization of creative outlets for potential healing within the healthcare community to help design integrative programs for overall well-being in these environments. As compassion fatigue, burnout, and vicarious trauma are all most likely related to individual experiences with patients, these symptoms can be exacerbated by continuous stress and negativity perpetuated by poor structure in working environments. The research synthesized in this literature review provides some insight into the structural and systemic issues in the healthcare community and supports the facilitation of intentional creative interventions and collaborative approaches to promote the well-being of healthcare professionals.

### **Methods**

The following community engagement project took place at a large hospital complex located in Northeast Pennsylvania, primarily focused on Intensive Care Unit staff. The Center for Professionalism and Well-Being (CPW) is an organization-wide team that offers hospital employees a variety of services related to mental health, burnout mitigation, community building, peer support, and crisis response. Well-Being Navigators are administrative employees that stand at the forefront of on-site initiatives, directly communicating with staff during their daily shifts. Utilizing this position to build rapport and trust with healthcare professionals

promotes the ability to create new experiences tailored to the specific needs of the hospital staff as they arise. According to previous communications and initiatives created by the CPW, the Intensive Care Unit is often a department under significant stress and could benefit from more direct attention. Participants in this community project informed the project design by describing how traditional programs designed for their specific needs were often inaccessible. The goal of this project was to co-create an arts-based well-being initiative specifically for intensive care staff by communicating with team leaders and staff to design programs that reflect the direct and immediate needs of the collective team.

### **Informing the Process**

A meeting was held with the Nursing Operations Manager (NOM) of the ICU. Barriers to previous well-being initiatives were discussed, in addition to best days, times, and spaces in which to engage in the chosen programming. A discussion regarding the unit's most salient struggles and current concerns delineated a potential need for individual discourse. An anonymous, ten-question general survey was created to gather information regarding the staff's specific concerns for personal and professional well-being to help inform the project design process. Survey questions helped to identify staff concerns for well-being, perspectives on the success of previous well-being initiatives, barriers to participation and accessibility of well-being programming, and ideas for the current project. In addition, general questions about how staff deal with workplace stress and what creative outlets they use, if any, to relieve stress were also included. The survey was created as a Microsoft Form and disseminated to staff through an email from the NOM. Multiple follow-up emails were sent to remind staff of the survey. A QR code was also created and posted for easy access. A copy of the questionnaire used can be found in the Appendix. In addition, weekly in-person conversations with staff continued as part of the CPW

guidelines for Well-Being Navigators. Results from the survey were synthesized by the NOM and facilitator to inform next steps. The facilitator's attendance at staff meetings created additional opportunities to inquire about specific expressive arts-based activities to engage in and to ask more focused questions about the project design face-to-face. Staff voted by handwritten ballot on the program activity they would most like to engage in and confirmed the best days and times for the project to be held. After allowing time for the facilitator to confirm the final structure for the event, a poster with all the necessary dates, times, and project information was sent to the NOM, who printed and posted copies in the ICU, in addition to sending out a virtual calendar invite reminder.

### **Exploring Concepts of Self-Compassion and Peer Support**

On the day of the event, there were three one-hour session times available for staff to participate in, created specifically to allow as many participants to attend as possible throughout the day. The events took place in a large conference room of the hospital. Tables were set up in a large U-shape and some of the lights were dimmed. Quiet instrumental music played in the background and light snacks were provided. Each session began with a conversation regarding the concerns and struggles ICU staff experience on a day-to-day basis, exploring what emotions are associated with experiences and how staff deal with those emotions inside and outside of the workplace. Participants were prompted to create an individual piece of art using images, shapes, colors, symbols, or words to describe what those experiences feel like. The facilitator provided a myriad of art-making materials, including various sizes and colors of paper, paint, markers, colored pencils, ink pens, glue, scissors, and tape. Once these individual pieces were complete, conversation shifted to reflect how support can be provided and received. Discussion revolving around self-care, peer support, and trust developed into the final prompt. Participants were then

asked to take their individual pieces and add them to a larger canvas to make a mural, focusing on how these topics can help to transform and support others' experiences. Additional drawing or painting could be added directly to the overall mural to supplement, support, or connect each participants' individual piece. Once all art-making was complete, final reflections from the experience were offered by participants. The facilitator thanked each group for participating, closed the session with a tentative follow-up plan, and provided an offer to reach out at any time for further needs or support.

### **Documentation and Reflections**

All participation was voluntary and confidential. No identifying information of participants was required to be disclosed. Anonymous data collected from the survey was housed in the online Microsoft Forms results page and was only accessible to the facilitator and NOM. Results from this survey were synthesized into a written journal entry for the purpose of record-keeping utilized by the facilitator. In addition, handwritten ballots from the staff meeting poll were collected, synthesized, and re-written into a separate journal entry. A new journal entry was created for each activity session, denoting the date, time, and number of participants, as well as any notable observations regarding verbal language, body language, commonalities in experience, or other relevant notes from participants. This journal also tracked the facilitator's thoughts, emotions, connections to research, moments of learning, and other relevant material. Journal entries also consisted of reflections about perceived resistance or willingness to participate, notable concerns from intensive care staff, barriers to well-being initiatives, and potential adjustments in programming for future work. Permission was given to take photos of participant artwork for the purpose of reflective art-making by the facilitator. Expressive arts pieces were created by the facilitator throughout each stage of the process, utilizing El Duende

Process Painting (EDPP), including reflections from the full community engagement project and implications for community arts-based work moving forward. The facilitator chose to pursue the exploration and reflection of this research through EDPP, as this art therapy-based technique involves sequential layers of paint on a singular canvas over a period of time. Similar to the format of this community engagement process, this modality focuses on building upon previous work to inform or redirect the current work. The entire process for both the project and arts-based reflection required a continual build-up of information to reach the final presentation. This creative process served as a mirror to reflect each stage of the process, as well as provide a visual documentation of salient connections to research and meaningful moments from participant interactions.

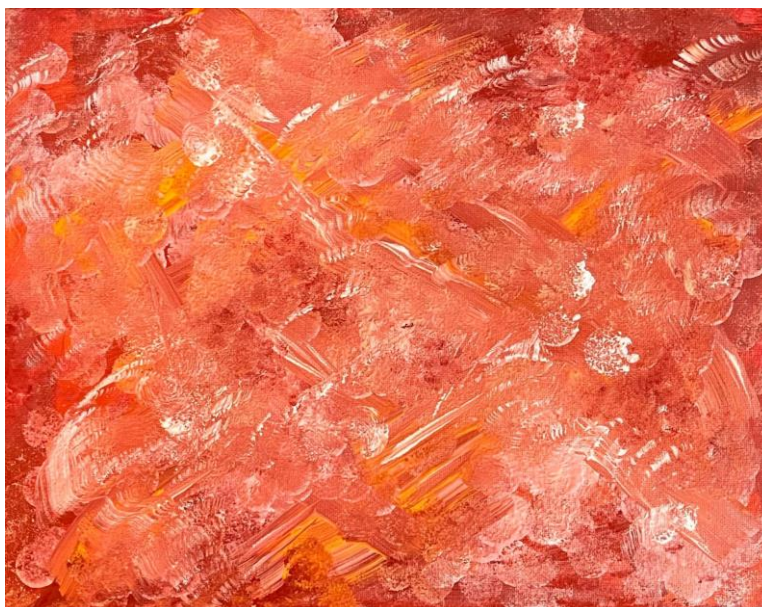
## **Results**

The initial survey was sent to the entire ICU staff via email from the NOM. The survey was active over the course of seven weeks. It was open for three weeks before the staff meetings were held and for another four weeks to allow for final submissions. From these responses and other in-person conversations, staff mentioned group projects and team-building activities as helpful and beneficial for overall team well-being. In response to identifying challenges or barriers to previously offered well-being opportunities, participants reported difficulties in availability and accessibility, citing patient needs as the primary concern over personal well-being engagement. In addition, many participants noted that these barriers were exacerbated for night shift staff due to very few well-being initiatives offered specifically to include night shift staff. Creative outlets utilized to support well-being were identified including mindfulness, music, art-making, dance or movement, creative writing, and other non-specified activities. In addition, continued weekly in-person conversations with staff identified a need for community

engagement with peers outside of the workplace. Figure 1 below is the first layer of the EDPP, an artistic response from the facilitator, reflecting on the feedback and results of the initial survey and continued one-on-one conversations as part of the Well-Being Navigator role. The process of synthesizing these experiences presented a pattern of ICU staff needs regarding emotional and team support. Even as feedback during this stage of the process was minimal, the feedback provided was insightful and informative for the development of the community engagement process. While well-being initiatives have been offered previously, staff seemed disheartened by the perceived barriers in place, preventing them from engaging in these activities. In addition, some responses promoted a sense of urgency regarding the need for well-being program development. The facilitator hoped that gathering as much information from staff as possible regarding these needs would help to create an experience that would try to minimize these barriers and meet staff where they are at. Figure 1 depicts the themes of anxiety, heaviness, and frustration the facilitator experienced throughout these initial responses and interactions.

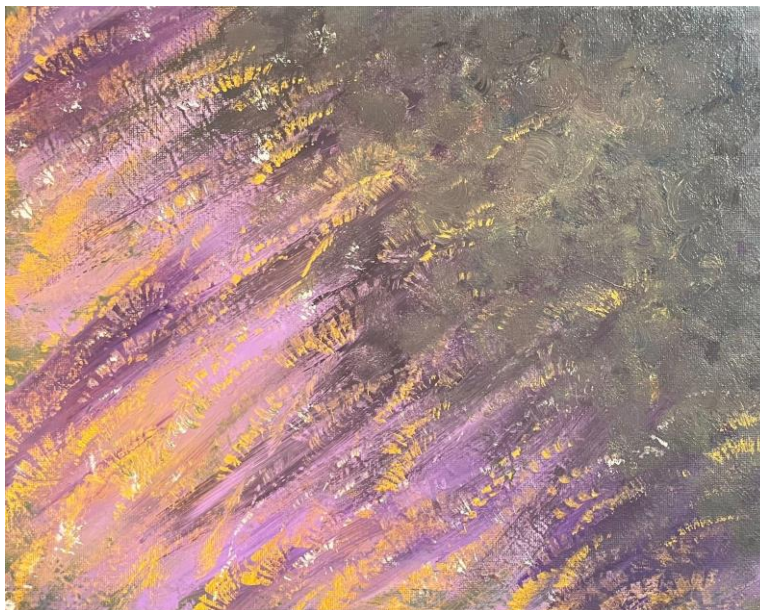
**Figure 1**

*Layer 1 of EDPP Reflection: Survey Says*



Initial conversations and survey results were utilized to create an introduction to the project with tentative activity ideas to present at the upcoming staff meetings. Examples presented by the facilitator included mindful meditation, a dance/movement party, music sharing, playback theater, or a patchwork mural. From collected responses, staff voted to participate in a community patchwork mural. In addition, each participant requested the best days and times for the community project to be held, and the facilitator chose a day that most individuals stated they were available along with an all-day format to accommodate as many participants as possible. Figure 2 below is the second layer of the El Duende Process Painting (EDPP), an artistic reflection created by the facilitator to consider these results. As more responses were received during this stage of project development, the facilitator was able to develop a more complete perspective of ICU needs and perceptions around the presentation of this community engagement project. While there was still a perceived underlying sense of urgency to offer this event, allowing more time to hear from ICU staff promoted a sense of familiarity, trust, and reliability. For the facilitator, the initial survey prompted a surge of anxiety and uncertainty but was significantly reduced after this second stage of interactions. The juxtaposition between the EDPP layers of the arts-based reflections in Figure 1 and Figure 2 demonstrates the significant decrease in the facilitator's anxiety and an increase in excitement and anticipation to present the upcoming project.



**Figure 2***Layer 2 of EDPP Reflection: Participation Anticipation*

On the day of the community engagement project, the facilitator was supported with the presence of a peer Well-Being Navigator and three leadership members from the Center for Well-Being, including the Chief Wellness Officer, Program Director, and a Licensed Clinical Social Worker. Based on feedback from participants in the first session, the facilitator changed the day's schedule to a come-when-able format instead of delineated session times. The community engagement activity was open for participants from 8:00AM to 9:00PM with a brief hour break halfway through the day. This allowed for participants to come in waves as patient care and management support allowed. This change in schedule was passed on to staff through the NOM. Throughout the course of the day, there were four waves of participants, with participation times ranging from 30 minutes to one hour. In addition, participation ranged between two and four individuals for each wave. Common themes seemed to develop from participant conversation across groups.

The amount of support the facilitator received from the Center for Professionalism and Well-Being (CPW) on the day of the community engagement project was welcomed. Even as the facilitator experienced a significant amount of uncertainty prior to the start of the event, the support provided by the presence of CPW leaders grounded the facilitator and fostered a sense of security. In addition, CPW leaders served as co-facilitators throughout the course of the day, providing additional areas of conversation, holding space for participant sharing, and creating their own artistic reflections. The process of weaving conversation, experience, and art-making together seemed to promote a deeper exploration of expression. As the day progressed, the facilitator felt grounded yet untethered, experiencing the freedom to facilitate with authenticity. Figure 3 below is the third and final layer in the EDPP, reflecting on moments of experiencing and witnessing during the facilitation of the community engagement experience.

**Figure 3**

*Layer 3 of EDPP Reflection: Roots and Wings*



As each layer of the EDPP experience reflected on each stage of the community engagement project, the following poem serves as a reflective response to the experience as a whole:

Deep abyss  
'Til we trieth  
Youth fades  
More nourishing  
A time for home  
Hope outlives  
Beautiful human  
Roots and wings

The final poem can be observed in the context of viewing all three EDPP layers as a full piece within itself. As each layer of paint represents individual stages of the process, the poetic reflection ties each piece to the next as a reflection of the process as a full and complete experience. This final reflection serves to express the juxtaposition between the heaviness and hope experienced by the facilitator throughout the entirety of this process. Witnessing the transformation of this community engagement project from its initial concept to a fully realized collaborative art-making experience reflected the transformation of a deeply rooted need for emotional and community support into the exploration of freedom of expression in multiple forms.

### **Discussion**

Even as this community engagement project was created to provide a brief respite from patient care to support self-compassion and community care, there were pre-existing barriers still in place. Guilt for taking time away from patients or burdening colleagues with caring for

additional patients seemed to affect levels of participation. For some waves of participants, the facilitator felt a sense of urgency to guide the activity with a quicker pace to allow participants to return to their patients as soon as possible. For other waves, the facilitator observed a more laid-back atmosphere and utilized the full hour allotted. In addition, hospital lobby maintenance and construction served as another barrier to availability and accessibility to this project. Without clear communication to the facilitator that the lobby, and subsequently, the event space would be closed after normal business hours, this construction forced the closure of the project more than two hours earlier than scheduled. This experience served as a barrier, not only to staff participation, but directly to a particular goal of accessibility the facilitator had worked towards. The day was organized for the activity to be available and accessible for as many participants as possible, specifically night shift staff, as that was clearly stated as a need for individuals wanting to attend this project. Even as this was a factor outside the control of individual participants or the facilitator, this still served as a barrier the facilitator had attempted to overcome.

On the day of the event, the facilitator was uncertain of how many participants planned to attend. While attendance on the day of the community engagement project was minimal compared to the number of individuals who had been invited to participate, the facilitator recognized that continuing to develop well-being initiatives beyond the completion of this project may promote increased participation. In addition, because exact participation was not anticipated prior to the start of the project, the facilitator presented a blank mural canvas that may have been too large for the number of participants to fill. At the end of the project, the mural remained relatively bare, as there was more white space on the canvas than participant art. The facilitator was able reduce the amount of white space while still maintaining the integrity of participant art to produce a more cohesive patchwork mural. Prior to the facilitation of the

community engagement project, the NOM suggested that the final mural be framed and fixed somewhere in the ICU. Another suggestion included printing a photo of the mural onto business cards for staff to carry with them. A decision regarding the final rendering and placement of the mural has not been reached at this time.

This project also demonstrated the importance of well-being champions, advocates, and allies. Without the direct support of the NOM and Center for Well-Being, this project would not have been possible. Directly related to the success of this project, credit must be given to the NOM for continuing to advocate for additional support for staff, encouraging staff to participate, and modeling her own vulnerable participation in the project. Continuing to explore these topics allows opportunities for these individuals to express their thoughts and emotions instead of suppressing them. By fostering an environment of collaborative peer support, participants can share their experience in solidarity with others to promote personal and professional healing. This community engagement project collected feedback through various methods to better inform the overall delivery of the project in a manner that aimed to center ICU staff experiences and support their specific needs. In addition, continuous communication and information-gathering allowed more time for relationships to be built between the facilitator and staff, increasing a sense of familiarity. As a non-healthcare professional and an individual new to this specific hospital system, the facilitator hoped to gather insight into how ICU staff view well-being initiatives and how to best support them in ways that would be intentional and meaningful to the collective team.

### **Conclusion**

By initiating more direct and intentional wellness engagement that promotes care and support at personal, professional, and systemic levels, it is anticipated that the Intensive Care

Unit staff will regularly participate in future well-being programs offered and allow a deeper level of trust in the Well-Being Navigators and Center for Well-Being in general. It would also provide support for this project to receive feedback from staff regularly about their needs and what initiatives they would hope to see in the future. Based on current research synthesized in the above literature review, it may be possible that programming of this nature allows staff to build feelings of workplace satisfaction, lower stress, promote posttraumatic growth, and create a space for self- and community-care. The healthcare community is one that actively needs psychosocial and emotional support, especially amid a post-pandemic world. In pursuing this project, the goal was to integrate creative, supportive, and authentic initiatives that advocate for systemic change within healthcare settings, in addition to providing genuine individual and group connections to encourage more immediate healing within community-building activities, self-care practices, and stress relief exercises. In the continued exploration of these topics, this community engagement project could be utilized as a template to explore concepts of community support, self-compassion, and professional healing for other healthcare departments in need of well-being support.

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## Appendix

This questionnaire is designed to gather information to create a well-being program for ICU staff that directly supports their wellness needs. Please answer each question to the best of your ability and as honestly as you feel comfortable. Answers may be as detailed or as brief as you want. Feedback from this survey will not be shared with others outside of the NOM or project facilitator. For any questions or concerns, please contact the project facilitator.

1. Currently, what do you think are the biggest concerns facing ICU staff in terms of overall well-being?

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2. What do you think would be helpful to address these concerns?

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3. What well-being support has previously been tried for ICU staff? Was it successful? Why or why not?

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4. What challenges or barriers prevent success for well-being initiatives for ICU staff?

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5. What kinds of well-being initiatives would you like to see?

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6. Would you rather participate in a one-time well-being activity or a regularly scheduled monthly program?

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7. What days or times would be best to engage in an ICU staff wellness initiative?

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8. How do you deal with workplace stress?

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9. I enjoy wellness activities that involve: (Select all that apply)

- Art
- Music
- Dance/Movement
- Creative Writing
- Mindfulness
- None of the above
- Other

10. Do you have any other thoughts, comments, or feedback about previous or future well-being initiatives for ICU staff?

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**THESIS APPROVAL FORM**

Lesley University  
Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA

Student's Name: Megan Bell

Type of Project: Thesis

Title: An Expressive Arts-Based Community Well-Being Initiative for Intensive Care Unit

Staff: Fostering Self-Compassion and Peer Support Through Patchwork Murals

Date of Graduation: May 18, 2024

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Chyela Rowe, Ph.D., RDT/BCT