A Qualitative Study of Medical Providers use of Art for Self-care

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A Thesis Submitted in Partial

Fulfillment of the Requirement

for the Master of Arts in Art Therapy Degree

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Saint Mary-of-the-Woods, Indiana

December, 2016

ABSTRACT

Burnout and compassion fatigue are pervasive in the medical professional field. Healthcare workers have a need for self-care techniques beyond the average professional because of a high stress and emotional work environment. Art making can provide the needed time for reflection and relaxation to assist in increasing empathy and reducing stress. This study used a narrative qualitative format to explore the personal experiences of two medical professionals, exploring their use of art as self-care and its effect on their ability to handle stress. This paper explores in a literature review the prevalence of burnout amongst medical providers and looks at how art is being used with medical professionals and mental health professionals to facilitate self-care. The researcher of this study found that the two participants found art to be helpful in their self-care regimen and utilized it to prevent burnout.

Acknowledgements

I would like to offer my sincere gratitude to the professors of Saint Mary-of-the-Woods College, Masters of Art in Art Therapy program as they have guided me through my graduate school experience. They have taught me to trust the process and pushed me to grow as a person and a therapist in ways I never imagined. Specifically, I would like to thank my advisor Kathy Gotshall for her thoughtful supervision throughout the program as well as program director Jill McNutt for her dedication to learning and unwavering support. I am also grateful to the rest of the staff who have taught me along the way, especially my research professor Mary Ellen Hulska, who so carefully guided me through this research and thesis writing process. I would also like to thank library director Judy Tribble, for unfailingly helping me find obscure resources. Finally, I would like to thank my fellow graduate cohort members with whom I have made this journey. Their genuine support, even at a distance, has been vital to this experience.

TABLE OF CONTENTS

CHAPTER I

Introduction

Problem Statement

Studies have shown that medical providers are at a higher risk of burnout than other professionals (Shanafelt et al., 2012). The risk was evident in all specialties, beginning even in medical school, with signs of burnout appearing as early as their second year of medical school. This was seen as evidence of a systemic problem with how doctors are trained and how they are taught to sustain their mental health while in practice (Dyrbye et al., 2006). Art provides an outlet for self-care that is currently utilized by art therapists in their practice (Harter, 2007) and other professionals, including some medical providers.

The research for this paper was a narrative based qualitative study using an interview format to explore medical providers' use of art as self-care. The researcher used a phenomenological microanalysis to analyze the data collected, using both an inductive and deductive process to determine the final distilled essence of the information. The purpose of this study was to determine how medical professionals currently use art in their self-care practices. The researcher looked at how two doctors use art in their self-care practices in an effort to find what art modalities were evident, and identified any common themes in media dimension variables. One of the questions in the interview was if the participants thought that a studio space in the hospital or art workshops for practitioners would be helpful for them. The purpose of this question was to explore how the availability of resources would impact the likelihood that the physicians would utilize art as a means of self-care.

This researcher became aware of this problem when witnessing the physiological strain of medical school on her spouse and friends while they attended University of South Dakota

Sanford School of Medicine. Listening to individual stories, the researcher became aware that they were told on a regular basis to practice self-care but given very little instruction or resources to do so. She also observed how some of them already used art as self-care and how it seemed to help alleviate stress. This reflected the author's experience as an art therapist in training who used art as a self-care practice. While this similarity provides the necessary connection and passion for the topic, it also increases the potential for bias when analyzing the data.

Basic Assumptions

It is important to write out assumptions made by the researcher in order to determine if a theme or idea presented itself because it is apparent or expected. The first of the researcher's assumptions about the study were that medical provider's experience quite a bit of stress in their work and that this can lead to burnout and compassion fatigue. This is based on prior experience in talking with medical providers, as well as the literature reviewed for the purpose of this study.

Secondly, individual doctors use different methods of coping skills and self-care techniques, and some use artmaking and experience on a regular basis for this purpose. This is based on the knowledge that in a high stress career the only sustainable practice is to have an outlet beyond work that can provide self-care. The researcher understands that medical providers are a diverse group of people that will likely use a wide variety of self-care tools and not all are art based. This led into another assumption that doctors who use art as a regular part of their self-care routine experience less burnout when creating than when they did not practice self-care techniques. The researcher understands that this is not exclusive and does not mean that art will be effective for every medical provider, but it is assumed that those who have been exposed to art as a form of self-care and use it on a regular basis experience less burnout than when not practicing any form of self-care.

A fourth assumption is that doctors would be interested in and benefit from a structured art space in hospital or clinic settings for staff to partake in open studio or check out supplies from to create work on their own. Implementing this type of space was not a part of this study but was a desired outcome of this research. The researcher believes having a space that is provided to create art would help medical providers maintain good mental health. Another possible outcome of the study assumes that doctors would be interested in a retreat or seminar led by an art therapist that teaches art techniques. These can be used as self-care to reduce stress and increase mindfulness.

This type of seminar would teach the use of materials that are readily available to them and present self-care activities that do not need an art therapist to facilitate beyond teaching techniques. The hope is that this would encourage art as an accessible option for self-care, that does not require further financial investment, and can take as much or as little time out of the day as the practitioner needs. This operates under the idea that other forms of self-care, such as sports, family time, or specific hobbies may require a higher financial investment, may be dependent on other people's availability, and require specific space and time to practice it. The researcher's bias is that art can be done using whatever materials the doctor already has and done in whatever time, space, or setting the doctor wishes to put aside for it. This is also based on the assumption that doctors find art to be healing and cathartic, even if they do not identify as artists themselves. This takes into consideration the possibly contradictory assumption that some doctors may find the idea of artmaking overwhelming or stressful because of preconceived ideas of what it requires and self-imposed expectations.

As a woman, the researcher finds her gender and prior life experiences give a feminist or female-centric base of knowledge to this study. The researcher therefore is inclined to presume

that female doctors are more likely to be interested in and participate in artmaking than their male colleagues. This may or may not be true but in professional and personal experience the researcher has found adult women to be generally less resistive to the creative process than adult men. The researcher also predicts that female doctors are more likely to use art or craft activities already in their self-care practices. This is likely due to a society where craft-like activities are more traditionally seen as feminine or women's hobbies. This small subset of information could be used as a qualitative sample on which to base further studies. It could also be used as evidence for art therapy based self-care seminars or artist in residence programs.

Definition of Terms

Burnout: is defined in the Merriam Webster Online Dictionary (2016) as "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration." In a professional setting Dyrbye et al. (2006) describe this as, "a measure of professional distress with three domains: emotional exhaustion, depersonalization, and low sense of accomplishment."(p. 374). An increase of stress in the work environment leads to these symptoms and the detriment of the person suffering from it.

Compassion: Compassion is defined by Merriam Webster Online Dictionary as "sympathetic consciousness of others' distress together with a desire to alleviate it." This is highly applicable to medical professionals as this is the root of why they provide care. Therefore compassion fatigue is the experience of losing touch with this internal desire to help as a result of repeated exposure to trauma.

Medical Providers: For the purpose of this study, these include professionals with a current or future ability to prescribe medication, including medical doctors or doctors of

osteopathy either in practice or residency as well as physician assistants, and certified nurse practitioners and their associated trainees (Merriam Webster Online Dictionary, 2016).

Art: Merriam Webster defines art as "the conscious use of skill and creative imagination especially in the production of aesthetic objects"; this also applies to the term artmaking, as a process of creative work.

Self-care: is defined as taking care of oneself, or self-treatment (Merriam Webster Online Dictionary, 2016). For the purpose of this study, it is devoting time to an act specifically for the purpose of enjoyment and relaxation with the intent of increased mental stability.

Ethical Considerations

As an individual entering the field of art therapy, the investigator has a responsibility in this study to uphold the ethics and advance the goals of art therapy (American Art Therapy Association, 2013). This study in qualitative case study format will provide insight into the current use of art in self-care practices of medical providers and add validity to the use of art-therapy based self-care training for healthcare professionals.

CHAPTER II

Literature Review

This review covered the rates of burnout as well as the causes of burnout in medical professionals, the prevalence of burnout in medical schools and specifically the use of art as self-care. The author also looked at how therapist's already are using art as self-care in their own practices. This was helpful in identifying the factors that led to burnout and depersonalization and assisted in the design of the study and what the researcher looked for in the results.

Burnout in Medical Providers and Students

In order to determine what can help prevent and alleviate burnout experienced by medical professionals, it is important to identify its causes. Burnout can be traced to three main contributing factors including, emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Schooley, Hikmet, Tarcan, & Yorgancioglu (2016) used the Maslach Burnout Inventory (MBI) in order to independently measure burnout severity. Preventing and treating burnout in medical professionals is important not only for the benefit of providers, but also for the quality of care they are able to provide their patients in turn. The researchers found that in comparison to other working individuals, physicians experience a higher risk for emotional exhaustion, depersonalization, and overall burnout. According to a 2012 study by Shanafelt et al. "on a 2-item burnout measure physicians were at higher risk for emotional exhaustion (32.1% vs 23.5%), depersonalization (19.4% vs 15.0%), and overall burnout (37.9% vs 27.8%) (P .001 for all) relative to population controls" (p.1381). The authors concluded that their findings suggest a systemic link between the current state of the healthcare system and physician burnout, claiming 1 in 2 doctors show signs of burnout. They also found that

physicians in emergency medicine, general internal medicine, and family medicine showed the greatest level of risk.

While postgraduate degrees in other professions usually indicate a lower level of burnout, this does not seem to apply to medical doctors, indicating a field-specific problem rather than a societal norm. The increased burnout in physicians can lead to problems with substance use, relationship issues, and increased suicidal ideation. Shanafelt et al. (2012) asserted that "the origins of this problem are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals." They called for a change of policies in healthcare organizations to address this issue not only for the physicians but also for their patients.

The author of this study believes that these studies on physician burnout are the groundwork on which studies on self-care practices must be built. Having the evidence based research available provides a warning sign that current practices in healthcare are unsustainable and something must change to meet the needs of medical providers. This author believes that the change begins in sustainable self-care practices and an easily applicable form of this is in artmaking. This study showed how medical providers used art in their self-care regimen as well as their personal experiences, taking the data from the macro-level quantitative studies of the literature review to this study's narrative style qualitative research.

Studies with Medical Students on Burnout and Self-care Practices

Burnout in doctors begins from the time they are in medical school, before they enter practice with recognized high levels of stress. A study conducted by Dyrbye et al. (2006) found that 45% of medical students met criteria for burnout on measures of emotional exhaustion, depersonalization, and lowered personal accomplishment. The purpose of the study was to

introduce students to self-care techniques early on in practice could help prevent burnout in medical school as well as in later practice. While they also reported an increase throughout the four years in the positive trait of an increased sense of personal accomplishment, this was accompanied by an increase in depersonalization as well. Looking at external life factors in conjunction with raised stress levels from school, the mental health scores of medical students were lower than national averages in age-comparable individuals. The peak year for depression and burnout was found to be during the second year of med school. The author of this study believes this could point to a need for self-care techniques to be implemented early on in medical training.

A study done by Kjeldstadli et al. (2006) with Norwegian medical students found that in comparison with other students in the same age group, the level of life satisfaction started out at about the same level. However, by their final year of school, their life satisfaction had dropped to be significantly lower than their peers. Seeing as the study followed the participants from schools across the country, it is better to state the length of time here. They found three subgroups within, which consisted of 44 students reporting increasing life satisfaction over the six year program, 67 students with decreasing life satisfaction, and 125 with stable high life satisfaction throughout. When looking at the responses of these three groups, the researchers found two true subgroups: one with changing (either increasing or decreasing), and the other with sustained high life satisfaction.

The main differences found between these two groups was that the sustained life satisfaction group saw school as interfering less with personal and social lives, using coping skills instead of emotion based responses such as wishful thinking. The changing life satisfaction group reported higher levels of anxiety and fewer coping skills with less resilient

personality traits. The authors recommend that medical schools encourage a life and school work balance and provide stress management courses. Building coping skills training into the medical school curriculum could help train young medical professionals the basis of good self-care before entering residency and practice, therefore providing the framework to prevent burnout and compassion fatigue.

A conceptual model to promote medical student well-being was laid out by Dunn, Iglewicz and Moutier (2008) is intended to provide a theoretical framework for medical school curriculum. These would help promote resilience and prevent burnout in medical students either in medical school or in later practice. The authors suggest that there is an internal reservoir that when depleted by stress, internal conflict and external demands lead to the symptoms of anxiety, depression, and substance use that accompany burnout. The researchers listed replenishing factors that can be used by medical students to retain good mental health. First is psychosocial support and social activities, i.e. building a support network of family and friends that can provide socialization, empathy and encouragement. Next is mentorship, which is not limited to one individual but rather includes preceptors, instructors, peers such as senior medical students who can provide insight from their recent experience, and even Deans of the medical school. While it is traditional for faculty to remain aloof and professional in their approach at mentorship, the authors suggest that some self-disclosure can help normalize the students' situation and allow them to share strategies for work-life balance. The authors also cite intellectual stimulation presenting the material in an accessible way while also covering it thoroughly (Dunn et al., 2008).

Another application of using art in medical education was the use of art observation by medical students to increase awareness of not only the physical symptoms of the subjects, but

also the overall mood of the piece and its implications. As stated by Campbell, (2014), "At this formative stage of our medical training, we targeted the process of converting our observations into interpretations."(p. 2337). Campbell later describes this process as the ideal way to create a differential diagnosis. The author stated that the lessons learned from careful observation of artwork can be applied clinically by acknowledging what observations had become interpretations. Recognizing bias helped the doctors to augment knowledge gained from verbal or written communication. This case study of a physician's personal experience with the benefits of art observation in medical school training is an example of how art can be used in medical school settings to further widen the scope of the students' knowledge and problem solving strategies. This in turn can be applied in later practice by returning to the artwork when overwhelmed in the field to reduce stress and regain perspective either through artmaking or observation.

A study by Potash, Chen and Tsang published in 2015 used mandalas with medical students to help prevent burnout. The authors found that during the last two clinical years of medical school, stress and uncertainty were common feelings. "Students encounter life and death, competence and incompetence, novice and healer" (p. 7). This intense time of growth also is a time when students need to be establishing self-care routines that will follow them into residency and practice. Themes of conflict were prevalent in the mandala-making by the medical students, showing an imbalance that needed to be addressed. "Medical students, with heavy workload and also anxiety in facing pain and suffering, often have little support or time to think and relax" (Potash et al., 2015, p. 7). There is also a sense of change and cohesion as the students work to create their professional identity, and the use of artmaking techniques like mandala-making can assist in this process.

One way that the arts are already being applied to increased self-care and empathy in medical students is through the medium of performance art. Researchers D'alessandro & Frager (2013) in Nova Scotia, Canada used a play called Ed's Story, The Dragon Chronicles, based on the journal of a 16-year old boy with advanced cancer and the interviews of his primary caregivers, family, and friends. The play was performed for medical students across the country with an open discussion with the actors and interviewees afterward. A survey was sent out to the students using a Likert five point scale to evaluate their responses to the performance. The survey and open-ended questionnaires that students filled out in response to the performance found that the experience was enlightening and helpful in furthering their education. They were able to empathize with the characters, especially the oncologist, and were able to relate the experience to their own beginning practices. Concerns brought up by the students were the lack of quantitative educational benefits and a possible re-traumatization for Ed's family. This second point was addressed by the researchers as being valid, but it was dismissed as the interviewees were participating on a completely volunteer basis with full knowledge of potential harm. The use of this performance piece as an educational tool is an example of the use of the arts by medical students for professional development.

A study done by George and Green (2015) at Penn State College of Medicine looked at the efficacy of facilitating a drawing activity creating comics of medical students' experiences in medical school. The students depicted stressful situations in comic book-like scenarios using monsters, villains and heroes to illustrate. The authors suggested that the use of visual representations of the stress and uncertainty medical students experience is much more relatable than just telling the figures like 46% of physicians displaying symptoms of burnout, instead they displayed what that looked like in relatable terms. The struggle with a high stress career was

addressed as well, suggesting the pairing up of local artists or art schools to help prevent burnout by encouraging doctors to engage in regular artmaking activities.

Looking at the studies associated with medical students and the importance of self-care, the author of this study was impacted by how important and potentially beneficial introducing art making as self-care could be in medical school settings. Finding the balance needed to prevent burnout in their formative years of medicine could lead to more stable mental health throughout their careers. This is easier said than done. Medical students must learn an enormous amount of material in a relatively short time span but this makes learning stress-reducing techniques all the more vital. Part of the issue identified by Dunn et al. (2008) is the current stigma in the medical community toward physician mental health issues, the idea that acknowledging a mental health problem indicates incompetence or unreliability. Changing this mindset to a more open acceptance of human limitations and providing realistic and usable tools for preventative self-care can lay the groundwork for a more healthy work environment throughout medical healthcare professions.

Studies on Preventing Burnout and Medical Professional Self-care

The author of this study chose to review literature based in medical providers use of self-care in a broader scope than just art making. By looking at the practices already being used the author hoped to discover the basis of mindfulness practices and how they lead to better mental health when used as self -care. The author also looked at studies that introduced art making into the healthcare work environment for a more direct link to this study.

Berg, Harshbarger, Ahlers-Schmidt, Lippoldt (2016) conducted a study done with nurses as participants, who worked on a trauma unit. The researchers looked at the prevalence and severity of compassion fatigue among 12 nurses. Using the Holmes-Rahe Life and Stress

Inventory and The Professional Quality of Life Scales the researchers evaluated the nurses' current levels of stress and burnout. They then participated in a recorded 90 minute focus group to discuss specific stressful points of their work as well as their current coping skills. The researchers' interpretation of the individual scales was that four members scored low on compassion satisfaction and high in burnout while three reported a high level of secondary trauma stress.

The parts of the job identified as being most stressful by the nurses was not only the direct exposure to trauma, but also the interactions with family members, dealing with bureaucracy that would take precedence over patient care, and dealing with children and cases of abuse. The researchers found that coping strategies fell into two categories; group or independent self-care and processing. Strategies included alone time that was either meditative or relaxing such as baths, prayer, or blowing bubbles, or alone time with high intensity activities such as running or lifting weights. Group self-care was focused on verbally processing events; either specific cases with other staff members or more generalized themes with loved ones (Berg, Harshbarger et al., 2016).

Shanafelt (2009) discussed the prevalence of physician burnout, stating that 1 in 3 practicing physicians experienced burnout throughout their career. He cited research on the use of mindfulness practices as a form of self-care to decrease stress and increase empathy in doctors. The study provided a 52-hour curriculum that taught mindfulness through reflective writing and group processing that showed very positive results. The purpose of the study was to show the efficacy of mindfulness techniques in effective physician self-care. He stated "Participants had large increases in mindfulness skills and orientation that were immediately detectable and were sustained for up to 15 months" (p. 1339). Shanafelt concluded that this is

indicative of mindfulness enhancing the doctors' self-awareness as well as increased attentiveness toward patients and reducing their personal distress. This use of mindfulness can be translated into the use of art engagement as an instrument for increased awareness and self-discovery.

Another article by Press, Judson, and Detsky (2014) discussed the importance of love in medical practice. The authors used the imagery of "filling a bucket" to talk about personal experiences in their professional lives that have fulfilled them in some way and brought meaning to their work as doctors. They talked primarily about specific patient encounters when they were able to help in some way, either through treatment, education, or positive interaction that conclusively benefited themselves in addition to the patient. This is a unique reframing of work in medicine as being both the cause of stress, yet also the reward in and of itself. Referring back to positive encounters as a way to validate practice and encourage themselves through harder parts of their careers is a healthy coping mechanism that these doctors used.

A case study by Kearney, Weininger, Vachon, Harrison & Mount (2009) of a 45-year-old hematologist-oncologist who had been in private practice for 11 years looked at coping mechanisms to prevent burnout and compassion fatigue. The authors stated that burnout was more common in younger physicians earlier in their practice due to fewer coping strategies and identified high levels of emotional exhaustion, depersonalization and psychiatric disturbances, especially in palliative and oncology care. Factors that helped to alleviate symptoms of burnout included having resilient emotional and personality traits, as well as self-care routines. Measures suggested by the authors for preventing burnout included creative and mindfulness based techniques, such as meditation and writing, as well as education and self-awareness. The authors discussed compassion satisfaction, based on the case study hematologist-oncologist and other

physician studies as a way to acknowledge the value of helping others in the end stages of life as well as posttraumatic growth. This was described as a positive response to traumatic events, building stronger interpersonal relationships, self-awareness, and a deeper life philosophy. These positive responses can happen concurrently with negative responses to trauma as well as vicariously through the witnessing of the patient's response to trauma. The authors concluded their article by pointing out that although self-care can be seen as self-indulgent in difficult circumstances such as palliative care; it is in fact vital to providing fully present and attentive care to the patients (Kearney et al., 2009).

Existing research on the topic of using art to prevent burnout in medical professionals includes a qualitative study in Western Australia. In Davies, Knuiman, Wright and Rosenberg's (2014) study researchers found that "arts engagement reduced feelings of isolation, increased feelings of support and resulted in positive shared experiences" (p.5) for healthcare workers. This qualitative study interviewed healthcare professionals that used art as self-care to prevent burnout in their field. The purpose of the study was to develop a framework for the relationship between engaging in arts and mental health that would be used by doctors, researchers, teachers, health/social care professionals, policy-makers, and artists. The authors looked at mental, social, and physical health in their research study (Davies et al., 2014).

A study done by Sonke et al., (2014) using nurses as participants in an arts-in-medicine program looked at job satisfaction, stress, unit culture, support, quality of care, and patient outcomes in the hospital's medical-surgical unit. The study took place on a short-term stay unit in the southeastern United States that implemented artists in residence to engage in both art and music activities. The study concluded that having the arts-in-medicine program improved the nursing practice and quality of care. One of the most significant findings of this study was

described as the phrase, “the happy patient/happy staff effect” (p. 34). This phenomenon is described as the outcome that occurs when the nursing staff experiences a better work environment in direct correlation to the increased mood and lowered pain levels of the patients. While working directly with the patients, the art program was designed to increase the quality of care on the entire unit, including staff engagement and positive response to artmaking.

Art therapy was used with healthcare professionals by oncology nurses in a retreat setting. Nainis (2011) led an artmaking intervention, creating a quilt together that was then displayed in the oncology unit. The purpose of the quilt-making was to provide a form of self-expression in order to counteract symptoms of burnout in the nurses. The artmaking process included an element of teamwork that was necessary to complete the task. This activity was reflective of the nurses’ work in a joint care team, finding ways to work together toward a common goal. The nurses were directed to paint canvas pieces that were then put together into a quilt. Different groups approached the painting in unique ways. Themes that arose included a range of imagery to depict working in oncology. These images included the sky, trees and hands were common throughout, but the most common theme was the heart in various iterations. The heart was displayed both broken and whole and was found in almost every panel of the quilt. The creation of this quilt was seen as an overwhelmingly positive experience of self-care for these nurses with 105 out of 107 participants reporting satisfaction with every aspect of the retreat (Nainis, 2011). The result of this study further indicates the use of artmaking being an effective stress reliever for healthcare professionals.

A unique study by Macduff et al., (2013) in the United Kingdom looked at the use of art therapy with healthcare professionals to create sculptural representations of Healthcare Associated Infections (HAI) to assist in prevention and control of HAIs in hospital settings. This

study looked at the ways in which hospital staff envisioned the pathogens and associated characteristics and used a three-dimensional model-making activity. They identified visualized characteristics such as whether the pathogen was soft or sharp, as well as color, shape, and size. These were based mostly off of microscopic enlargements in medical texts, in addition to the observable effects. The purpose of this activity was that by creating these visual representations, the hospital workers would be more aware of their presence in key areas of patient contact settings. This application of art therapy in a hospital setting is not specifically related to burnout or self-care but definitely shows the efficacy of using art as a learning tool for healthcare professionals, which can also be applied when using art to teach about self-care and preventing compassion fatigue.

Therapists' Use of Art for Self-care

The author of this study chose to review literature pertaining to how therapists currently use art as self-care as a point of reference for medical providers. The author found it applicable to this study of medical providers as mental health and medical professionals can have similar experiences with countertransference, secondary trauma and stress related to their fields. The author intended this portion of the literature review to serve as a frame of reference for how art-making is already being used as self-care in the mental health counseling field and could be extrapolated to incorporate the medical community as well.

The first example the author found of a therapist using art as self-care was in a study by Harter (2007) which stated that a prescriptive technical approach to therapy presents the therapist as the expert, identifying and treating their client's pathology. She used a more personal construct approach with the same psychological theories and constructs applied to both clients and therapists. The author cited a 1994 survey of psychologists that found 61% had experienced

at least one episode of clinical depression, 29% had suicidal feelings, and 4% had attempted suicide. The survey found that a higher prevalence of histories of abuse or trauma amongst therapists than in the general population. The same survey identified fears amongst psychologists of violations of confidentiality if they did seek outside treatment, stigma, or a loss of credibility amongst peers. The most common type of therapy is verbal or talk therapy, but Harter recognizes its limitations to address all issues, fully stating, "although language is a useful tool for constructing and sharing meanings, it also distances on from the immediacy of experience, converting simultaneous perceptions and behaviors into a logical, temporal order that necessarily simplifies complexities and contradictions" (p. 174). Harter presented artmaking, both visual and musical as forms of self-expression that are not bound by the same limitations as verbal therapy for self-disclosure and personal discovery. The author describes her own experience with drawing as being intimate and transformative in the way she subsequently viewed the world around her. An increased awareness of what was being perceived, instead of what was known.

Another study done in Brisbane, Australia by Moffatt, Ryan and Barton (2014) researched the use of improvisational performance as a form of group self-care with healthcare and therapy practitioners. The group used the theoretical framework of reflection and reflexivity, looking at the active role of the practitioner in their social and professional structures and becoming aware of the reflexive responses and learning to articulate internal thought patterns. This process of conscious decision-making allows the participant to be an active agent in their own professional context. The authors related this directly to self-care, stating that the improvisational group process provided a structure for self-care processing that facilitated the ability to reform maladaptive thought processes.

Fish (2012), an art therapist that regularly uses art as self-care, described her own experiences with response art in clinical settings. She explained the benefits of response art as a form a self-care as well as a way to further a therapeutic or supervisory relationship. Fish's use of artmaking included creating the work both individually and in the presence of the client or supervisee. This decision was dependent on the situation and what was needed from the art. She detailed her use of art as a container, to process personal emotions and countertransference, using art to communicate in a non-verbal capacity. This use of response art is clinically relevant and an important part of the art therapist's practice, deepening personal awareness and widening the therapist's perspective.

An art therapist from Crawley, Australia wrote about her experience with a self-care painting experience. Using a pre-planned structured process Van den Akker (2014) engaged in a painting process called "mapping the journey of self-realization" (p.754). The author described her emotions and internal responses to the process and resulting painting. She cited several other art therapists' and researchers' work on theories integrated into this painting experience, including the psychologists Csikszentmihalyi, Abuhamdeh and Nakamura's description of flow, a sensation the author claimed was experienced throughout the painting process.

Flow is described as the subjective state that is felt when a person becomes entirely immersed in an activity that uses both skill and focus to complete (Van den Akker, 2014). It is when a person loses track of time and physical sensations beyond what is used to complete the task. This experience is an intense focus on the present moment without regard to past or future considerations. Though not exclusively felt while engaging in creative endeavors, such as artmaking, this sensation is a contributing factor to how art increases coping abilities. Van den

Akker's (2014) experience with the painting brought several insights about personal experience as well as professional insight, and a beneficial form of self-care.

The concepts of flow and the evidence of the benefits of the creative process in self-care for therapists put forth a compelling argument for the effectiveness of using art to process the stress that in inherent in helping professions. The author of this study believes that covering this research in the literature review was vital to building the research of this study. By combining the knowledge that therapist's already have about using art as self-care with the evidenced need in the medical field for effective and sustainable self-care opportunities it seems logical to combine these studies in support of the use of art as self-care in medical providers.

CHAPTER III

Methodology

Research Design

Approval for the study was obtained from the institutional review board (IRB) to protect the participants. The structure of this research study was based on a qualitative, interview based phenomenological design. Qualitative research methods use text and image data gathered in a natural setting. The information was gathered by the researcher's observations and experiences of the participants, rather than through measurable questionnaires. The researcher conducted two over the phone interviews and then used a qualitative narrative process to analyze them. This study used both inductive and deductive data analysis, combining previous knowledge with information gained from the participant to expand and organize the data into established and comprehensive themes. The primary focus of the study was learning from the participants' experiences rather than imposing a hypothesis to be proven or disproven upon them. The study was emergent, meaning it evolved throughout the research process. It became more defined throughout instead of adhering to a rigid framework that was laid out before the study began.

The specific qualitative design that was used in this study is a narrative based inquiry. Narrative research uses the experiences of one or more individuals along with the researcher's own life experiences to provide a collaborative narrative, specifically in this case on the efficacy of the use of art as self-care in medical professionals. This was used because the nature of this interview style format is conducive to a narrative approach, combining and recounting the experiences of the individuals that have experienced similar effects first hand. The use of a narrative research design shaped the data collection methods as well as the analysis and write-up of this study's findings.

To format the results the researcher used a format similar to the one used by Gilligan (1985) in her publication *In a Different Voice*. Gilligan used a phenomenological narrative approach in her feminist theory research design on the moral development of women in American society. Gilligan breaks down the five interviews into themes and discussed each theme using direct quotes from the different interviews to inform each point. This study used a similar approach, breaking down the interviews into four specific themes and using the words of the participants to present and support each point. The researcher then elaborated and presented research and concepts in support and response to the interwoven stories.

Participants

Participants were two medical providers currently in residency programs who used art as self-care. Both participants were acquaintances of the researcher. This was an interview-based exploration of their current use of art in their self-care regimen using a narrative research design. The first participant was a 26-year-old female originally from South Dakota pathology resident physician practicing at the University of Chicago in Illinois. She was in the first year of her residency program. The second participant was a 27-year-old female from New Jersey who was a first year family medicine resident at Tripler Army Medical Center in Hawaii.

The participants were recruited directly and individually contacted. Their participation was confidential and they were allowed to pull out of the study at any time should it become overwhelming or uncomfortable for them. The strategy behind the sampling was to use as diverse a population as possible to gain the best overall picture of the use of art as self-care. The researcher contacted acquaintances and friends in a range of specialties, locations, and points in their career with the hope of gaining at least three participants for the study. Ultimately only two were obtained.

Data Collection

Data collected included qualitative interviews, recorded over the phone with individual participants answering a series of open-ended questions. The researcher also took typed notes of key points throughout the interview. The purpose of collecting data in this way rather than in a group format was to gain insight into the experiences of the individual participants based on their own lives and careers, uninfluenced by other participants' thoughts or stories. This helped the researcher to find correlations and patterns as well as universal themes throughout the interviews and find experiences common across the sampling of the population.

The standard procedure for the interview began with an ice breaker question, such as "How are you today?" to get a reasonable idea of any immediate stressors or limitations that could affect the study. The researcher then asked predetermined open-ended questions and concluded with a thank you statement to show appreciation for the time given by the participant to aid in the study.

Data Analysis

The data analysis of this study was both inductive and deductive, collecting the data and writing the findings. This was an organic process throughout the interview stages of the study and into the analysis stages. The researcher identified themes that occurred in the interviews, both in the individual and across the sample, breaking it down into groups of information that were considered in the write-up. In a narrative process like that used by Gilligan (1985) this means identifying the parts of the stories shared by the individuals, such as structural devices like plot, settings, activities, climax, and denouement.

McFerran and Grocke (2007) describe a method for phenomenological microanalysis in music therapy research that is applicable to other expressive arts therapies as well and was used

to analyze this study. Based on traditional qualitative study formats and personal experience working with first time researchers, the authors identified seven primary steps in analysis of phenomenological data. The first is transcribing the interview word for word; this technique was emphasized because of a common desire to trim down interviews that take side turns and tangents that may not directly relate to the topic. The authors point out that since the transcription was all part of the interview, it played an integral part in the data analysis.

The second step is identifying key statements by distilling the information into key themes and ideas common throughout the data. McFerran and Grocke (2007) recommend avoiding any bias statements and the bracketing of expectations of the researcher that are identified in the material. Most importantly, this part of the analysis was put into point form in sequential order of the interview process to avoid blending of the information that takes place in later stages. Including references with each point was helpful in the later writing process by providing context and using page numbers from the transcript. The primary purpose of this step is to remove the information from the narrative format to better analyze individual statements.

The third step described by McFerran and Grocke (2007) is creating structural meaning units, creating experienced meaning units; these are the concrete categories of literal experiences the participant related in the interview. This part was also done in point form with headings that describe in simple terms, usually using the words of the interviewee, what the topic was. The focuses of experienced meaning units were physical, structural, and explicit. This leads into the fourth step, developing the individual distilled essence. This portion of the write-up focused more on the underlying feelings and emotional experiences of the interviewee rather than on physical experiences. The purpose of this step was to categorize the themes into information that share the same underlying emotional experiences rather than physical, to view the information

from new perspectives beyond what was easily perceived at first. The researcher used the words of the participants as titles in these sections to avoid projecting personal bias on the content.

Step five concerns developing the individual distilled essence. Doing this for each participant captured individual experiences. Changes in the distilled essence were needed upon written reflections from the previously identified themes throughout the interview. Step six, identifying collective themes, gathered the information into general themes that occurred throughout the different interviews. These were color coded to see groupings and patterns throughout, then reworked to integrate the information into a coherent flow. Changing and consolidation of heading titles also occurred in this step as the data was regrouped into cohesive themes.

The final step of this process was creating global meaning units and the final distilled essence. This was the culmination of the distillation process that occurred throughout the first six steps, coming together to create the full work. The essence of this study was finding the basis of what those combined themes created, an example used by McFerren and Grocke (2007) is a triangle. While you can describe secondary attributes such as color, size, dimensions, and angle, the essence of the shape is that it has three enclosed sides. Finding the essence of the research was like identifying the essence of the triangle in that its purpose was capturing the basic elements of the researched topic. Global meaning units were the broad concepts that connected the previously identified themes. In this step they were given a title and revealed the constructs of the study. The final distilled essence and the global meaning units were the final results that were found through the phenomenological microanalysis.

Research Bias

Bias in regards to the researcher's own background and current circumstances was taken into consideration in the research process. This was how the researcher's own experiences shaped the study and affected the results. This was beyond the consideration of biases, becoming an integral piece of the evolving work, using an epoché method described by McFerran and Groke (2007). The researcher, as part of anticipated results, described any biases or expectations for the study, which was used actively when analyzing the data to determine true correlation or underlying biases. All of this came together to form a holistic account, pulling from multiple sources to obtain a working model of how art can be used by medical professionals for self-care.

The researcher of this study had personal connections to the medical field, including most directly her husband who was in his residency as a family practice doctor and friends made through this contact. The researcher personally knew the participants of the study, using friends and acquaintances that currently practice medicine. This prior knowledge and experience with the participants shaped the researcher's own perceptions of their feedback, as well as what the participants were willing to share with the researcher.

Ethical implications

Ethical issues that could have possibly arisen included the dual relationship that was created in studying people with whom the researcher already had a relationship. Due to the fact that this was not a vulnerable population and the researcher did not ask the participants to divulge any more information than they were comfortable sharing, the dual relationship did not pose an issue. It was even possible that the prior experience of the researcher with the

participants helped to enrich the quality and depth of information that was gathered and analyzed.

CHAPTER IV

Results

Following the steps laid out by McFerran and Grocke (2007) the researcher used the recorded phone calls to write a transcription of the conversations. She then distilled the interviews into key points, using the participants' own words and bracketing any of her own thoughts and emerging themes in the data. The researcher then created the structural meaning units, putting the interviews into point form, focusing first on physical and then on emotional experiences described by the participants. Finally, she identified the final distilled essence and overarching themes throughout the interview process by color coding the interviews into the previously stated four different categories: burnout, interpersonal interactions, self-care, and creative thinking patterns as shown in Table 1. Using a narrative format the researcher applied these themes to a plot line following the layout of a setting followed by activities, then the climax and finally the denouement of the interview process. The researcher's writing style in the results was based on the work of Gilligan's (1985) *In a Different Voice,* presenting the interviewees' own words to support the identified themes.

Table 1

Identified Themes in Medical Provider Experiences

Theme	Narrative Category	Thematic category	Characteristic responses
Theme 1	Setting	Stress and burnout	Depersonalization, loss of motivation, difficulty with empathy, loss of interest, anxiety, depression
Theme 2	Activities	Interpersonal interactions	Importance of the social aspects of art making, creating work for and with others. Emphasis on the bonds created through the creative process. Giving and helping others through art.

Theme 3	Climax	Art as self-care	This is the use of art for self-care, inducing flow states and finding affirmation of skills beyond their field of practice.
Theme 4	Denouement	Creative thinking	This is the use of creative thinking to problem solve, the tendency to look beyond what has been presented to them and find their own answers.

Presentation of Themes

Narrative setting; stress and burnout. The setting of these two participants was surprisingly similar despite coming from very different states. The first participant grew up in the Midwest in South Dakota, and the second one on the east coast in New Jersey, beginning residencies in Illinois and Hawaii respectively. The participants both were in the first semester of their residency programs when interviewed, and both experienced a fair amount of stress throughout medical school and into their medical careers. When asked about current and past stressors, the first participant stated, "I guess really just moving to a new city and actually like starting residency, and then kind of the big one just kind of setting up shop, making friends, kind of learning the ropes at work (p.1)." When asked what her biggest stressor was, she responded "Probably work. Just learning what's expected of me, what to do and how to do it. It's kind of like chipping away at an iceberg, little by little we're getting there (p.1)." When talking about her experience in medical school, she reported, "I didn't sleep enough, I ate like shit (p.1)." The participant reported being diagnosed during that time in medical school with a generalized anxiety disorder after getting carbon monoxide poisoning. It was at that point that self-care

became a high priority for her as well, and she began running and returned to the creative arts. In the past she had mostly used music, both listening and playing, but as an adult she found the visual arts to have a similar calming effect and to be beneficial to her mental health. The second participant when asked about her current stressors reported that the night before she had been on call and so had only slept for three hours. When describing her experience so far in the field of family medicine she stated

> Basically what we do, is we do everything? So our curriculum is… we're basically farmed out around the hospital to do everything, so I'd like to think we're our own specialty but we have to do surgery, we have to do labor and delivery, we have to do psych, peeds, um all the stuff that we don't necessarily have to be great at, but we need to see it because it's important as like a primary care physician, even if you're not going to do a surgery, you need to know what kind of surgeries your patient has had and what kind of problems you could potentially see. (p.2)

When asked what the most challenging part of this was for her, she answered with her time management skills, setting a sleep schedule and sticking to it, and practicing the self-care she knows has been effective in the past. In regard to artmaking, she stated, "I used to do that all the time, but now I don't do that much anymore and I'm thinking that's what's like missing from my new life or something, I don't know (p.1)." This theme of frustration, feeling overwhelmed, and the inability to justify artmaking is present throughout. At one point the participant summed up the feeling of procrastination apparent when creating.

> When I'm doing it I'm not thinking clearly about self-care in the sense of like, it's procrastinating, I'm just messing around doodling, procrastinating, it's not good because

> I'm just like you're wasting so much time messing around a doodling, and it's not productive. I should study (p.5).

This is a rational response to the experience. However, and as the participant states next, the creative process provides so much more than a means of procrastination.

> I should do this, I should do that. But the more you think about it, the more you can realize it is like taking a break from the other side of your brain or whatever is probably good for you (p.4).

This participant's experiences as supported in the literature review are fairly common among physicians and medical providers. It is their use of self-care that keeps them from adding to the statistic that one out of every two doctors will experience symptoms of burnout in their career (Shanafelt et al., 2012).

Narrative activities; helping and interpersonal interaction. Something that the researcher did not predict with this study was how strongly compassion and interpersonal relationships carried from the participants' work as a physician into their self-care. The first participant described the use of coloring as a mindfulness exercise in her self-care; she shared that this tied into her love of postcard swapping. She stated, "I color postcards or like I color pictures, I have the swear words coloring book that I really enjoy (p. 1)". The participant then described a postcard swapping website that allowed people from around the world to exchange unique postcards with one another. The participant also sends them to friends and family; it is her way of reaching out and brightening other people's day through the sharing her artwork.

The second participant similarly reported "I draw people sketched and caricatures cause like I know it makes them feel better and stuff when they're having a shitty day (p.1)." Later in the interview, the participant expounded "I just try to make people feel better… I like to draw

stuff for other people (p.1)." The profound realization that this is a theme that was carried through both interviews informs the researcher on how to better use art to reach physicians specifically. While they may not engage in an art activity of their own volition, if they could exchange or share this art to make other people happier, they likely would do it far more willingly.

N**arrative climax; the use of art as self-care.** All of this leads into the climax of the narrative interview process, the use of self-care by the physicians to help alleviate stress caused by their occupation. When the researcher asked about her use of art as self-care, the first participant responded,

> It's nice to keep my hands busy and be thinking about that and then like whatever stressful events or just a lot of the other stuff that I think about during the day kind of fades into the background. And I mean it's kind of like taking a shower when you come up with a lot of your good ideas and solutions for things when you're preoccupied with something else, it's like the mind can just kind of work things out on its own (p.2).

When asked about the mediums she used, the participant described using a range of fluid and resistive drawing mediums and was very insightful into her own mindfulness process when creating something. She stated that she mostly used pen and watercolor pencil, the pen being a highly cognitive medium and the watercolor pencil starting out resistive and becoming a fluid medium upon adding water. While the participant did not report experiencing any difference in her emotions or mood when using one over the other, she did state that the watercolor was more flexible and forgiving to work with. The researcher pointed out that perhaps she was more forgiving of herself when working with a more fluid medium because she knew it was less easily controlled than the pen. While this was perhaps due to leading by the researcher in the

interview, it seemed to be personally meaningful for the participant in her own creative experience.

The second participant described a variety of materials she enjoyed using when creating artwork. Primarily she reported using pencils to draw on paper, but she also reported painting on fabric when designing t-shirts, sculpting with model magic, and using a braiding process to make friendship bracelets, which is another artwork that she does for other people. When describing her emotional experience with using art as self-care, the participant stated,

> I think that it gives a sense of accomplishment always and like my medical knowledge which I am always feeling is not enough so to feel like "oh yeah! I'm a little bit accomplished in other fields" even if it's not like, I don't write graphic novels or whatever, but I do okay and its fun and I feel accomplished (p.1).

She described the artmaking process as a way for her to relax. By painting on t-shirts or making caricatures she stated that she finds peace there. The participant shared, "I really like sketching like peoples' bodies, I feel like there is so much emotion in like a pose, or like in a posture (p.5)." This is also further evidence of the participant's propensity toward empathy. Her ability to read emotion in the human form speaks to her talent to see beyond what a patient is reporting verbally. To be able to see a posture and read what emotions are behind it is a valuable skill in a primary care physician and is demonstrated beautifully in figure drawing. A further study would be valuable to take on this topic more specifically, e.g. how doctors can benefit empathetically from figure drawing.

Narrative denouement; creative thought processes. The final denouement of the study, what pulls the whole investigation together, is the participant's ability to think creatively in their

work and in their self-care. When asked about what problems specifically she is able to solve when creating art, she responded,

> It's just stuff like I have to come up with an idea for a research project for work, or you know I'll be really pissed off at a colleague or something and just you know like subconsciously figure out what's really bothering me and what can I do about this type of a thing and just kind of decompress and unwind in general I think (p.2)

The first participant approaches and solves problems in her daily life through her artmaking, using it as a way to access her subconscious and become more in touch with her own emotional responses to situations.

The second participant finds ways to be creative and change things to suit her taste through her artmaking. The primary example in the interview is how she is able to recreate t-shirts. She stated,

> I have some t-shirt and they are all like blank on the front or boring or stupid and I'm, 'I could probably make these better." And then sometimes I see a cool saying or cool designs and instead of ordering that shirt I'm like, 'I could make that!' (p.3)

Later in the interview the participant shared that she wore a t-shirt she had redesigned to a rugby practice, and when her teammate was surprised that the participant had done the design on it herself, she had the realization that, "Our society is structured in such a way that it's not normal for someone to think that they could add to a design that's been presented to them (p.3)." This is very true, and quite possibly the internal trait that has led this participant to use art so effectively as self-care. We are surrounded by the idea that our reality is what is presented to us, and that ability to reject what doesn't suit her as an effective solution and come up with something else is what has helped this participant become an artist and physician.

Summary of Themes

The researcher believes that the trait of creative thinking is true beyond this small sub-set of two doctors; that the desire and ability to change the inevitable is what allows all medical providers to save lives every day. When a patient presents with a seemingly incurable ailment, doctors have the courage and the intellect to reject that reality. Through research, trial periods, and a limitless belief that people can be cured, doctors change reality every day. The researcher asserts that this may be why there is such a high level of burnout. Death is inevitable and at best the measures taken only prolong existence. Confronting death in all of its forms, sudden or slow, peaceful or painful, the same doctors who work tirelessly to save lives watch them end instead. It is therefore by reapplying that strong belief and creativity through visual arts that physicians can find the meaning, purpose and empathy that is so often lost in medicine.

CHAPTER V

Discussion

Summary

There were four themes that emerged from the interview distillation process to become the final distilled essence of the participant's experience with art as self-care. The first theme was the presence of burnout, evidence of physical and emotional exhaustion and unhappiness; the second evident theme was the interpersonal dynamic and underlying desire to help others. The third theme was the use of art and creative processes as self-care. Finally, the fourth theme that was apparent throughout the interviews was creative thinking.

This research found that artmaking as part of a self-care regimen helped physicians reduce stress and avoid burnout symptoms through medical school and into their practice as resident physicians. The overall pattern discovered in this narrative process was the existence of similar positive and negative experiences in two individuals that were addressed through their use of art as self-care. Following a format of narrative experience as presented by Gilligan (1985), the researcher was able to identify how the participants' experiences fell into a plot line with settings, activities, climax, and denouement. The two interviews presented similar settings when distilled into their most basic form, this setting was based in feelings of unhappiness and burnout. The cause of this seemed to be linked to the participants' respective residencies in pathology and family medicine, in conjunction with current experiences or experiences in medical school. Activities included primarily helping others and then using creative experiences to process the role of the helper.

Incidentally, both participants included interpersonal connection into their use of art as self-care, the climax of this narrative process. Applying the structural device of denouement to

this narrative study, the creative process demonstrated throughout would be what draws it all together and provides a resolution for their respective mental stress. Both participants demonstrated throughout the interviews a strong ability for creative thinking and problem solving. Neither participant saw the problems they faced as having only one possible solution and so found the best possible ways in which to help themselves when it came to their own self-care.

Application

Applying this research study to the current research discussed and summarized in the literature review it supports the evidence of the prevalence of burnout and stress in the medical field (Shanafelt et al., 2012). The participants in this study both reported that throughout medical school and into residency programs they have faced and dealt with quite a bit of pressure, the high stress work in a competitive environment lead to isolation, exhaustion and little time or motivation to do self-care. Kjeldstadli et al. (2006) showed evidence comparing medical students to people in the same age group, while life satisfaction started about the same, it decreased throughout medical school. This was supported by the participants in this study's experiences, both reporting that their stress level increased significantly in medical school and residency and their need for self-care was much more evident as they entered the medical field.

As discussed in the literature review, Dunn et al. (2008) presented the model for medical students that included socialization and networking with peers and friends in and outside of the medical field, along with mentorship within the medical school setting, access to someone whom they can turn to without fear of repercussions. Implementing these strategies in the medical school environment would set the stage for a healthy pattern throughout the medical provider's career. This study found that socialization and artmaking in social settings or for the benefit of

others was already a practice used by medical providers, this could be reinforced by promoting supportive and transparent work environments as well.

The literature review also looked at the use of self-care in therapists, particularly art therapists who use art as self-care and response art to process client interactions on a regular basis (Fish, 2012). This study found that while the participants were not using their art to process particular patient encounters that they did find art helpful in processing their emotions, relaxing and finding affirmation of skills in something beyond medicine. The author of this study believes that this study shows that these methods of art as self-care are applicable to medical professionals in a similar way that they are found valuable and beneficial with art therapists. Van den Akker (2014) shared a personal experience with art making that was beneficial and healing through the intrinsic nature of art, inducing a flow state and encouraging creative thought processes.

The study with physicians providing palliative care done by Kearney et al. (2009) discovered that when dealing with the immensity of end of life situations self-care can seem selfish or insignificant, but that creative processes such as art-making and writing were important in creating deeper meaning, developing coping mechanisms and healthy processing of this difficult work. The participants in this study reported that self-care became most difficult when needed most, such as when dealing with the loss of patient. The results of this study concluded that this creative process was applicable to the scope of physicians' practices and that it provided the ability to cope with and problem solve in creative ways.

Limitations

The primary limitations of this study were researcher bias and the sample size; with only two participants it loses validity because it cannot represent a large enough subset of the

population. The limited sample size ties into the limitation of the sample demographics; while the participants are in different specialties they are both at the same point in their careers. The redundancy in the sample can be a strength as well, in that they strengthen the validity in that specific stage of the physician's career, proving artmaking can be helpful, but it fails to represent a wider portion of the population.

Recommendations

The first recommendation for this study is for it to be replicated on a larger scale using a more quantitative design. While this study is an introduction into the topic of the use of art as self-care with medical providers, it needs to be expanded to a larger sample size. Future studies could possibly use a qualitative design to further explore the individual experiences, which is very valid for this topic. However, the implementation of a survey such as the previously mentioned Maslach Burnout Inventory (MBI) (Schooley et al., 2016) to measure burnout in medical providers before and after the conscious use of art as self-care would add a lot to this study. Being able to measure before and after in a quantitative way could bring further evidence beyond self-report based on personal experience, especially if a control group were also given the MBI at the beginning and end of the study.

A second recommendation would be to further explore how the use of specific art processes can help medical providers in their education and professional work to further understand the human body and mind. Specifically using figure drawing to measure the effects of art on empathy and learning external anatomy could be a useful application of art into the medical field.

Conclusion

This study supports the use of art as self-care in medical providers as being beneficial. This research supports the implementation of more art based self-care promotion in healthcare, through medical schools as well as in hospitals, clinics, and other healthcare settings. Providing the space, materials, or training to medical providers can be good introductions to the implementation of this as a sustainable form of self-care. This study sought to identify the uses and limiting factors associated with the use of art as self-care. The researcher found that given time and access to art materials the interviewed medical providers showed that art was a successful form of self-care.

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