

Project Emery: Humanizing Patient Experience through Arts Expressive Activity among Clinically Isolated Patients in a Large Referral Hospital in Qatar

Kenneth Jun Logrono (✉ KLogrono@hamad.qa)

HAMAD MEDICAL CORPORATION

Katrina Narag

Hamad General Hospital

April Vincent Capaspas

Hamad General Hospital

Jakir Mulla

Hamad General Hospital

Belal Salem Zu'bi

Hamad General Hospital

Esmat Swallmeh

Hamad General Hospital

Diana Lynn Piol

Hamad General Hospital

Djoanne Sarmiento

Hamad General Hospital

Short Report

Keywords: arts, Hamad, humanizing patient care, patient experience, patient-centered care, quality of health care

Posted Date: April 25th, 2022

DOI: <https://doi.org/10.21203/rs.3.rs-1552914/v1>

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Abstract

Project *Emery* is a project and a strategy aimed to humanize the patient experience at Hamad General Hospital (HGH), which emphasized the need to translate compassionate and safe care into a tangible experience specifically for patients in isolation rooms. The evolving concept of "humanizing patient care" create a value improvement initiative for patients, treating them as individuals rather than just patients.

Nearly all patients (80%) experienced anxiety as a result of isolation during the pandemic, and two-thirds (60%) reported a significant high level of anxiety, stress, and worry. To address the mental health challenges, art therapy inspired by patient *Emery* is offered as a tool to support patients during periods of isolation.

The project is aimed to improve the patient engagement through increasing access to the arts as a means of expressing their thoughts and feelings about treatment and being hospitalized. The IHI Model of Improvement was utilized on this quality improvement initiative. A qualitative method was conducted using individual, semi-structured interviews. All interviews were transcribed verbatim for thematic analysis.

Results have showed that 99% of 166 patients who voluntarily participate the arts activity had high engagement scores and would highly recommend the activity to the others. There are four common themes taken from patient interviews, 1) strengthens patient's positive feelings, 2.) vent out feelings and concerns through storytelling, and narratives, 3.) optimizes nurse-patient communication; and 4.) activity for patient engagement.

Problem

Dealing with an unexpected diagnosis and following treatments can be extremely stressful for patients and their families, especially if they have no idea what to expect. The hospital environment can be a frightening and unfamiliar place, causing an added stress and anxiety. Along with the medical system's complexity and the jargon used by healthcare providers, the patients' fear and anxiety levels are escalating.

COVID-19 pandemic, in addition, has revealed a slew of flaws that have posed a challenge to the healthcare system both locally and globally. In HGH, patients who were clinically diagnosed with pulmonary infections such as tuberculosis and any other pulmonary complications were supposedly

referred to a facility (e.g., Communicable Disease Center) that provides this type of care for this type of patient population. Nonetheless, modifying protocols in response to the pandemic to prioritize COVID admissions has had a substantial impact on the provision of care in the right place at the right time. Following diagnosis confirmation, patients were boarded to HGH isolation rooms for a median length of stay (LOS) of 20 days, rather than the typical LOS of 3-5 days.

Moreover, social connections are difficult in an acute hospital, where overworked clinical staff rarely have the opportunity to listen the patients' illness narrative. Clinicians, particularly nurses, limited interaction with these patients, and the use of personal protective equipment (PPE) created a barrier to effective and compassionate communication. More specifically, clinicians' priorities are providing primary care to patients, finishing duties, and catching up on the hectic and dynamic shift hours, which frequently leads to healthcare providers disregarding the emotional needs of patients. Thus far, indicating an area for improvement.

The effects of being clinically isolated are most often experienced negatively by the patients in isolation rooms. Based on the pre-implementation investigation, more than 80% of the patients in isolated rooms in HGH have reported negative psychological effects of isolation including feelings of loneliness, stigmatization, increased depression, and anxiety, which most studies affirmed [1,2]. Patient engagement scores were very low (with Net Promoter Score of -2) with the majority were disengaged due to a lack of understanding about the medical plan, limited nurse-patient interaction, and clinician engagement in asking what matters to them.

The project team hypothesized that offering a diversion activity through art expressive activity for isolated patients can help bridge the gap of improving the overall hospital experience. Art activities appear to be suitable for every context and can promote person-centeredness and it should be considered an essential part of health and nursing care [2]. Art therapy, moreover, plays a crucial role in the healing process for the patients. It is more than just creating colorful masterpieces, but it also offers creative and therapeutic tools and interventions for patients to express their emotions and communicate about their experience. In addition to fostering opportunities for creativity and self-expression, creating artwork within the context of art therapy promotes relaxation, boosts positive self-esteem and resilience, and provides a distraction from the stress surrounding a patient's illness. The aim of the project is to improve patient engagement and encourage partnership with isolated patients by encouraging ventilation of emotions and feelings through arts diversion activity HGH at the end of six months of implementation.

Background

Healthcare facility has paid increasing attention to an apparent need to "humanize" hospital environments (3). This counterbalances high-technology, scientific and treatment-based medical practice

towards the patient. The aggressive treatment and hardware systems inherent in the hospitals for patients helped them become more like subjects of our care than letting them feel like person who needs care.

The campaign to humanize the patient experience at HGH has emphasized the need to translate compassionate and safe care into a tangible experience. The evolving concept of "humanizing patient care" softens the hard facts of science and healthcare to create a value improvement initiative for patients, treating them as individuals rather than just patients. Project *Emery's* incredible journey in humanizing the patient experience is more than just a quality improvement initiative; it's an experience that the team recreated for the patients. People in isolation, notably are at increased risk of developing mental health problems, such as depression or increased anxiety. Researchers know this from studies that have previously been done among people who were quarantined during previous disease outbreaks. COVID-19, most especially, and mental health challenges caused unmitigated stress and trauma as patients follow directions and protocols to prevent the spread of virus (4).

To address the mental health challenges, art therapy is offered as a tool to support patients during periods of isolation (4). Art therapy is a type of psychotherapy in which the creative arts are used as a therapeutic tool. For instance, a 45-year old, male, Eritrean patient named *Emery* on his 15-day stay in the isolation room wrote his experience and expressed his emotions in a piece of paper (menu paper from the Catering). The assigned nurse took notice of *Emery's* impromptu narrative and mused about it. The nurse offered him art and coloring materials the next day, which *Emery* thoroughly liked. He was pleased for the diversionary activity since it helped him get over his feelings of loneliness and despair that had tormented him throughout his hospital stay.

To put this in context, data showed that the majority of patients in isolation rooms reported a significant high level of anxiety, stress, and worry. Nearly all patients (80%) said they experienced anxiety as a result of isolation during the pandemic, and two-thirds (60%) said their clients brought up these concerns frequently. Furthermore, patients were already concerned about their pre-existing medical conditions, as reported by 7 out of 10 patients. Consequently, *Emery's* experience gave the team an idea for how to improve their strategy to dealing with the difficulties that come with being isolated. Inside the isolation rooms, the team felt compelled to do something to help relieve some of the patients' stress and loneliness.

Art therapy, as emphasized by *American Art Therapy Association*, is perhaps more accessible to clients as it can help to focus and process feelings which one cannot put into words. Sometimes the creative

process can help distance oneself from overwhelming thoughts and emotions which appear and dominate the thought process.

The project focuses on how a patient named *Emery* inspired the healthcare team to be more compassionate and humane in their interactions with other patients. What happened to him in the isolation room is something that could happen to anyone else. This was the team's problem when it came to bridging the gap. The project is aimed to prove that increasing patients' access to the arts as a means of expressing their thoughts and feelings about treatment and being hospitalized is critical to promoting patient engagement and partnership. However, systemic reviews suggested an ongoing discussion regarding the effectiveness of art therapy with adult population **(5)**. By posing this question, this project also assesses the art therapy as an intervention to alleviate negative feelings of isolation through a quality improvement design.

Measurement

Patient engagement is primarily the outcome measure of the project. The tool used for assessing patient engagement is the global rating score. The scoring is based on a single question: "On a scale of 0-10, where 10 represents the most engaged and 0 represents the least engaged?". The outcome measure was initially quantified using a net promoter score (NPS), however a research reported that the NPS did not accurately reflect patient experiences to the same extent as the global rating or overall score **(6)**. As a result, a global rating scale was used to calculate the patient engagement and presented through percentages and proportions for each rating, where 7-10 is classified as highly engaged, 4-6 is moderately engaged, 1-3 is least engaged and 0 is no engagement at all.

Nonetheless, the overall patient experience, as well as informal interviews conducted with the patients, were also utilized to assess the qualitative inputs towards the art activity intervention. Patient interviews were conducted to explore about the patients' meaningful descriptions and interpretations of their arts. In most interviews, the significance of the colors used, the art form itself, and the message the patients wanted to convey were all discussed. Then, on a monthly basis, a thematic analysis was conducted based on the data obtained during the interview.

The interview, moreover, was also used as a starting point for a conversation between the patients and clinicians. Conversations are established and maintained during the interview until patients are comfortable to open about themselves and what matters to them during their hospital stay. The artwork served as a general lead for healthcare providers interested in something that patients are hesitant to

share. This will almost certainly result in open and therapeutic communication among healthcare providers.

Though not all patients are able to participate, the number of patients who consented and participated in arts activities is also being tracked as a process measure. Furthermore, the art activity was provided for patients on the second day of their hospital stay, as the pre-implementation investigation revealed that patients' feelings of loneliness and isolation escalated on the second day of the LOS.

Design

The project was conceived when the team recognized as champions began the process of incorporating arts activities into the hospitalization of patients in HGH isolation rooms inspired from an admitted patient. The team gathered staff nurses who are willing and capable of participating in the improvement journey of improving patient experience after developing a proposal and investigating how to put the process into action. Following the proposal's approval, the team identified the project sponsor and stakeholders, which included infection control practitioners (ICPs), staff nurses, and nursing department leaders such as the unit head nurse, quality improvement specialist, and director of nursing.

It was also essential to create guidelines for how the arts activity would be delivered to the patients. The guideline included a pathway that nurses could use as a guide to follow and comply with. The team emphasized the importance of patients' consent to participate in the study. The project was introduced to patients who were only willing and consented to participate. The group allotted a small space inside the isolation room where the art activities will take place. Each patient should be given a new set of art materials, per the ICP's recommendation. Then, at random, patients were interviewed informally to learn about their meaningful interpretations of their output and to encourage conversation that would aid in the interpretation of the art works. The qualitative inputs of the patients will be placed and transcribed to the data collection file where it will be recorded in verbatim through writing along with their art works, as per each patient interview.

The champions' weekly meetings with the attendance of the nursing leaders are usually used to identify areas for improvement by generating PDSA cycles. Staff nurses' comments and recommendations, in addition, were gathered to improve the delivery of the project.

Strategy

The aim of the project is to improve patient engagement and encourage partnership with isolated patients in HGH's Acute Medical Assessment Unit 2 through arts diversion activities. The driver diagram was shown and discussed to the project champions and leadership (see Figure 1). Driver diagram is a comprehensive tool that visualizes a team's understanding of what drives or helps to the attainment of a project goal. This clear representation of a team's shared viewpoint is a great tool for informing a variety

of stakeholders about where a team is testing and working. The tool demonstrated the importance of both primary and secondary drivers in attaining improved patient engagement.

Engagement of senior leadership and sponsors is a key primary driver. The Directors and Head Nurses were involved as they have a direct impact on the conclusion and success of the project by providing oversight to the implementation and developing infrastructure to support its implementation. Another important primary driver is the dissemination of education, training, and awareness, particularly about the methods of delivering the arts activity. majority of the PDSAs have focused on this component, which is why the team has conducted frequent huddles and reminders, as well as education and virtual awareness workshops with the other colleagues, all of which have had a significant impact on the process compliance. Furthermore, increasing the patient engagement through a novel activity that maximizes the patient's involvement was also as important as quantifying the patient satisfaction and their level of engagement. The driver diagram as a QI tool, basically provided the team and stakeholders a picture on how far the implementation of the project went through tracking the involved responsibilities and planned PDSAs.

Methods

The team conducted a prospective, observational quality improvement project with clinically isolated patients in the isolation rooms. According to pre-implementation data, negative experiences of isolation begin to emerge on the second day after admission, with patients feeling withdrawn and isolated. So, the arts activity was conducted on the second day of patient's LOS. While not all patients are qualified for the arts activity, inclusion and exclusion criteria were established. Following an orientation during patient admission, only patients who volunteered and agreed to participate in the project are eligible. Patients on contact isolation, which includes individuals with confirmed active lesions, draining fluids or pus that are highly communicable, and those with diseases that limit their activity, were notably excluded.

The art activity has allotted a space inside the isolation rooms so patients would get out of bed and encouraged to participate. In addition, the team offered a clean set of materials for every newly admitted patient. The project's progress was tracked through the implementation of multiple PDSAs until the process became stable and the targeted aim was achieved.

The team also provided a data collection tool that included the patient's demographics (name, gender, age) date of admission, date of discharge, and when they started the activity. Patient's comments, and engagement scores were also documented along with patient interviews. After six months, the SMART goal was to improve the patient engagement among clinically isolated patients. Three PDSA tests have been undertaken out as part of the project.

- **PDSA #1.** There was a compliance issue on the process of patient orientation among nurses. Some nurses were not compliant in encouraging their patients to participate due to a lack of knowledge or awareness of the project. So, to increase nurse compliance, the team involved stakeholders (Directors of Nursing, Head Nurse and QI specialist) to help oversight the implementation, reiterated

the driver diagram (especially the nurses' roles), and conducted regular huddles that included presentation of patient output to drive the nurses that the project makes sense in improving the patient experience. The significance of each artwork, moreover, was presented by selected nurses in a weekly basis during the Thursday huddle.

- **PDSA #2.** Patient's refusal is apparent during implementation. Some patients refused to participate in the activity due to a lack of trust in the cleanliness of the art supplies, as well as a lack of enthusiasm and aptitude in sketching. The team contacted with the ICP to see if art supplies might be re-used and disinfected in order to remove the doubt that was affecting the turnout of patients who participated in the arts activity. Recommendation of the ICP was adamant that every new patient receive a new set of materials, sealed packages including drawing books, pencils, and coloring tools were given to every newly admitted patient.

While drawing was the most commonly used art activity, some patients shows no or little interest in such (not everyone knows how to draw), so other variety of diversional activities were offered such as writing poems and anecdotes, letters, and coloring books were offered as alternatives. The compliance and number of patients who participated in the activity improved by 30% on a weekly basis after implementing this PDSA.

- **PDSA #3.** During the project's implementation, the team observed incidences where art materials were thrown out due to housekeeping staff's lack of awareness of the project. To mitigate the effects of this incident, the team educated and reminded the housekeeping staff about the importance of not discarding art supplies away. The carton boxes were replaced with plastic box bins with warning labels (e.g., "Do Not Discard") to remind people that this was set aside for the project.

Results

A thematic analysis was conducted following the six- month data collection through a series of informal patient interviews. This is conducted to study the patterns of meaning by analyzing the themes within the excerpts of qualitative data set to identify meaning. The interview was driven with the following formulated open-ended questions to identify and explore the possible themes within patient's inputs:

1. What are these drawings, anecdotes and paintings signify?
2. How are these art works matter to you when it comes to expressing your thoughts and emotions?

Based from the results of the interview the use of arts in form of expression and alleviation can be significantly summarized into four themes. 1) Strengthens patient's positive feelings, 2.) Vent out feelings and concerns through storytelling, and narratives, 3.) Optimizes nurse-patient communication; and 4.) Activity for patient engagement

Theme #1: *Strengthens Patient's Positive Feelings*

Art helps patients express experiences that are too difficult to put into words, such as a diagnosis or challenges inherent to their hospitalization. Some patients with communicable disease diagnosis explore the meanings of past, present, and future during art therapy, thereby integrating their condition into their life story and giving it meaning. The following were the patient inputs that suggest arts is an intervention to strengthen their positive feelings along their presentation of their art works.

The above artwork (Figure 2) highlighted the patient's verbalization how he become inspired each day to comply with the treatment. *"It motivates me towards my recovery as I miss my family. By sketching a picture of my home, [it] makes me inspire to get better every day."* This may appear to be a simple picture of a house, but it is a haven of comfort for her, a safe refuge where she felt her family's deepest care, and it is where she has many memories and wonderful moments. She becomes more determined to get well as she marvels at her artwork. It is an expression of gratitude that motivates her to get better.

Another artwork (Figure 3) emphasized that arts helped him magnify the pre-illness state which inspired him to get better each day. He stated, *"Sleeping is one of the best minds reset, a reminder back when I was inside the plane sleeping for an hour, waking up in the sky passing through the clouds"*. This piece of art reminds him of his first day in this country. He seemed to like the journey while on board the plane, as he recalls seeing the clouds and rain and wondering if he could go back to that day. He imagines himself as this youngster, sleeping soundly and worry-free, in contrast to his current circumstance, in which he has been placed in isolation far from the sky, beyond those clouds, and his mind is filled with anxieties and anxiety as a result of his medical condition. Something he never expected because his thoughts was filled with visions and dreams of providing for his family back home. He felt nostalgic and lonely at the same time, yet he never gave up hope.

The artwork "Soaring High" (Figure 4) was inspired by having its own prospective in life. That stimulates his mind by thinking of endless possibilities of many opportunities soon, just like a bird. The patient associates himself as the bird on this illustration thinking that reaching far would enable him to achieve his goals. Positive expectations essentially lead to optimism, he mentally enjoyed the desired future and starts to shape plans that motivate him to become better and recover faster.

Ultimately, artworks signified that it can be a refuge from the intense emotions associated with illness. There are no limits to the imagination in finding creative ways of expressing grief. In particular, artworks through coloring, drawing and painting can be a powerful way to help people express these feelings through tactile involvement at a somatic level, as well as to facilitate verbal communication and cathartic release and reveal unconscious materials and symbols that cannot be expressed through words. Thus, creating art strengthens patient's positive feelings– boosts self-esteem and provides a sense of accomplishment in isolated patients. The artwork, furthermore, affords the key to understanding that arts provides a significant leisure and breaks off patient's daily routine inside the isolation rooms. When patients completed a creative project, it will not only give them a sense of accomplishment, but also fosters hope and motivation to outgrow from their situations.

Theme #2: *Vents Out Feelings and Concerns through Storytelling and Narratives*

Project *Emery* conforms that art making is a universal activity. It is a beneficial platform that integrates emotional information through storytelling and narratives. Sharing one's feelings by connecting with people helps us gain insight in clarifying difficult feelings and situations of the patients. Apparently, interacting with people becomes less while in isolation that is why they are more prone to loneliness, anxiety, and depression. Therefore, by means of articulated art, nonverbal interactions become more meaningful, simple and yet straightforward. They learn to vent out their emotions by means of drawing and through narratives that offers a whole new perspective of communication by listening beyond words.

Based from the interviews, most patients believed that there is a solitude in isolation that leads them to do self-reflections. When they are confronted of loneliness the act in writing provides comfort that can be extremely therapeutic that it alleviates the tension and anxiety that they are experiencing. This anecdote talked about fear and hope that prompts the patient to incorporate her feelings through narratives. This art activity, therefore, acts as metaphor which amplifies strength and self–esteem by telling a story that contains life experiences that inspires her to verbalize her deep emotions.

Theme #3: *Arts promote Patient-Nurse Communication*

Stigmatization has been one of the common themes revealed in the pre-implementation data collection. It does have a negative impact as a form of exclusion or restriction to people during isolation. Evidently, lack of communication is one of the main concerns in between patient and health care provider. Hence, implementing this art activity mitigated and minimized the potential implications of isolation. Themes collected during patient interview proved that art therapy creates space expression and diversion that helps patient becomes visually engage with their own thoughts it opens up to a collaborative vision of feelings, ideas, and words that turns into images. It is a form of communication that helps one person processes his/her emotion and gain self-regulation. It builds bond by encouraging the patient expressive approach to psychological issues from therapeutic perspective.

Art bridges gaps and creates a common language. One patient, for example, is unable to fully articulate his dread of being hospitalized due to COVID infection. "COVID-19 has truly caused numerous deaths and even brought many countries to their knees," he claimed. Initially, he was cautious to express his desires and had difficulty communicating with his healthcare providers. Later, when he began to make art, nurses saw his works to communicate with patients by using them as a platform for communication.

Eventually, he expressed his gratitude by saying that his artwork portrayed how COVID -19 affected his life and how he was reminded of the pandemic every time he put on his mask and with every health care provider who came to see him every day. He communicates his gratitude by applauding the health-care team that is responsible for his care. He paints a picture of this girl as a metaphor for the current global disaster. After all, he is still hoping that this problem will be resolved shortly.

The team also concluded that art therapy provides a deeper and more comprehensive understanding of our patients' psychological situation by utilizing a variety of materials as a coping method for their stress and vulnerabilities. Despite language limitations and apprehension, the patient's artworks provided a common language. This method has been found to be successful in igniting conversation, particularly with aloof and hesitant patients. The preventive and rehabilitative nature of art activity would benefit many individuals with mental problems by addressing communication gaps.

Theme #4: *Activity for Patient Engagement*

Moreover, following a comprehensive qualitative analysis to prove the idea of art activity promotes and improves patient engagement. The outcome measure of each activity has been evaluated by giving corresponding feedback to each participant right after they have finished the activity. Notably, most of them verbalized that they develop a sense of accomplishment and a positive perception was associated with improved outcomes that motivates them to be more involve with the project. They devote time and effort in creating artworks that reflects their inner self for they have found a mechanism wherein they can associate their feeling to a nonverbal expression that is elicited by using the art materials. As a result, art activity is a useful way for patients to break up their daily routine. Most patients reported that being active with these artworks during arts is a process to make the hours worthwhile, as most patients can create 3-4 outputs per day.

Furthermore, the graph below shows that patient engagement is high, with 99 percent of 86 patients who voluntarily consented to participate in the arts diversion scoring their engagement at 8 or higher (scale). The engagement score is used to determine how well the arts program met its goal of providing not only diversion but also making their hospital stay valuable. The team defined high involvement as 8 and above (10 being the highest), moderate engagement as 5-7, not so engaged as 1-4, and no engagement at all as 0.

However, the W11 and W13 data points revealed that only 88 percent of patients, or 1 in 7 and 8 patients, had a high engagement score. Patients were not effectively informed on the project's procedure; hence the objectives were not well understood by the patients, resulting in their lack of participation. Ultimately, measuring the engagement score using a global rating system is challenging. The team used this scale to evaluate involvement, but I believe that interviews would be the ideal way to validate the project's data because the data is more focused on highlighting the patients' emotions and feelings.

It was not easy to put your feelings into words when you're feeling anxious or depressed. Drawing pictures and making art, instead of using words can help patient express how they feel. More so, the simple act of taking part in a creative endeavor may also help to reduce your feelings of anxiety or depression, as results proved. Ultimately, it is the process of making art, rather than the outcome, that matters.

Generally, results of the interview suggested that art and mental health can have a positive connection—artistic activities such as writing anecdotes, painting, or drawing are known to lower stress levels and

promote mental calmness. It provided healing with their inner emotions and matters that they do not talk about. This confirms that patients found opportunities for social interaction and engagement as it develops sense of accomplishment and diversion into something worthwhile.

The art therapy, moreover, significantly improved patient engagement in plan of care with their willingness to recover. It positively distracted them from overwhelming situations of illness, anxiety, loneliness, and stress. This what makes the project targeted the concept of humanizing the hospital experience. The use of arts as a diversional activity is beneficial for people of all ages. It prompts patient engagement in ways that are different from the standard. It connects them to childhood memories and creativity which, as an adult, often takes a backseat to other responsibilities and tasks. Arts reminds us that we are not alone and that we share a universal human experience. Through arts, patients can process experiences, find connections, and create an impact.

Art activity take a holistic approach and treating them with respect to its physical, psychological, mental, and emotional aspects, it was not a superficial intervention, but it touches the heart and the lives of many. Making art is helping many people express themselves, without having to use words. This concludes that art is a powerful tool in communication and patient engagement. Continuing this project will not only mend the sadness but also help them visualize their future and learn to appreciate life.

Lessons

Isolation is a difficult time for both patients and their families. Nonetheless, actions to counteract the negative consequences of isolation must be implemented. Patients may be able to cope better with their solitude if they have access to active diversion through the arts. Adapting the project for isolation rooms has proven extremely challenging. Reusing art supplies has become a hindrance since it goes against the hospital's standard isolation policy. The team enlisted the help of the ICP to advise on how to disinfect and clean the art materials; nonetheless, the ICP strongly suggested that the art materials be replaced with a new set.

Notwithstanding, during the implementation, one of the most pressing concerns is the budget for art supplies. Budget and support for the provision of art materials posed a great challenge for sustainability. Since the projects motivated not only the patients but the hospital staff as well. It became an opportunity for the healthcare providers to reflect and learn from their stories behind those artworks. As a result, staff nurses voluntarily donate art materials for the patients and of great help in sustaining the project. Volunteerism was not difficult to offer free supplies of painting materials and paraphernalia since nurses realized how much this effort had improved the patient experience.

Communication and interpersonal interaction in the isolation rooms also posed a challenge during patient interviews. PPEs are required within the isolation room; they are inconvenient and have proven to be a key barrier to the process. Because wearing restricting PPEs is crucial to preventing the transmission of infection, the team champions had a difficult time expressing the questions to the patients. Although it was impossible to completely avoid this type of difficulty, there were new approaches to deal with it

through running cycles of PDSAs. Significantly, the team has overcome the challenge by conducting short but meaningful interviews and that question are already ready when they start communicating with the patient. Efficiency in communication inside the isolation rooms is indeed essential so that conversations will be more meaningful and effective. Patients were provided pen and paper to express their thoughts and experiences while in isolation rooms if additional time was needed.

Conclusion

It was clearly identified that the use of arts in clinically isolated patients provides a personal experience that made the patients see and feel the world again. Arts directly addressed their memories as an individual, social, and cultural beings. It gets a patient out of his room and take a person's mind off their current pain and diagnosis allowing them to feel normal and free in a way. It allows them to communicate from afar, generating positivity, appreciation, and hope. The elaboration of thoughts, emotions and desires through arts uplifted their self-esteem and sense of accomplishment despite of the present health condition. It keeps patients better and helps patients stay well.

The project ultimately strengthened the connection between the patient and the health care provider as this became an opportunity to open therapeutic communications. The artwork served as a lead to explore patient thoughts and feelings during hospitalization gaining their trust and confidence. The arts help overcome barriers by embracing diversity, reinforcing role in the healing process, and changing the culture within the healthcare system to one that is more supportive and humane. This paved way to bridge the gap of improving the overall hospital experience.

Declarations

Declaration of interests Nothing to declare.

Ethical approval Formal ethical approval was not indicated for this project.

This report is a QI outcome so we did not go through the process of research ethics review.

References

1. Tran, K., Bell, C., Stall, N., Tomlinson, G., McGeer, A., Morris, A., Gardam, M., & Abrams, H. B. (2017). The Effect of Hospital Isolation Precautions on Patient Outcomes and Cost of Care: A Multi-Site, Retrospective, Propensity Score-Matched Cohort Study. *Journal of general internal medicine*, 32(3), 262–268. <https://doi.org/10.1007/s11606-016-3862-4>
2. Vaartio-Rajalin, H, Santamäki-Fischer, R., Jokisalo, P., and, Fagerström, L. (2021). Art making and expressive art therapy in adult health and nursing care: A scoping review, *International Journal of Nursing Sciences*, (8)1, pp 102–119, Retrieved from <https://doi.org/10.1016/j.ijnss.2020.09.011>.
3. Bates V. (2018). 'Humanizing' healthcare environments: architecture, art and design in modern hospitals. *Design for health (Abingdon, England)*, 2(1), 5–19.

<https://doi.org/10.1080/24735132.2018.1436304>

4. Braus M, Morton B. Art therapy in the time of COVID-19. *Psychol Trauma*. 2020 Aug;12(S1): S267-S268. doi: 10.1037/tra0000746. Epub 2020 Jun 1. PMID: 32478544.
5. Regev, D., & Cohen-Yatziv, L. (2018). Effectiveness of Art Therapy with Adult Clients in 2018-What Progress Has Been Made? *Frontiers in psychology*, 9, 1531. <https://doi.org/10.3389/fpsyg.2018.01531>
6. Krol, M. W., de Boer, D., Delnoij, D. M., & Rademakers, J. J. (2015). The Net Promoter Score—an asset to patient experience surveys? *Health expectations: an international journal of public participation in health care and health policy*, 18(6), 3099–3109. <https://doi.org/10.1111/hex.12297>

Figures

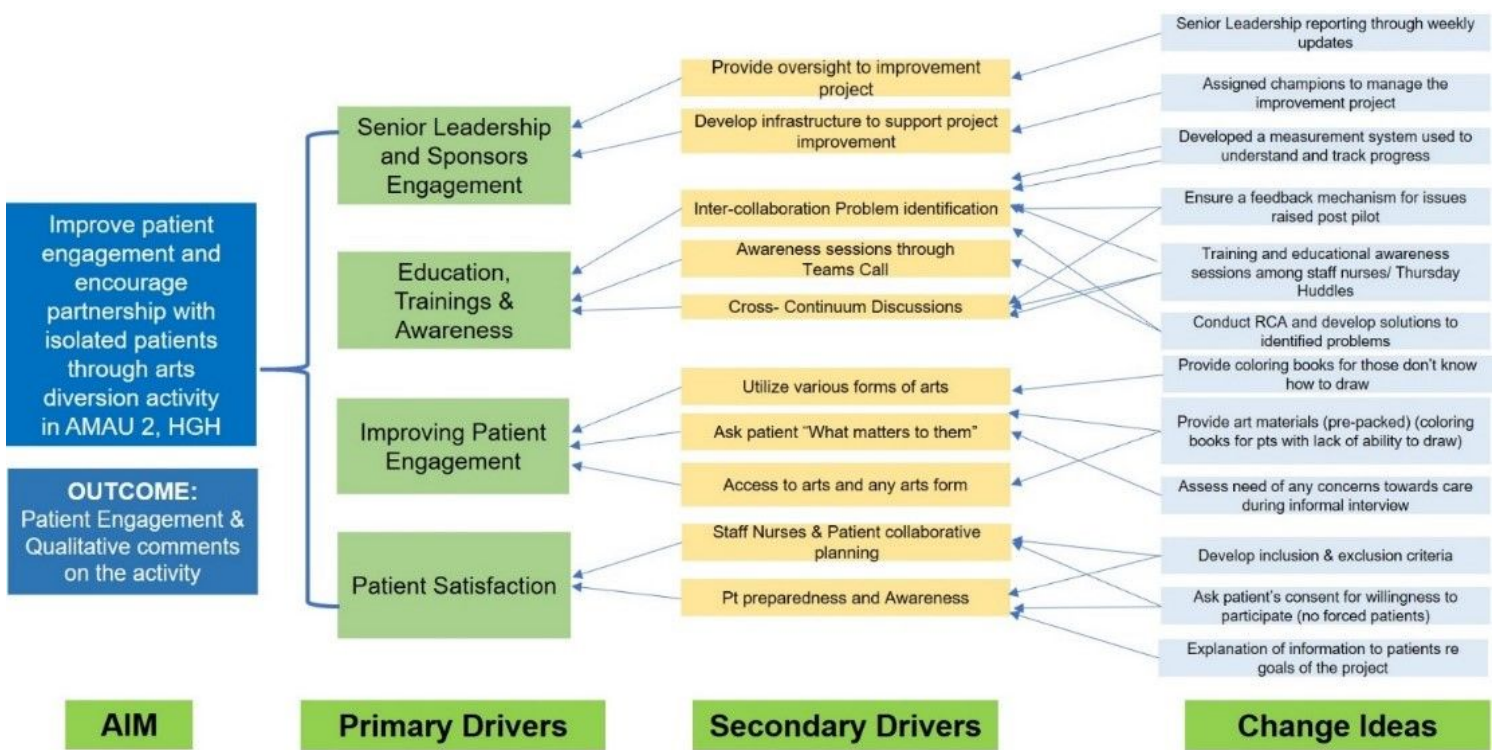


Figure 1

Project Driver Diagram



Figure 2

“Way back home” from (Interviewee A, female, Ethiopian)



Figure 3

“Dreams” (Interviewee B, male, Eritrean)



Figure 4

“Soaring High” (Interviewee C, male, Eritrean)

Hamad medical staff,
This past few days for me is one of the long days that I experience in my life. I am so shocked when they diagnosed me that I am infected by TD. I felt that my world was stopped during that time. I was shocked and worried about what will happen to me most especially about my job. But I did not lose hope, instead I prayed to almighty God to guide me and give me the strength that I need to pass through all this trial. And by the help of our mighty God I am started to get okay, and by the help of the Hamad staff, starting from the house keeping to the nurses & to all the doctors, and to all the staff of this hospital, helped me a lot to get past ~~to~~ ~~recovery~~.
First of all thank to almighty God and second to all the staff who helps me to undergo all this process.
Thank you so much
[Signature]

Figure 5

"The Letter" from (Interviewee D, female, Indonesian)

"[These] past few days is one of the long days I have in my life. I am so shocked when they diagnosed me as infected. I was so shocked and worried about what will happen to me. Most especially about my job, But I did not lose hope instead I pray to almighty GOD to guide and give me the strength that I need"



Figure 6

"The Girl on a Mask" (Interviewee E, male, Eritrean)

Supplementary Files

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