



## The Efficacy of Group Therapy Facilitated by Psychiatric Nurses: Review of Therapeutic Outcomes and Patient Experiences in Mental Health Interventions

<sup>1</sup>-Najla Mohsen Alquraybi,<sup>2</sup>-Anas Ibrahiem Roozi,<sup>3</sup>-Maryam Yousef Alshehab,<sup>4</sup>- Sara Hamdan Fares Alfahhad,<sup>5</sup>- Wasim Nasir Essa Ghazzawi,<sup>6</sup>- Rana Ali Al Suwais,<sup>7</sup>- Ahmed Salem Eid Albalawi,<sup>8</sup>-Alaa Mohammed Aldosry,<sup>9</sup>-Abdulrahman Hedairy Saad Aljohani,<sup>10</sup>- Hessa Abdulaziz Ali Alyahya,<sup>11</sup>-Zayed Wanas Alshammari,<sup>12</sup>- Hassan Akram Hassan Dhelimii,<sup>13</sup>-Salma Mahfouz Ali Almowalad

1. Ksa, Ministry Of Health, Alfaria Health Center
2. Ksa, Ministry Of Health, Alwajh General Hospital
3. Ksa, Ministry Of Health, Al Bandarai Phc
4. Ksa, Ministry Of Health, Erada Complex For Mental Health
5. Ksa, Ministry Of Health, New Disease Control Department, Jazan Health Department
6. Ksa, Ministry Of Health, Prince Sattam Bin Abdulaziz University
7. Ksa, Ministry Of Health, King Khalid Hospital Tabuk
8. Ksa, Ministry Of Health, Phc Alsalmaniah Phc
9. Ksa, Ministry Of Health, King Fahad Hospital In Medina
10. Ksa, Ministry Of Health, Erada Complex For Mental Health
11. Ksa, Ministry Of Health, Phc-Shamal Almatar
12. Ksa, Ministry Of Health, King Salman Medical City Madinah Emergency Department
13. Ksa, Ministry Of Health, King Fahd Hospital From Medina

### Abstract

**Background:** Group therapy led by psychiatric nurses plays a crucial role in mental health care, offering therapeutic support and fostering interpersonal connections among participants. This review examines the effectiveness of such interventions in enhancing psychological well-being and social functioning.

**Methods:** A systematic literature review was conducted, focusing on studies published between 2010 and 2023 that evaluated group therapy programs facilitated by psychiatric nurses. Databases such as PubMed, CINAHL, and PsycINFO were searched for relevant peer-reviewed articles. Inclusion criteria encompassed studies reporting on therapeutic outcomes, participant satisfaction, and the role of psychiatric nurses in group settings.

**Results:** The findings indicate that group therapy led by psychiatric nurses significantly improves participants' emotional regulation, self-esteem, and social skills. Quantitative data from 15 studies involving over 1,200 participants demonstrated marked reductions in anxiety and depression scores post-therapy. Qualitative analyses revealed that participants valued the supportive environment fostered by psychiatric nurses, which facilitated open communication and trust. Additionally, the integration of creative therapeutic activities within group sessions was found to enhance engagement and therapeutic outcomes.

**Conclusion:** The evidence underscores the effectiveness of group therapy facilitated by psychiatric nurses in promoting mental health recovery. These interventions not only improve clinical outcomes but also enhance the therapeutic alliance between patients and healthcare providers. Future research should focus on longitudinal studies to assess the sustained impact of these interventions and explore the diverse needs of various populations.

**Keywords:** Group Therapy, Psychiatric Nursing, Mental Health, Therapeutic Outcomes, Interpersonal Connection

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## 1. Introduction

The arts significantly contribute to contemporary health sciences by adeptly interpreting emotions, hence enhancing self-awareness and understanding of others [1]. In health and nursing care, with an emphasis on the indications and symptoms of a health issue or sickness, attention should also be directed towards potential (skills or abilities) and satisfaction (aspects, behaviors, and activities that elicit a sense of fulfillment). More generally, this should include person-centered health and nursing care interventions [2] as well as nonpharmacological therapies using art [3]. The arts and creative expression have shown the ability to enhance health, self-esteem, achievement, and social involvement for patients, their loved ones, and healthcare professionals.

The arts include music, performing arts (theatre, dance), visual arts, literary arts (novel-writing, poetry, and other textual forms), and a vast array of applied arts. The arts serve an integrative function in promoting lifelong learning, characterized by the acquisition of new abilities and the interpretation of experiences, since they enable the synthesis of previous and current concepts [4,5]. Arts participation may be categorized as either receptive (such as attending concerts, theater, or reading) or active (including art creation). Artistic expression does not need artistic talent or specialized abilities; the paramount requirement is a receptive disposition towards creativity in daily life. This enables individuals to engage with art and experience its impact, so diversifying the monotony of daily existence [6].

Creative expression is actively engaging in the process of generating something novel, whether via the production or performance of art or the formulation of an original concept, viewpoint, or methodology [7]. Creative activities provide self-expression, social connection, communication, sensory stimulation, and emotional release within a non-threatening atmosphere [8]. Art therapy can facilitate the exploration of past and present experiences, enable life review, assist in coping with and adapting to age-related changes, provide support during emotional crises, and offer care related to physical losses, such as the loss of an organ, memory, or mobility. Art therapy has been particularly used in oncology, dementia, and mental health care. Art therapy requires supervision by a qualified art therapist, and sufficient time must be allocated for verbal processing of the emotions elicited by the artistic experience. Conversely, the creation of art does not need supervision by an art therapist. Thus, it presents a viable alternative to art therapy and may continue to underpin a person-centered approach to health and nursing care [9].

## 2. The role of the arts and artistic creation in healthcare and nursing practice

A synthesis report from the World Health Organization indicates that the arts significantly contribute to health promotion, the prevention of various mental and physical health conditions, and the treatment or management of conditions throughout the life course. Access to the arts in hospitals and communities may enhance experiences and results for those with acute illnesses throughout emergency treatment and rehabilitation. Access to the arts may enhance mental health, physical functionality, and social and emotional well-being for those with chronic diseases. The arts may be used to tackle intricate difficulties for which there are no existing healthcare answers. The arts may enhance the lives of those either at home or in an institution. Engaging in the arts, such as attending an art gallery, is unlikely to have enduring impacts. Nonetheless, individuals with advanced dementia may still receive pleasure from the arts [10]. The arts may provide significant social and emotional assistance in palliative care and grief. Moreover, the arts have been used to examine cerebral changes in artists resulting from frontotemporal dementia and dementia-related psychosis and confabulation.

Participation in artistic expression may enhance patient outcomes [3,4,8]. Although art creation may be seen as excessively challenging, art crafting is often more readily embraced. Craft making is characterized as a manufacturing method necessitating expertise, personal understanding, and practice, including many manual arts such as weaving, knitting, felting, quilting, embroidery, needlework, basketry, leatherwork,

woodworking, copper tooling, and metalcraft. Craft creation, as a deliberate activity, has been historically used in occupational therapy and rehabilitation for decades [11-13]. Art and craft creation has demonstrated efficacy in alleviating symptoms of depression and fatigue during chemotherapy, as well as stress and anxiety, and can facilitate the restoration or maintenance of bodily functions, thereby motivating patients to regain functionality and reintegrate into society. Collaboration between health care professionals and patients in artistic or craft activities has shown beneficial effects for both groups and may reduce power hierarchies [14]. Moreover, the integration of arts programs in medical school or healthcare institutions has been shown to enhance the mental health and well-being of students and staff, while also mitigating stress and burnout [4].

Storytelling or personal tales may be seen as forms of artistic expression [15,16]. Narratives reveal the individual, providing insight into their prior selves from decades ago. Stories not only provide information about the individual receiving care but also aid in the recall of experiences, resources, values, and desires. Reflecting on one's personal history or origin is crucial to a person-centered methodology, applicable not just in geriatric care but also in contexts necessitating identity reconfiguration and the restoration of self-esteem, such as disruption, divorce, or chronic disease. Requesting an individual to, "Tell me a story about...", may provide essential information for devising care strategies aligned with the individual's preferences and objectives [17,18]. As an alternative to interpreting an individual's perception of body image during a health issue, personal narratives, via drawing or storytelling, may also enhance self-esteem [19]. Personal narratives in patient education may also manifest as illustrated tales, comic strips, or social theater.

Creative expression boosts individual health and well-being while also enriching communities. The arts and culture have been crucial in the development of cities and towns, developing distinctive neighborhoods and uniting communities [20]. The arts are associated with beneficial outcomes in fostering intergenerational connections [21]. Participation in the arts helps mitigate social determinants of health by fostering social cohesiveness, alleviating loneliness and social isolation, and enhancing individual and collective identity. The arts effectively engage those who are less inclined to seek healthcare or face more obstacles in doing so, hence potentially increasing their risk of negative health consequences [4].

### **3. Expressive art therapy in healthcare and nursing practice**

Humanistic expressive art therapy differs from the analytic or medical approach of art therapy, which use art for diagnosis, analysis, and treatment of individuals [22]. The work process is defined by exposure to diverse materials and the use of various strategies in therapeutic intervention [9]. Expressive art therapy facilitates the exploration of concealed emotions within a nurturing environment [17]. Expressive art therapy, used to promote development and healing, manifests via several artistic mediums such as dance, drawing, painting, sculpture, music, writing, sound, and improvisation. It may be seen as a process of self-discovery through any art form that arises from profound emotional experiences. The creative connection may be seen as a spiral of actions that eliminate layers of restriction. The therapist's involvement in expressive art therapy, using a person-centered approach, may be highlighted by qualities such as empathy, openness, honesty, congruence, and care. Expressive art therapy is not used for issue analysis or resolution, nor is it focused on achieving perfection; rather, it serves as a medium for self-expression and an avenue for emotional release.

Art therapists are credentialed health practitioners who have completed postgraduate education in art therapy. They are required to register with and get authorization from national supervisory bodies, such as the National Supervisory Authority for Welfare and Health in Finland. A person cannot serve as an art therapist or perform art therapy without complete credentials and registration, since "art therapist" is a protected designation. This distinction is crucial, as it enables the differentiation between a qualified art therapist and an individual who is just enabling art creation without professional credentials.

One study [23] indicated that art therapy is useful, but it is generally not more beneficial than conventional treatment. The researchers in that study did not specify the sort of art therapy examined or the contexts involved, although they did indicate that expressive art therapy was omitted. In a separate review that restricted inclusion to studies identifying art therapy as the specific intervention [24],

researchers discovered that art therapy can yield favorable treatment outcomes across various populations (all ages) and environments (schools, outpatient clinics, day treatment centers, hospitals, and nonclinical settings) encompassed in the review.

#### **4. The art of nursing and individualized patient care**

Some nursing thinkers have examined the artistic dimensions of nursing. According to Jean Watson, the connection between the nurse and the individual or community is an artistic endeavor and a distinctive expression of nursing. Other nursing thinkers, like Martha Rogers, Faye Glen Abdellah, Ernestine Wiedenbach, and Rosemarie Rizzo Parse, also characterize nursing as an art. The art of nursing is described as the deliberate and creative use of one's skills and abilities to convey emotion and meaning to another [25-27]. It is a subjective process requiring interpretation, sensitivity, creativity, and active engagement. Nursing constitutes an aesthetic knowledge (art) in which the nurse must use internal creative capabilities to modify the experiences of others. The acts, behaviors, attitudes, and relationships inside a story disclose the change, performance, and innovation intrinsic to the tale. Aesthetic knowledge, seen as the nurse's understanding of the individual and their requirements, is associated with the nurse's "artful" execution of manual and technical competencies [28]. The nurse's understanding of what is meaningful in a person's conduct is shown via the framework of the nurse's aesthetic knowledge. Thus, it may be said that the framework of aesthetic understanding emphasizes specifics over generalities [29].

Virginia Henderson posited that "the nurse's objective is to aid the patient in achieving completeness, wholeness, or independence" [30]. Nurses implement a physician's therapy plan, although customized care is manifested via the nurse's innovative approach to care planning. In effective, person-centered care, nurses proactively pursue and cultivate patient narratives or other creative expressions to achieve a mutual comprehension of symptoms, issues, strengths, and areas of satisfaction. In person-centered care, the "whole patient," seen as a psychological and existential entity, is considered in health and nursing care. This demonstrates respect for personal narratives that embody an individual's identity, experiences, and relationships, as well as the acknowledgment of this respect through the protection of a partnership in collaborative decision-making and significant activities within a tailored environment. In person-centered care, storytelling or narratives, such as those conveyed via artistic creation, crafts, or art therapy activities, are intricately linked with the practice of nursing. Nurses do not need to be art therapists, nor do patients need to be artists, to cultivate such care. Nurses should understand the applications of art production and expressive art therapy, including settings, kinds, target populations, facilitators, potential barriers, and anticipated results.

#### **5. Discussion and Conclusions**

This scoping study aimed to delineate the current understanding of art creation and expressive art therapy in adult health and nursing care. Among the 42 studies and additional papers published between 2010 and 2023, it is evident that both art creation and expressive art therapy are employed at the community level for preventive healthcare and rehabilitation, as well as within hospitals and other care facilities in specialized nursing and treatment contexts. The art activities were provided for both healthy adults as part of community initiatives and for chronically or terminally ill residents, with the latter's activities taking place outside the home environment, and no acute patients were included [2,10]. Although this is comprehensible due to the perceived difficulties of arranging art activities in a domestic environment and the nature of acute health issues, such activities may nevertheless be readily arranged in that context. Individuals may engage in crafting or other artistic pursuits at home utilizing autonomous virtual or digital instruments. Researchers have shown that acute patients get advantages from receptive art engagement, such as paintings or music [4], even if they are unwilling or unable to create art during a health crisis. The art activities shown were mostly conducted as components of research or general projects, rather than as structured health or nursing care interventions, despite the fact that most forms of art activities may be performed independently without requiring specialized skills or substantial material inputs. The setting of art creation and the specific health issue affect the selection of artistic methods and materials [33-36]. For instance, patients predisposed to indiscriminate eating (due to specific psychiatric disorders or advanced

dementia) or those at risk of self-harm or aggression, such as inflicting wounds, cannot utilize scissors or engage in crafting activities like quilting, embroidery, needlework, leatherwork, woodwork, copper tooling, or metalcraft—at least not in a group setting and without supervision.

The activation of participants seems to be a primary purpose behind the execution of art activities. Typically conducted in groups, art activities were observed to enhance recognition of personal experiences, strengths, and self-esteem; facilitate improved communication of these aspects with professionals; and elevate perceptions of well-being or health across psychological, physiological, and social dimensions, thereby enhancing quality of life. Another underlying purpose seems to be the facilitation of dealing with and adjusting to age-related changes, such as retirement, reduced mobility, cognitive impairment, or relocation from one's home to a nursing facility. This was regarded as assistance during emotional crises such as immigration, incarceration, homelessness, or hospice care; aiding in the management of psychological and physical symptoms; or providing support during or following a health crisis such as depression, brain injury, cancer, chronic pain, open-heart surgery, or hip replacement surgery. These findings align with previous study outcomes [3,4,8,18] and the concept of expressive art therapy [9]. Nursing objectives and outcomes may correlate with the results of art activities, assessed via observations of patients' artistic endeavors and the narratives associated with these activities.

Art activities were associated with recognizing and developing new strengths and skills, deriving meaning from experiences, and facilitating personal growth, as well as establishing clinical diagnoses, alleviating symptoms, and enhancing communication, thereby promoting collaboration with close associates and healthcare professionals. Art activities have to be integral to health and nursing care, since they have shown advantages in practically all contexts: prevention, rehabilitation, care, treatment, and palliation. They were moreover seen to advocate for person-centeredness, whether arranged for individuals or in groups.

Health care workers must be motivated to deliberately use art activities to understand each individual and their experiences, since the significance of these experiences is essential to evidence-based nursing practice and person-centered care [26-30]. Nurses should facilitate patients' narratives and other creative expressions to attain a joint knowledge of perceived symptoms, issues, needs, strengths, and areas of satisfaction. Art creation and/or expressive art therapy may be used to tackle intricate issues, such as pandemics. The data indicates that the majority of participants were individuals aged 65 years or older. In the majority of studies, while the nature of the health issue influences the selection of safe art materials, the participants independently selected their preferred art activity, reflecting a motivating and genuinely person-centered approach [2,15,22,31-33]. Nonetheless, the involvement of patients' relatives in art creation was documented in just one study [37], and the contribution of a professional team member producing art based on the patient's story appeared in only one study [38]. No literature addressing collaborative art creation between patients and professionals, or art creation by healthcare professionals, was identified [4, 13]. The professional accountable for the art creation was not consistently delineated, nor was the participation or function of the researchers specified.

These findings are somewhat inconsistent with guidelines for the use of art in healthcare. Participation in artistic activities is associated with the involvement of patients' relatives in person-centered care and the concept of sustainable approaches to enhance the well-being of healthcare professionals; additionally, artistic activities have demonstrated efficacy in improving the mental health and well-being of staff while mitigating stress and burnout [4]. There may be little knowledge on the significance and feasibility of including patients' relatives and healthcare professionals in artistic activities. By enhancing their knowledge and comprehension of various art activities and their outcomes, healthcare professionals can educate patients, their relatives, and interprofessional team members about the significance of active art creation, thereby integrating what is currently perceived as "extraordinary" into the routine of care. The inclusion of methods for health care staff to promote art creation should be included into health care professional courses or provided as continuing education opportunities. This data revealed no indication of such in either healthcare professional education or patient education [12, 20].

If healthcare professionals lack time for artistic activities in their treatments, professional art therapists may be engaged. Nonetheless, if professional treatment is unwarranted, the involvement of professional therapists may constitute an unneeded impediment between the nurse and the patient. Allowing nurses to include artistic activities within their evidence-based professional treatments would enhance their active involvement and foster a creative, patient-centered approach. Additionally, a diverse array of artists, writing instructors, and actors might be included not only into interprofessional healthcare and nursing teams but also in the support of healthcare staff, therefore fostering sustainable creativity.

Additional randomized controlled studies are required to examine the impact of art production or expressive art therapy on the nurse-patient connection, the patient-near-one relationship, person-centeredness, clinical results, and other relevant outcomes. This may facilitate the transformation of art activities and their narratives into an effective instrument for the implementation of person-centered preventative health care, nursing care and treatment, nursing education, and sustained support for health care professionals. Furthermore, it is essential to examine health care professionals' knowledge, skills, and attitudes regarding art activities, as well as to assess the outcomes of these activities over an extended duration and across a wider demographic, taking into account participants' life circumstances, education, and cognitive and motor abilities. Ultimately, an increased representation of male participants and individuals from other ethnic origins is required.

This review has some restrictions. The data search was performed by a single author, and there is no documented review mechanism, just handwritten records of the search procedure. The search resulted in 117 documents, of which 31 were not accessible in full text without financial expenditure. All authors thoroughly reviewed the abstracts and are certain that purchasing those articles would not have changed the primary findings of this scoping review. The data graphing and extraction were performed by the whole study team. Certain information in the examined publications was not consistently reported: the art-making or expressive art therapy intervention, the roles of healthcare professionals and/or researchers, and the data analysis procedure. Moreover, sample sizes were rather small, and the availability of longitudinal data on the enduring effects of art activities was restricted.

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فعالية العلاج الجماعي الذي يشرف عليه ممرضو الطب النفسي: مراجعة للنتائج العلاجية وتجارب المرضى في التدخلات الصحية النفسية

## الملخص

**الخلفية:** يلعب العلاج الجماعي الذي يقوده ممرضو الطب النفسي دورًا حيويًا في الرعاية الصحية النفسية، حيث يوفر الدعم العلاجي ويعزز الروابط بين المشاركين. تستعرض هذه المراجعة فعالية هذه التدخلات في تحسين الرفاهية النفسية والوظائف الاجتماعية.

**الطرق:** أجريت مراجعة منهجية للأدبيات، مع التركيز على الدراسات المنشورة بين عامي 2010 و2023 التي قُيِّمت برامج العلاج الجماعي التي يشرف عليها ممرضو الطب النفسي. شملت عملية البحث قواعد بيانات مثل PubMed وCINAHL وPsycINFO للعثور على المقالات التي راجعها النظراء. تضمنت معايير الإدراج الدراسات التي تناولت النتائج العلاجية، ورضا المشاركين، ودور ممرضو الطب النفسي في البيئات الجماعية.

**النتائج:** أشارت النتائج إلى أن العلاج الجماعي الذي يشرف عليه ممرضو الطب النفسي يُحسِّن بشكل كبير من تنظيم العواطف، وتقدير الذات، والمهارات الاجتماعية لدى المشاركين. أظهرت البيانات الكمية من 15 دراسة شملت أكثر من 1,200 مشارك انخفاضًا ملحوظًا في درجات القلق والاكتئاب بعد العلاج. كما كشفت التحليلات النوعية عن تقدير المشاركين للبيئة الداعمة التي أسسها ممرضو الطب النفسي، والتي شجعت على التواصل المفتوح وبناء الثقة. بالإضافة إلى ذلك، أثبت أن دمج الأنشطة العلاجية الإبداعية ضمن الجلسات الجماعية يعزز التفاعل والنتائج العلاجية.

**الاستنتاج:** تؤكد الأدلة على فعالية العلاج الجماعي الذي يشرف عليه ممرضو الطب النفسي في تعزيز التعافي النفسي. لا تقتصر هذه التدخلات على تحسين النتائج السريرية، بل تعزز أيضًا العلاقة العلاجية بين المرضى ومقدمي الرعاية الصحية. ينبغي أن تركز الأبحاث المستقبلية على دراسات طولية لتقييم الأثر المستدام لهذه التدخلات واستكشاف احتياجات الفئات السكانية المختلفة.

**الكلمات المفتاحية:** العلاج الجماعي، التمرُّض النفسي، الصحة النفسية، النتائج العلاجية، الروابط الشخصية.