Applied & Educational Psychology (2025)
Clausius Scientific Press, Canada

DOI: 10.23977/appep.2025.060204
ISSN 2523-5842 Vol. 6 Num. 2

The Intervention of Dance Movement Therapy Combined Developmental Transformation Drama Therapy on Burnout and Caring Ability of Psychiatric Nurses

Qu Han[1,a], Azni Yati Binti Kamaruddin[1,b,*], Liu Xiaolin[2,c], Zhao Yining[3,d]

[1] Faculty of Education, University of Malaya, Kuala Lumpur, Malaysia
[2] Chongqing Mental Health Center, Chongqing, China
[3] Chunyang Experimental School, Wuxi, China
[a]17221439@siswa.um.edu.my, [b]azniyati@um.edu.my, [c]vicky19821214@126.com, [d]18021398335@163.com
**Corresponding author*

Keywords: Dance Movement Therapy, Developmental Transformation Drama Therapy, Burnout, Caring Ability, Psychiatic Nurses

Abstract: This study examined the effectiveness of dance movement therapy combined with developmental transformation drama therapy on burnout and caring abilitis of psychiatric nurses. 120 psychiatric nurses were selected and randomly divided into experimental group and control group. Then the experimental group received 12-week intervention training. The results show that the total burnout score and emotional exhaustion and low personal accomplishment scores of experimental group were significantly lower than those of the pre-intervention and control group, the scores of depersonalization dimension was no significant difference, and the scores of participants' caring ability and three dimensions of cognitive, courage, and patience in the experimental group were significantly higher than those in the pre-intervention and control group. It is proved that dance movement therapy combined with developmental transformation drama therapy can effectively alleviate psychiatric nurses' burnout and enhance their caring abilities.

1. Introduction

1.1 Burnout of Psychiatric Nurses

Burnout is a syndrome of mental and physical exhaustion that occurs when an individual is unable to cope effectively with long-term work stress and is characterized by attitudinal, emotional and behavioral manifestations[1]. Psychiatric nurses typically experience high levels of burnout and compassion fatigue due to the unique nature of the patients they care for and the demanding nature

of their work. Studies have shown that 96% of psychiatric staff have experienced, directly or indirectly, at least one incident of violence, physical threat, or unexpected death of a patient[2]. Psychiatric nurses who deal with these challenging behaviors and emotionally disturbed patients all year round and work in a high tension, high stress, high risk work environment for a long period of time will develop some psycho-behavioral responses, such as failure to perceive and perceive negative emotions such as irritability and anxiety, psychological imbalance, self-denial, depression and withdrawal, and low values in a timely manner, and then they will experience burnout due to the excessive depletion of their own energy[3]. In addition, the relationship between burnout and nursing care competence is a critical problem. Burnout can lead to a decrease in the quality of care provided by psychiatric nurses. When nurses are emotionally exhausted, it is difficult for them to maintain constant attention and empathy for their patients, which indirectly affects the effective treatment for patients[4].

1.2 Caring Ability of Psychiatric Nurses

Nursing is a calling profession, and those nurses who are committed to their profession and have a sense of purpose have a deep understanding of their patients' physical and mental conditions. They understand the needs of patients and their concerns about psychiatric issues and work closely with the team to meet those needs through skilled professionalism and provide good support for the patients. Research has shown that burnout affects the ability of psychiatric nurses to provide quality care and attention. Emotional exhaustion, depersonalization and reduced personal fulfillment that occur with burnout can seriously affect the effectiveness and sustainability of psychiatric employees' work. Not only does burnout reduce empathy, job satisfaction, and decision-making ability, but the emotional exhaustion associated with burnout also reduces nurses' ability to interact with patients[5]. As a result, mitigating the effects of burnout, creating a supportive and understanding work environment, and adopting appropriate intervention strategies are necessary to enhance the mental health of psychiatric nurses and to improve the overall quality of psychiatric nursing care ability[6].

1.3 Dance Movement Therapy (DMT)

Dance movement therapy (DMT), which originated in Europe and the United States in the early 1990s, is a psychotherapeutic intervention that uses movement and expression to implement psychotherapy, and its therapeutic effects have been widely recognized[7]. Currently, a large of research documents and confirms the psychological and physiological benefits of DMT, including increased positive affect and stress management, activate self-activation by creating opportunities, engaging in coping skills, and reconfiguring connections with self and others, simultaneously develops and enhances human resilience on multiple levels: the physical level of motor intelligence, non-verbal processing, the psychological level of self-regulation, emotional expression, the social level of forming and maintaining attachments to the group, and the spiritual level of authentic expression, and has been shown to increase the resilience of parental caregivers of children with mental illness[8]. However, throughout the current research on DMT, there has been insufficient exploration of utility outcomes for caregivers, especially psychiatric caregivers[9].

1.4 Developmental Transformation (DvT) Drama Therapy

Developmental transformation (DvT) is a form of drama therapy rooted in embodied improvisational theatre that has gained international recognition as a therapeutic intervention for diverse populations and has been used and argued for in nature, and leisure contexts[10]. The founder David Read Johnson defined DvT as “an arts-based performance practice in which participants, called players, spontaneously act out their feelings and thoughts with a therapist. Unlike DMT, DvT places more emphasis on the relationship of one's body to other people's bodies, and the relationship of the individual to changes in the external world although it also has the function of providing kinesthetic and physical release through movement. Johnson & Pitre named three unavoidable key elements of the nature of DvT: the body, relationships with others, and the need for constant undeniable change[11]. These three elements are closely related to psychiatric nurses, who, because of the nature of their profession and the requirements of their work, are constantly in a constant negotiation between the physical and psychological needs of their patients and their own physical and psychological needs. DTM focuses more on the development of the individual's mind and body, whereas DvT emphasizes more on the individual's relationship with others and changes. This is in line with the healing goal of intervening on psychiatric nurses' burnout and caring abilities to regulate their individual physical and mental health and relationship with patients. It is also the reason why the two techniques were combined in this study.

Based on this, the main purpose of this study was to examine the effectiveness of the DMT combined with DvT drama therapy intervention on psychiatric nursing staff's burnout and caring competence, and to propose the research hypothesis that DMT combined with DvT drama therapy can effectively help psychiatric nursing staff to reduce their burnout and improve their caring competence for patients.

2. Method

In this study, a quasi-experimental approach was adopted to collect and analyze data through pre-test and post-test of the experimental and control groups to draw conclusions. This study has been approved by the Medical Ethics Committee of Chongqing Mental Health Center. Approval No: 2021 Medical Ethics Review No. (001).

2.1 Research Samples

This study selected 120 nurses working in the psychiatric department of Chongqing Mental Health Center and psychiatry department in other hospitals from June 2024 to December 2024. Randomly divided into experimental group and control group, 60 participants in each group. The distribution of the number of the research samples is as follows:

In the experimental group, there were 11 male nurses and 49 female nurses, accounting for 18.3% and 81.7% of this group respectively. The average age of psychiatric nurses less than thirty years old was 15 (25%), and the age of psychiatric nurses thirty years old and above was 45 (75%), with an average age of (33.38±6.014). 8 (13.3%) nurses from general hospitals and 52 (86.7%) nurses from specialized hospitals. 7 (11.7%) nurses were unmarried, 50 (83.3%) nurses were married, and 3 (5%) nurses were divorced. 15 (25%) participants with less than a bachelor's degree and 45 (75%) participants with a bachelor's degree or higher. 14 (23.3%) were in administrative positions and 46

(76.7%) were without administrative positions. There were 26 (44.1%) psychiatric nurses with less than ten years of experience, 34 (55.9%) psychiatric nurses with ten years of experience and more, average years of experience (10.42±6.243).

In the control group, there were 10 male nurses and 50 female nurses, accounting for 17% and 83% of this group respectively. The average age of psychiatric nurses less than thirty years old was 17 (28%), and the age of psychiatric nurses thirty years old and above was 43 (72%), with an average age of (33.48±5.580). 9 from general hospitals (15 %), 51 (85 %) from specialized hospitals. 9 (15%) unmarried , 46 (77%) married , 5 (8 %) divorced. 13 (22%) with less than a bachelor's degree and 47 (78%) with a bachelor's degree or higher. 15 (25%) with administrative positions, 45 (75%) without administrative positions. There were 23 (38.3%) psychiatric nurses with less than ten years of experience and 37 (61.7%), psychiatric nurses with ten years of experience and more, average of years of experience (10.88±5.434).

2.2 Inclusion and Exclusion Criteria

Inclusion criteria: (1) officially registered nurses; (2) clinical nursing positions; (3) no major diseases; (4) informed about the content of this study and voluntarily cooperated to complete the DMT and DvT training.

Exclusion criteria: (1) out-of-work nurses such as study, further training, maternity leave or leave of absence; (2) previous participation in DMT and DvT training or other similar training ; (3) those who are unable to complete the entire training.

2.3 Intervention Programs

2.3.1 Pre-intervention Preparation

This study consisted of 1 DMT trainer, 2 teachers trained DvT drama therapy. The DMT trainer is an Associate Chief Nurse Practitioner, a Sino-German DMT Therapist which is primarily responsible for the implementation of the DMT training. DvT drama therapy trainer is a university lecturer which has 2 years of systematic DvT drama therapy training and mainly responsible for the design and implementation of the DvT drama therapy, as well as for distributing and retrieving the survey questionnaires, then analyzing the data. The other teacher was responsible for supporting the training, as well as data summarization and entry.

2.3.2 Intervention Training Contents

Psychiatric nurses in both experimental group and control group all completed informed consent and understood the purpose and significance of the study. Psychiatric nurses in the experimental group received a concurrent 12-week DMT combined DvT intervention consisting of 6 sessions of DMT and 6 sessions of DvT drama therapy training. All training was face-to-face, 1 time per week. The total duration of each training session was 2 hours. The intervention training details are shown in Table 1.

Table 1: Specific training contents of DMT combined DvT drama therapy.

Phases (2h/Session)	Training Contents
Meet-and-greet	Establishing a treatment group. The objectives, significance, steps and duration of the study were described, the rules and informed consent was completed.
The first session	DMT (week 1): Participants are introduced to the basic principles and techniques of DMT intervention training, group rules are established, introduce themselves through body movements.
	DvT (week 2): Become a Player. Using drama games to break the ice, establish initial communication and trust, and create a relaxing and pleasant training atmosphere.
The second session	DMT (week 3): Dance an movement with favorite and un-favorite body parts and interactively dance between two body parts; dance and movement in mirror image with partner. Promote connection, increase empathy, experience support, and acceptance of self.
	DvT (week 4): Me & Character. Entering the playspace, forming unison movements and sounds, defining and describing dramatic situations, leading into improvisational role play, playing in structured role play, experimenting with gradual changes in roles and differentiated expression.
The third session	DMT (week 5): Move authentically, be accountable to ourselves, establish a connection between physical movement and inner emotions, and process emotions for a while and in movement.
	DvT (week 6): Stability in this Moment. Entering the play space, building on unision movements and sounds, definition, personification, and structured role-playing to unstructured role-playing, building and exploring relationships with others within the dramatic situation.
The fourth session	DMT (week 7): Communicate through body movement, building connections with others and with oneself in the real world through body movement.
	DvT (week 8): Ongoing Transformation. Trying to establish a relationship with real life within the playspace provokes emotional expression and gradual adaptation to various transformations.
The fifth session	DMT (week 9): Core strength training promotes self-stabilization, exploring one's own body, helping participants establish personal boundaries and take on team responsibilities.
	DvT (week 10): Variety Me. Experience continuous transformation in unstructured role-playing within a playspace, building resilience to ambiguous, complex dramatic situations and thereby expanding mental toughness.
The sixth session	DMT (week 11): Thematic Dance Performance: Each participant reflected on the experiences and insights from the event through movement and created a thematic dance performance in the presence of the other participants; performing a creative farewell dance and a dance of hope.
	DvT (week 12): Words to Ourselves. Experiencing and expressing their attitudes, emotions and feelings in the playspace, reviewing and reflecting after exiting the structure of the playspace, improvising and expressing what they want to say to themselves.

2.4 Instruments

Maslach Burnout Inventory-General Survey (MBI-GS). The scale was developed by Maslach and translated and revised into Chinese by Li Chao-ping[12]. This scale consists of 15 items, including three dimensions: emotional exhaustion, depersonalization and low personal accomplishment. Likert's 7-point scale was used, with the scores ranging from 0 to 6 from “never happened” to “happens every day”, and the 10th to 15th items were reverse scored, with higher scores indicating more serious burnout. The overall Cronbach'sαof the scale was 0.808, and the Cronbach'sαof the three dimensions were 0.882 for emotional exhaustion, 0.920 for depersonalization, and 0.881 for reduce personal accomplishment.

Caring Ability Inventory (CAI). The scale was developed and published by Nkongho, a nursing scientist and translated into Chinese by Xu Juan[13]. The scale consists of 37 items on a 7-point Likert scale, with 7 points for “completely agree” and 1 point for “completely disagree”, and 13 items are reverse scored. The CAI has a total score of 259, with 14 questions on the cognitive dimension totaling 98 points, 13 questions on the courage dimension totaling 91 points, and 10 questions on the patience dimension totaling 70 points. Higher total scores indicate greater caring ability. The overall Cronbach'sαof the scale was 0.842, and the Cronbach'sαof the three dimensions were 0.833 for cognition, 0.748 for courage, and 0.774 for patience.

2.5 Data Analysis

All data were statistically analyzed using SPSS 27.0 statistical software, demographic variables were expressed as number and rate (%). Measurement data are expressed as mean±standard deviation, with independent samples t-test for between-group comparisons and paired t-test for within-group pre-post intervention comparisons. All tests are two-tailed significance level was set at $P<0.05$.

3. Results

3.1 Comparison of Burnout Scores in the Two Groups Before and After Intervention

Before the intervention, there was no significant difference in the total score of burnout and the scores of the three dimensions of emotional exhaustion, depersonalization, and low achievement between experimental group and control group of psychiatric nurses ($P>0.05$). After the intervention, the total burnout score and the scores of the two dimensions of emotional exhaustion and low personal accomplishment in the experimental group were significantly lower than those of the control group and the experimental group before the intervention, and the differences were statistically significant ($P<0.05$ or 0.01). However, the depersonalization dimension scores in the experimental group after the intervention were lower than the control group but there was no significant difference in the scores before and after the intervention (See Table 2).

Table 2: Comparison of burnout scores in two groups before and after intervention

Variables	Groups	Pre-test Mean ± standard deviation	Post-test Mean ± standard deviation	t	p
Total Score	Experimental Group Control Group t p	36.200 ± 9.461 36.746 ± 8.934 -0.447 0.657	29.050 ± 8.680 37.695 ± 9.529 -7.715 0.000	6.333 -0.559	0.000 0.578
Emotional Exhaustion	Experimental Group Control Group t p	11.117 ± 4.654 11.283 ± 4.442 -0.277 0.783	10.100 ± 4.289 11.917 ± 4.823 -3.281 0.002	2.463 -0.848	0.017 0.400
Depersonalization	Experimental Group Control Group t p	7.900 ± 4.437 7.983 ± 4.371 -0.145 0.885	7.783 ± 3.556 8.467 ± 4.351 -1.489 0.142	0.286 -0.579	0.776 0.565
Low Personal Accomplishment	Experimental Group Control Group t p	17.183 ± 5.987 17.390 ± 5.720 -0.267 0.790	11.167 ± 4.589 17.356 ± 4.933 -10.448 0.000	7.847 0.032	0.000 0.974

3.2 Comparison of Caring Ability Scores in the Two Groups Before and After Intervention

As shown in table 3, before the intervention, there was no significant difference between the total score of caring ability and the scores of the three dimensions of cognition, courage and patience of psychiatric nurses in the two groups (P>0.05). After the intervention, the total score of caring ability and the each dimension of cognition, courage and patience in the experimental group were significantly higher than those of the pre-intervention group and those of the control group, the difference was statistically significant (P<0.05 or 0.01).

Table 3: Comparison of caring ability scores in two groups before and after intervention

Variables	Groups	Pre-test Mean ± standard deviation	Post-test Mean ± standard deviation	t	p
Total Score	Experimental Group Control Group t p	178.633 ± 18.673 178.300 ± 19.831 -0.130 0.897	191.317 ± 15.849 178.133 ± 18.694 -5.463 0.000	-7.212 0.058	0.000 0.954
Cognitive	Experimental Group Control Group	71.500 ± 10.070 70.467 ± 9.758 -0.820	75.433 ± 7.939 71.033 ± 10.459 -3.258	-2.977 -0.391	0.004 0.697

	t p	0.415	0.002		
Courage	Experimental Group Control Group t p	54.467 ±9.385 54.300 ±9.227 -0.140 0.889	57.850 ±9.552 52.400 ±9.573 -4.410 0.000	-2.753 1.579	0.008 0.120
Patience	Experimental Group Control Group t p	52.667 ±6.472 53.533 ±5.982 1.122 0.266	58.033 ±6.126 54.700 ±7.907 -3.265 0.002	-5.620 -1.044	0.000 0.301

4. Discussion

The results of this study showed that after 12 weeks of DMT combined with DvT intervention, the total burnout scores and the scores of the dimensions of emotional exhaustion and low personal accomplishment of psychiatric nurses in the experimental group were significantly lower than those of the pre-intervention period and lower than those of the control group ($P<0.05$ or 0.01). Although there was no significant difference in depersonalization dimensions, the DMT combined with DvT intervention was still effective in reducing burnout levels among psychiatric nurses.

The participants in the experimental group generally believed that their life and work pressure had been released, paid more attention to their emotions and feelings compared to the past, and generally believed that they had gained the experience of joy and happiness. These self-soothing, positive emotions and feelings of well-being are all effective ways to reduce burnout among healthcare practitioners, which is also similar to findings from other scholars. Research has proven that proper exercise and physical activity in the workplace can help healthcare professionals re-energize their staff after a stressful day and reduce the negative effects of occupational stress[14]. DMT training, which allows participants to awaken their body's perceptions in a variety of artistic expressions and permitted environments, creating connections and interactions between the body and emotions, with the self and with others. It increases awareness of the relationship between one's body, intentions and emotions. In the final session of the DMT training, all participangs in experimental group creative dances to strengthen the communication and connection between each other. These group dances can be seen as a form of storytelling through movement, dialoguing with real life and social norms through storytelling features and meaning construction, and thus adjusting the psychological state of the interviewees[15]. As an integrative art therapy approach, DvT's playspace gives participants a safe environment of acceptance, permission to express themselves, and the opportunity to express their true inner feelings. The creative virtual dramatic reality, which realizes the experience of allowing participants to switch freely between the virtual story and the real real life, allows participants to realize the infinite possibilities of the development of events, thus possessing more perspectives to look at things, and subconsciously enhances their psychological resilience and willingness for interpersonal communication. These are powerful conditions for combating burnout among psychiatric nurses[16].

The results of this study also showed that after a total of 12 sessions of DMT combined with

DvT intervention, the total score of psychiatric nurses' caring competence as well as the scores of cognition, courage, and patience dimensions of the experimental group were significantly higher than those of the pre-intervention group and lower than those of the control group ($P<0.05$ or 0.01). This suggests that the DMT combined with DvT intervention can be effective in enhancing psychiatric nurses' caring abilities. Research has shown that compassion, fulfillment, relationships with others, and burnout level that are predictors of psychiatic nurses' caring competence[17]. Exercises and techniques in DMT training, such as movement mirroring, leading and following, and other movement experiences provide a framework for body-self experiential reflection, empathy, and relationships with others. Integration and communication is achieved from following the movements of peers, imitating each other's walking postures, walking rhythms, arm and hand movements, and more. DMT training is a fluid process of continually promoting integration and differentiation, first within one's own body and then in relation to others, exploring the conflict and polarized body movements embodied in everyday social interactions, achieving awareness of one's own social self, and then completing the integration of real-life and social experiences[18]. During the training, participants' awareness of their own and others' emotions and their responsibility to the team, among others, also allowed them to gain a greater understanding of others and improve their empathy in the process, which is extremely helpful in enhancing the caring skills of psychiatric nurses.

In contrast to DMT, DvT's playspace creates a safe, dramatized environment where group members can self-express and interact, where everything is fake but can also be real, and transition from the virtual to the real with the help of spontaneous play in a dramatic situation[19]. Structured role-playing provides the opportunity to see things from a different perspective, and participants can take on the role of anything goes, venting their negative emotions and even destructive behaviors without actually hurting anyone. Participants gain role perception, empathy, understanding of others and peer support by pretending to be a variety of roles. In unstructured role-playing, the development of any character, plot and situation is always variable, and participants' adaptability, emotional regulation and psychological resilience gradually increase as the game progresses and then achieve static and dynamic balance in relationships, so that to reconstruct their self-identity and understanding of relationships[20]. In addition, reduced levels of burnout among all psychiatric nurses who participated in the training also contributed to their caring ability.

5. Conclusion

The series of intervention techniques of DMT combined with DvT drama therapy helped psychiatric nurses to release the pressure of work and life, and the positive body perception and cognitive changes established in the team exercises and game interactions improved the emotional state and interpersonal relationships, which effectively reduced the burnout of psychiatric nurses and enhanced their caring ability. None of the participants dropped out of the intervention. The disadvantage of this study is that the training was only for 12 weeks and there was no follow-up, so the long-term effect should be further explored. In addition, the internal causes and psychological mechanisms of the effectiveness of the intervention still need in-depth research in the future.

References

[1] Kärkkäinen, R., Saaranen, T., & Räsänen, K. (2019). Occupational health care return-to-work practices for

workers with job burnout. Scandinavian Journal of Occupational Therapy, 26(3), 194-204.
[2] Hilton, N. Z., Ham, E., Rodrigues, N. C., Kirsh, B., Chapovalov, O., & Seto, M. C. (2020). Contribution of critical events and chronic stressors to PTSD symptoms among psychiatric workers. Psychiatric Services, 71(3), 221-227.
[3] Wang, Y., Hu, S.Y., & Chen, Y. (2018). Qualitative study on the situational perception of negative emotion produced by psychiatric nurses under the guidance of Belk situation theory. Journal of Nurses Training, 38(7), 658-662.
[4] Zhang, L., Li, M., Yang, Y., Xia, L., Min, K., Liu, T., Liu, Y., Kaslow, N.J., Liu, D.Y., Tang, Y.L., Jiang, F., & Liu, H. (2022). Gender differences in the experience of burnout and its correlates among Chinese psychiatric nurses during the COVID-19 pandemic: A large-sample nationwide survey. International Journal of Mental Health Nursing, 31 (6), 1480-1491.
[5] Tang, Y., Wang, Y., Zhou, H., Wang, J., Zhang, R., & Lu, Q. (2023). The relationship between psychiatric nurses' perceived organizational support and job burnout: Mediating role of psychological capital. Frontiers in Psychology, 14, 1099687.
[6] Thompson, E., Senek, M., & Ryan, T. (2024). Analysis of a nursing survey: reasons for compromised quality of care in inpatient mental health wards. International Journal of Mental Health Nursing, 33(1), 52-61.
[7] ADTA. (2022). What is dance/movement therapy? ADTA. https://www.adta.org
[8] Champagne, E. R., & MacDonald, S. E. (2022). The perceived benefits of Dance Movement Therapy for parents of a child on the autism spectrum: A pilot study. The Arts in Psychotherapy, 77, 101875.
[9] Champagne, E. R. (2024). Caregiver Resilience and Dance/Movement Therapy: A Theoretical Review and Conceptual Model. Journal of Applied Gerontology, 43(3), 319-327.
[10] Sajnani, N., Willemsen, M., & Butler, J. D. (2023). A scoping review of observed benefits of Developmental Transformations (DvT). Drama Therapy Review, 9(2), 273-315.
[11] Johnson, D. R., & Pitre, R. (2021). Developmental Transformations. In D. R. Johnson & R. Emunah (Eds.), Current approaches in drama therapy (3rd ed., pp. 123–161). Charles C. Thomas.
[12] Li, C. P., & Shi, K. (2003). The influence of distributive justice and procedural justice on job burnout. Acta Psychologica Sinica, 35(5), 677-684.
[13] Xu, J.(2008). Investigation on caring ability of hospital nursing staff. Wuhan: HUST (Huazhong University of Science and Technology).
[14] Taylor, J., Stratton, E., McLean, L., Richards, B., & Glozier, N. (2022). How junior doctors perceive personalised yoga and group exercise in the management of occupational and traumatic stressors. Postgraduate Medical Journal, 98(1161), e10.
[15] Nilsen, M., Stalsberg, R., Sand, K., Haugan, G., & Reidunsdatter, R. J. (2021). Meaning making for psychological adjustment and quality of life in older long-term breast cancer survivors. Frontiers in Psychology, 12, 734198.
[16] Wang, Q., Luan, Y., Liu, D., Dai, J., Wang, H., Zhang, Y., & Bi, H. (2024). Guided self-help mindfulness-based intervention for increasing psychological resilience and reduce job burnout in psychiatric nurses: A randomized controlled trial. International Journal of Nursing Practice, 30(4), e13204.
[17] He, X., Wang, W., Liao, L., Ren, Y., Liu, Y., & Xu, J. (2024). The humanistic care ability of nurses in 27 provinces in China: a multi-center cross-sectional study. Frontiers in Medicine, 11, 1450783.
[18] Pallaro, P. (1996). Self and body-self: Dance/movement therapy and the development of object relations. The Arts in Psychotherapy, 23(2), 113-119.
[19] Pendzik, S. (2006). On dramatic reality and its therapeutic function in drama therapy. The Arts in Psychotherapy, 33(4), 271-280.
[20] Johnson, D. (1992). The dramatherapist in role. Jennings, S. Dramatherapy: Theory & Practice Vol, 2.