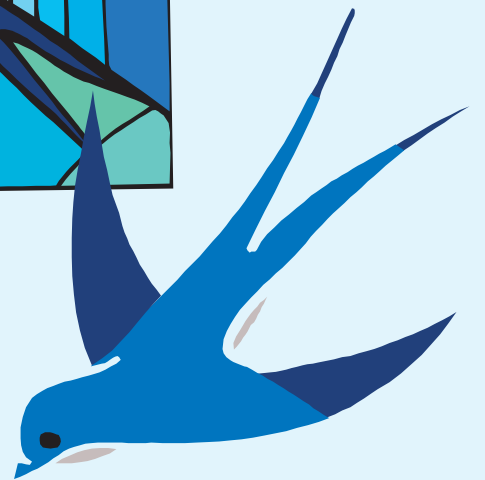# Creative Arts and Humanities in Healthcare

Swallows to Other Continents

A Strategic Paper

Creative Arts and Humanities in Healthcare

Swallows to Other Continents

A strategic paper prepared by a collaborative inquiry group

Contributors

Gill Stephens
Angie Titchen
Brendan McCormack
Helen Odell-Miller
Andrea Sarginson
Caroline Hoffman
Sue Francis
Michele Angelo Petrone
Kim Manley
Robin Philipp
Marion Naidoo
Catherine McLoughlin

Editor
Emma Coats

The Nuffield Trust

FOR RESEARCH AND POLICY
STUDIES IN HEALTH SERVICES

FOREWORD

This report sets out strategic issues and recommendations for promoting the use of creative arts and humanities in healthcare. It builds on the momentum to raise the importance and value of the arts and humanities in healthcare, to which the Nuffield Trust has been committed since 1997.

A key objective is to influence the integration of the arts and humanities within healthcare and generate action by key stakeholders. This inter-professional collaborative review contributes to the evidence base and identifies key challenges to be addressed. Actions proposed include:

- o supporting patients and staff in terms of access to and confidence in working with the arts and humanities to improve patient experience and outcome

- o promoting cultures of creativity and innovation and

- o continuing a commitment to creative healthcare design to improve the healthcare environment.

Creativity is important in today's healthcare but creative arts and humanities do not always fit easily into the target driven NHS. They do however bring new opportunities to deliver on healthcare priorities. Although the momentum is growing, more commitment and action by managers, leaders and decision makers would encourage artistic and healthcare communities to work together and use creative arts and humanities to achieve much needed benefits for patients and staff.

John Wyn Owen
Secretary
Nuffield Trust

Acknowledgements

Independent Reviewers:

Lara Dose, *Director* National Network for the Arts in Health

Shelagh Morris, *Professional Officer (Allied Health Professions)*, Department of Health

Marianne Rigge, *Patient Representative and Non-Executive NHS Trust Director*

Gary Rolfe, *Professor of Nursing*, School of Health Science, University of Wales

Helen Simons, *Professor of Education*, Southampton University

Mike White, *Director of Projects*, Centre for Arts and Humanities in Health and Medicine, Durham University

Colin Williams, *Acting Chief Executive* Princess Royal Trust for Carers

Contents

Executive Summary

In healthcare, concepts of health and well-being are ever evolving and changing. The focus on an overt public engagement with healthcare issues demands novel ways of engaging with change. The aim of this report is to explore this challenging agenda through particular lens – of the arts and humanities.

This report promotes the value of the arts and humanities from the patient and healthcare staff perspective, particularly nursing and allied health and sets a challenge to both the artistic and healthcare communities to work more closely together. It presents an analysis of issues effecting the continued development of the arts and humanities in health and proposes a series of strategic action recommendations for progressing this agenda over the next five years.

The report is structured in three main sections. First an introduction which sets out the focus and purpose of the report. Secondly 'what needs to be done' – an analysis of the key issues involved in promoting the development of the arts and humanities in health. Thirdly, recommendations for strategic action to be taken forward by a cross section of stakeholders, including healthcare practitioners, health organisations, patient groups, education institutions, research communities, artists and arts organisations, funders and policy makers. The background context, a self assessment questionnaire for readers and a bibliography can be found in the appendices at the end of the report.

1 INTRODUCTION

The role of the arts in society is being reimagined with a bold emphasis on the capacity of the arts to transform lives and to support new ways of working and learning (Cowling 2004). In healthcare the arts and humanities are now increasingly seen to have roles in enhancing processes of care, healing, and the enrichment of person-centred relationships, and as catalysts for cultural change and organisational development. Concepts of health are becoming more holistic, and the meaning of health in this report includes the physical, mental, emotional and spiritual health of patients, and their carers, and that of healthcare staff.

The prime purpose of this report is *the further development and promotion of the use of creative arts and humanities in health and healthcare practice, practice development, education and research, in order to improve the health and well-being of patients and staff, particularly nursing and allied health professions*.

The central objectives of the report are:

o to influence the integration of arts and humanities within healthcare and generate greater action by stakeholders

o to achieve benefits for patients – delivering on priorities for person-centred services, improving the patient experience, patient involvement, and communication

o to enable more effective practice development through healthcare practitioners having access to creative arts in healthcare practice, education and research

o to stimulate and foster cultures of creativity and innovation promoting health and well-being for all.

The report is aimed at a broad constituency all of whom can influence and participate in the arts and health agenda: patients and carers, healthcare staff, particularly nurses and allied health professionals working across acute, primary and community settings, artists and facilitators and arts organisations, NHS Trusts and Strategic Health Authorities, clinical leaders and managers, Higher Education Institutions and educationalists, researchers, statutory bodies, professional organisations, charities and funding organisations, and policy makers.

The use of the arts and humanities in healthcare sits within the new ideas emerging in the field of arts and health, a diverse field of practice in a dynamic state of growth. The emphasis in this report is on three aspects of this growth, identified through a workshop series convened by the Nuffied Trust in 2003:

o working creatively with patients

o creative learning and creative practice

o creative environments.

For further details about the growth of arts in health over the past decade please see Appendix A.

The aim of the workshops was to provide a stakeholder group drawn from patient, practitioner and other healthcare groups to support the ongoing development of the arts and humanities in healthcare. For workshop summaries and attendees please see Appendix B.

The major challenges that emerged out of the 2003 workshops in working with the arts and humanities in healthcare included:

o identifying and meeting patient and staff needs

o lack of training opportunities

o access to funding

o lack of staff confidence in using the arts

o the need for supportive environments

o the importance of improving joined up working

o expanding and promoting the evidence base.

The report provides an analysis of the issues raised in the workshops, and recommends a programme of strategic action to achieve better integration of the arts and humanities in mainstream healthcare practice over the next five years.

There is a huge range of arts activities in healthcare, and a myriad of good practice examples. The report has not attempted to single out examples of practice but refers the reader to the report working papers, practice examples and reading lists on the Nuffield Trust website, the National Network for Arts in Health website, and other relevant websites listed in Appendix E.

STRUCTURE AND PROCESS

This report has been prepared by a steering group (see contributors list) who represent different aspects of the arts and health field. The steering group meetings and the workshops have been conducted as an interprofessional collaborative inquiry (Reason and Rowan 1981) into the meaning, purpose and benefits of the areas of arts and health covered in this report. Data were gathered through creative activities, critical dialogue, steering group notes and papers and evidence shared at workshops and steering group meetings. Metaphors, visual and word imagery were identified in the data and systematic primary and secondary thematic analyses of the data were

carried out collaboratively, which generated four core themes. These themes are explored in the new language that is developing in the field and are shown with a self assessment questionnaire for readers in Appendix C. An audit trail is provided on the Nuffield Trust website.

The report uses the metaphor of 'swallows flying high between continents' to express something of the spirit in which the steering group worked together over two years to understand each others' 'continents'. That is the different viewpoints, agendas, priorities, concerns and experiences and the diverse languages in which they are expressed. A variety of processes were used including values clarification, creative visualisation, and creative expression through drawing, drama, word imagery and metaphor. The swallows metaphor captures the essence of how the group worked in a joined-up way in order to achieve an integrated strategic plan.

Changes expected in UK healthcare depend upon the ability of staff to be creative at work. Managers are looking for creative staff who can innovate, develop and implement new ideas for people centred practice and organisation of healthcare. The NHS Improvement Plan (Department of Health 2004) stresses the importance of improving the patient experience, putting people at the heart of services, and shifting the healthcare agenda from sickness towards health by promoting health and well-being. Shifting the Balance of Power (Department of Health 2002) places decision making and funding at local level now more than ever before. In recent years arts in health has been having a profound effect in local programmes on patients and staff. This report calls upon health managers, leaders and decision makers to share the good practice, build upon it, and encourage artistic and healthcare communities to work together to use creative arts and humanities to achieve much needed benefits for patients and staff.

2 What needs to be done

This section presents key issues for developing arts and humanities from the point of view of patients, healthcare practitioners, and healthcare organisations, and in terms of actions to support education, research and evaluation agendas. The issues are organised into two categories:

> o creating energy for creative practice/care
>
> o informed creativity.

1   CREATING ENERGY FOR CREATIVE PRACTICE/CARE

This category reflects the expressed need for the arts and humanities in healthcare practice and health environments ('practice' refers to clinical practice, education, practice development and research).

The importance of patient-centred healthcare was identified as paramount in all the workshops, and the impact of the arts on the emotional and spiritual lives of patients were recurring themes. However there is no one solution to meet the needs of all patients – working with the arts and humanities needs to embrace different approaches for different purposes.

For example arts therapy practice is about an intentional therapeutic intervention using arts media tailored to an individual's needs within a treatment plan. On the other hand, artists work with creative processes to meet broader health and well-being needs. These may include supporting patients through self expression, building connections and support across communities, improving understanding of the experience of illness and enhancing communication between patients, carers and health professionals.

According to our inquiry, the benefits of using arts in health identified by patients include supporting patients and enabling their own voice to be heard in relation to their own care; helping to recognise expression as a step to health, by reducing isolation and fear and validating feelings and experience. Additional benefits seen by patients are improving dialogue between patients, carers and professionals for better understanding and communication and strengthening patient/staff relationships and humanising healthcare. Attending to the whole person and providing new ways of improving patients' mental, emotional and spiritual well-being are also seen as benefits.

What patients want from arts in healthcare

Patients at the workshops were keen to see more opportunities for patients to access arts in health and identified the following:

o Establishment of a Patients' Charter to ensure that patients' needs are met in the provision of arts in health including patient led creative arts activities, the creation of patient led arts organisations, choice of environment for arts activities, and access to arts materials.

o Recognition that engagement with the arts embraces different purposes including: expression and communication of feelings and the meaning of illness; creativity; therapy; recreation; appreciation of art.

o Professional provision of creative arts and arts therapies by competent staff and facilitators in a flexible manner at times the patient chooses. Differing needs of client groups addressed in the way the arts are delivered, with clear objectives, adequate assessment and evaluation in place, with experiences shared from one group to another.

o Availability of the arts to those caring for patients such as health professionals and carers to enhance their own understanding of patients' experience, their care provision, and to meet their own emotional needs as carers.

o Involvement at an early stage in the design process of new builds, arts programmes and healthcare environments with patient groups brought together to influence projects.

Tracy's painting

'This painting is a description of how they saw me, the me in the hospital bed. As soon as you're diagnosed the medical profession sees you as being the illness with a person attached. Actually you are an ordinary person with something dreadful that has happened to you, absolutely dreadful. That doesn't mean that all the rest of your life isn't carrying on.'

(Published courtesy of MAP Foundation from *Touching the Rainbow*)

The Healing Touch by Michele Angelo Petrone

'I need to know that this is my body. And I need to know everything that is happening to my body. But most of all I need to know that you know that within my body there is me. Healing is not brought about just by medicine. It's not just treatment which cures you but all that encompasses the human touch.'

(Published courtesy of MAP Foundation from *The Emotional Cancer Journey*)

The use of the arts and humanities in healthcare can impact on working lives in terms of professional and occupational health and support practitioners in patient centred practice. Projects can also contribute to developing staff leadership potential and self esteem. A suprising number of health staff have an artistic background which could be harnessed.

The benefits for staff identified by workshop participants are the release of creative energy necessary for effective caring work and improving patient centred practice and the support of practitioners' learning, expression and understanding of difficult and complex

Sue, Nurse

The footprints in Sue's painting follow her walking down the corridor. As soon as she enters the room, through the door labelled illness, she sinks because there is no floor. She said 'as there was no support for her'.

(Published courtesy of MAP Foundation from *Moving Pictures*)

issues in innovative ways. Benefits also include enabling transformational thinking to achieve change, development and understanding of healthcare practice and the transformation of workplace cultures. Improving healthcare practitioners' well-being and their own emotional and spiritual health and enabling learning, in and from practice, in cost effective ways are also seen as benefits.

What staff want from arts in healthcare

Health staff, educationalists and researchers at the workshops were enthusiastic about more opportunities to use the arts and humanities in their practice and identified the following:

o To have the freedom to explore different uses for arts and artistic expression in healthcare (music, drama, poetry, painting, dance and art appreciation).

o To be encouraged and facilitated to use their creative imagination in finding ways of developing and sustaining humanistic caring practices.

o To develop expertise through gaining knowledge and experience in working with the arts in healthcare, research, and practice development, and in how to improve practice through creative therapeutic relationships.

o To have access to available research and examples of good practice, including existing practice in arts therapies, and to be supported by a multi-professional approach. To have the ability to assess individual or group needs for arts therapy, or creative arts activities, with clearly articulated objectives, respecting patients' views and choices and ensuring a particular intervention can benefit the health of the patient(s) and is the right intervention at that time.

o To have competence in dealing with unanticipated emotions and vulnerabilities that can arise through the use of arts, and of ethical issues to be considered in using the arts and humanities in patient care.

It was recognised at the workshops that it takes great energy and effort to develop organisational learning cultures and build creative confidence. A confidence that inspires staff to try new things, creates passion, enthusiasm and emotional openness and removes barriers to creativity. Managers, clinical leaders, teachers, practitioners and patients all have a role to play in developing learning cultures and environments which enable the integration of the arts and humanities in healthcare practice.

For example participants identified that NHS Trust arts strategies can provide a major incentive and support. Committee/management infrastructures in healthcare organisations can steer the art and design process for projects and activities and ensure underpinning educational preparation and support. The Modernisation Agenda provides a major opportunity to explore arts in developing practice and new ways of working. Investment in health buildings through the Private Finance Initiative (PFI) also provides an opportunity to develop creative environments and make art and design part of the new build or redesign. The employment of artists, art facilitators and arts therapists can provide important expertise to energise healthcare practitioners and staff.

What is needed to develop creative learning cultures and creative environments in organisations

From the workshop data the following is identified:

o Acknowledgement of the potential for the arts and humanities to benefit patients and staff in healthcare mission statements and strategic plans.

o Understanding of the relevance of the arts and humanities to professional practice in target driven organisations and clarity about the most effective approaches to integrating professional artists in mainstream healthcare teams; including support structures to enable staff to gain new knowledge about their practice from artistic expression.

o Recognition by managers and clinical leaders that they are key to developing confidence in using arts as they can facilitate ownership of creative arts development in healthcare, shared vision and the energy and freedom for staff to act.

o Commitment to multi-professional working with healthcare professionals working together with arts therapists and artists as members of clinical teams sharing their expertise; and to the use of the arts to support multi agency working across organisational boundaries and the statutory/non statutory sector.

o Continued development of support networks (such as the National Network for the Arts in Health) and sources of

information which can support staff in the use of arts in practice; knowledge about resources – creative materials, art spaces – needed to support particular art forms and funding organisations (including the NHS, charities, the Lottery, academic projects, and special project funding).

Provision of creative spaces (humanising spaces) in health environments for patients, carers and staff and understanding that art and design practice needs to reflect local diversity and be relevant to the community. Creative spaces includes architecture, interior, product, graphic, and landscape design. Such spaces create opportunities for thinking about art and design in terms of the five sensory channels, different media (interactive technology, sound, visuals etc) and different materials.

Application of the use of ten key creative design requirements for working with any client brief on new builds or existing build redesign and use of quality indicators – see Appendix D.

Encouragement of healthcare practitioners to use the environment, for example gardens or murals, in meeting patient needs.

Sensory Stimulation

Catrin Jones,
Bristol Children's Hospital

2   INFORMED CREATIVITY

This category reflects the need for knowledge and information, the improvement of skills and competence, and the continued development of the evidence base for working with the arts and humanities in healthcare practice and healthcare design.

What is needed in relation to education and support

Workshop participants were unanimous in recognising the need for training and opportunities to experience the use of arts in health and identified the following:

o A commitment to developing understanding of healthcare practice and patient experience through the arts and humanities in undergraduate curricula, post registration training, research, and in healthcare organisations' continuing professional development programmes; including consideration of artistic expression as a way of 'being' in healthcare practice rather than a technique to access different approaches to practice.

o The development of competency based education programmes for healthcare staff, art facilitators and artists working in healthcare to ensure necessary skills are in place; and workshops to encourage debate, learning and dissemination of good practice.

o The further development of networks for encouraging links between local and national champions (patients, nurses/allied health professionals, artists, arts therapists, doctors, educators and researchers), mentorship and dissemination of information about creative arts projects and activity. There may be opportunities that could be developed between arts for health training and arts therapies training in terms of research and resources.

o The development of multidisciplinary standards and guidance, and a code of practice to support art facilitators in healthcare so that practice in creative arts is accessible, ethical and safe.

Workshop participants debated what is needed to further develop the evidence base. It is clear that reliance on established evaluation methods to evaluate creative practice and artistic expression is inappropriate as there is inconsistency between the values and assumptions underpinning traditional science and artistic approaches to the development of knowledge and understanding. There is therefore a need to continue to develop new evaluation methodologies that are consistent with artistic and creative values. The following section considers how the evidence base concerning the effects of using the arts and humanities could be further

developed. The workshop presentations identified four different bodies of evidence:

o Scientific studies that link patient outcomes (reduction in length of stay, use of analgesics) with single variables such as noise, light, colour etc see Staricoff (2004).

o Social science studies concerned with patient satisfaction and experience (patients feel more positive, patient/staff perceptions influenced and staff retention effect) for example the research project into the visual and performing arts at Chelsea and Westminster Hospital (Staricoff forthcoming) and Macmillan Post Occupancy Evaluations (Medical Architecture Research Unit 2000). The arts therapies literature has also developed a body of research over the years both qualitative and quantitative, which uses the art form as the focus for outcomes. See Lee (1989), Payne (1993), Wigram *et al* (2002).

o Design theories that systematically provide a framework to evaluate good design. For example the AEDET (Achieving Excellence Design Evaluation Toolkit). See NHS Estates website below.

o Educational theories that enable reflective practice and the evaluation of creative and artistic practice in healthcare. See Schon (1983), Johns (1993), (1995), Titchen (2004).

Energy spirals clarifying mystery
**Journeys known and not**
Organic growth buds, earthy energy to fly

A workshop participant's painting and a poem created in a session exploring the use of creative arts in evaluation research. Facilitated through visualisation, movement and music, such creative expression can access experiences, feelings, insights or understandings that are otherwise difficult to bring out into the open.

What is needed to continue to develop the evidence base

From the workshop data the following has been identified:

o Focus evaluation studies on programmes that continue to develop and build on what already exists within arts and health practice.

o Conduct evaluations which are grounded in the reality of everyday artistic expression, capture the essence of creative practice and are inspirational in intent. Such evaluations are more likely to achieve outcomes that can inform the ongoing development of the arts in professional practice.

o Nurture novel and creative approaches to evaluation and research. Drawing on multiple qualitative data and their interpretation, as well as quantitative evidence and its measurement, is more likely to create comprehensive understanding.

o Encourage funders to sponsor evaluations of artistic expression which develop understanding between different kinds of knowledge (for example practical, theoretical and personal knowledge) and the art of professional practice.
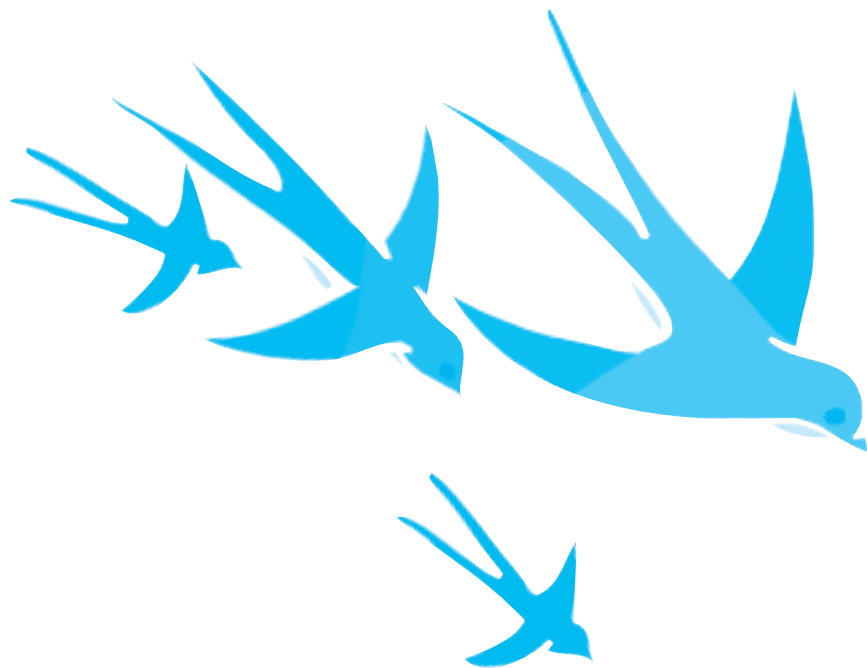
3 STRATEGIC ACTION RECOMMENDATIONS

This section presents recommendations to progress the agenda of the creative arts and humanities over the next five years. It sets a challenge to practitioners, managers, clinical leaders, and decision makers to work together to achieve the benefits of arts and humanities for patients and staff. Health practitioners and organisations are asked to review their present practice in this field, consider the recommendations and identify where and how they could take action to achieve more together.

1. Patients, carers, practitioners and artists to consider the value of arts in health, examine practice examples, try out new approaches and identify ways of working together using creative arts to achieve health benefits.

2. NHS trusts to develop Arts Strategies which are developed creatively with patients and staff and in partnership with external stake holders (in order to lead implementation and influence policy makers and other stakeholders) and which:

   o support arts-based projects managed by multidisciplinary teams involving patients

   o increase patient access to art therapists

   o employ an arts co-ordinator and artist-in-residence

   o empower and allocate funds for patients and carers, healthcare staff, particularly nurses, and art therapists to engage with arts in health and improvement of health environments

   o make provision of spaces for creative activity (humanising spaces) for patients, carers and staff

   o use a creative arts audit to evaluate progress.

3. Health managers, clinical leaders, patients and staff to find ways of creating a culture of creative learning, development, and change which includes:

   o using creative imagination and arts media to enhance the effectiveness of team working and to develop and sustain humanistic caring practices

   o visioning creative practice solutions with a variety of cross disciplinary stakeholders to find common ground for effective practice.

o using the ten key creative design indicators (Appendix D) in any client brief or arts project.

4. NHS Trusts and Strategic Health Authorities, with the support of the National Network for Arts in Health, Arts Council regional offices and local champions, to develop local action and resource groups to enable and support patients to lead creative arts opportunities themselves and develop a Patients' Charter for arts in health.

5. Healthcare leaders to promote discussion and debate using arts-based workshops to experience the value and benefits of creative arts in health and healthcare.

6. Higher education institutions to develop artistic approaches in curriculum design that enable learners to access different sources of knowledge and in particular the heart knowledge of human caring.

7. Strategic Health Authorities (workforce directorates) and higher education institutions to develop competency based educational programmes in arts for health for all staff particularly nurses, allied health professionals, artists and educationalists.

8. Arts organisations and NHS leaders to find ways of working together creatively to:

    o integrate the formal arts with the development of artistic expression amongst health practitioners

    o identify champions for creative arts in health

    o develop supporting frameworks

    o develop resource packs and distance learning for practitioners.

9. NHS managers and educationalists to provide access for practitioners and patients to central databases of information and resource materials for all those who wish to extend their knowledge and practice through arts and humanities, creative expression and creative healthcare design.

10. Statutory bodies and professional organisations working with stakeholders in arts and health to consider the development of multiprofessional standards and practice guidance for creative arts in healthcare.

11. Funding organisations and research communities to work with healthcare providers, educational institutions and artists to create an infrastructure which supports informed creativity and artistic evaluation and research.

12. Researchers and evaluators investigating the use of artistic expression in healthcare practice to embrace a variety of methodological perspectives, particularly using creative arts as a method to gather, analyse and interpret data and to convey findings. These means could be used not only to evaluate the use of creative arts in healthcare practice, but also to understand the art as well as the science of professional practice.

RESTING PLACE

This report has shared findings and proposed a strategic programme of action for promoting the development of the arts and humanities in healthcare in terms of: working creatively with patients, creative learning and practice, and creative environments. It seeks to encourage the flourishing of the current field of practice by inviting strategic action to achieve better joined up working, and innovations in practice and practice development, education and research. The report encourages readers to support the development of this work, so that the impact of the arts and humanities from the perspective of patients and staff is strengthened, shared, critiqued and developed.

APPENDICES

APPENDIX A

REVIEW OF THE BACKGROUND CONTEXT TO THIS REPORT

Since the mid 1980s the King's Fund has supported an Arts in Health Forum, which led in January 2000 to the establishment of the National Network for the Arts in Health, alongside the London Arts in Health Forum. A second major initiative by the King's Fund – Enhancing the Healing Environment – funded nurse led teams to work with patients and staff to improve NHS Trust environments in London. In 2003, NHS Estates encouraged this initiative across England, and have also been supportive in PFI initiatives, encouraging the private sector to support the inclusion of arts in new buildings. The client health forum of the Royal Institute of British Architects (RIBA) has held a conference to encourage an allocation of 1 percent of capital costs to the arts.

The value of the arts in the built environment centre around changing definitions of health: it is not just about absence of illness, nor living longer but about a better quality of life. A more sophisticated understanding of the interaction of people and space has given rise to the development of architectural theories that encompass the importance of individuals, their emotions and feelings, and the role of the arts in helping to humanise the health and social environment. For a guide to healing environments see Francis & Glanville (2001).

The arts therapies cover the state registered professions of Art, Drama, Music, and in 2004, Dance Movement Therapy. Art therapists are trained in an art form, and have a postgraduate training in one of the art therapies. Their work is concerned with the individual person and her/his health process and treatment. An assessment will always take place at the start of treatment in order to determine the appropriate intervention. Therapy implies that there will be emphasis upon change, and the intention is that treatment will take place in a systematic way, moving at the patient's pace and working through the art form.

The value of the art therapist role is in providing patients with an environment, arts media and the therapist's self in terms of time and a clearly defined relationship. The therapist is concerned with listening to what a person needs, and in building up an arts based therapeutic relationship to work towards areas of positive change desired by patients or their carers. The focus is on understanding the meaning and therapeutic aims of the artistic creation, and how this relates to the patient's life. Work is done in liaison with the multidisciplinary team who are responsible for the patient's overall

healthcare. For research into the arts therapies see Odell-Miller *et al* (2002).

In the last twenty years, the role of the artist in healthcare has grown significantly, and has evolved into a range of functions. These include:

o working on arts projects to enhance the built environment

o supporting health professionals to engage with their own creativity for educational, life-long learning, practice development or research purposes

o working with patients as part of arts activities programmes

o supporting patients to share their feelings and views about their experience of illness to inform the education of health professionals

o working with patients and communities from a heath promotion and public and user involvement perspective to support communication, health and well-being.

Arts Council England has helped to develop the work of artists in healthcare via support given through their regional offices, and providing guidance on issues of quality. A national strategy on arts and health is currently in development, part of the Arts Council's corporate plan 2003–06 (Arts Council England, 2003).

The role of artist as patient, and patient as artist (in a broad sense) is a new phenomenon, which has been significantly developed by Michele Angelo Petrone of the MAP Foundation (see website below). Michele's work has focused both on his own experience of serious illness portrayed through painting and poetry to convey the deep emotional impact of ill health; and on supporting patients and carers to express their own experiences of illness through visual art. This work has been used to enable better understanding of the emotional aspects of illness amongst health professionals and the importance of responding to the whole person, not just their illness. The value of this form of work is in how the creative arts can provide personal validation of emotions and the sharing of common experiences; act as a focus for improving relationships and communication between patients and professionals; and provide a way of linking the 'body' and 'soul' in healthcare. Examples of artist led projects can be found on the National Network for the Arts in Health website below. For a detailed overview on working with artists in healthcare see Willis (2002).

Since the 1980s, educators in nursing in the UK (influenced by practitioners in Australia and the USA) began to integrate the arts and humanities into caring curricula, lifelong learning support, and reflective practice across nursing disciplines. More recently, this movement has been developed further by practice developers, radical researchers and educators who work with creative arts media and

critical dialogue to nurture practice change, support evaluation, and distribute research findings.

The range of purposes and benefits for which the creative arts are being introduced into nursing practice, education and research include:

- o freeing up energy and motivation

- o bringing heart, soul and spirit into healthcare practice

- o accessing self awareness and illuminating values and beliefs

- o supporting the learning process for students and advanced practitioners

- o making knowledge and wisdom available for critical, public scrutiny

- o developing new knowledge and methodologies

- o enabling person-centred collaborative activity

- o widening participation in research and evaluation

- o getting to the core of patient, user, and healthcare practitioner experience, of what matters and is of significance.

A wide variety of arts media are being used: visual media (paint, collage and clay modelling), drama, movement, poetry, creative writing and music. See recent developments in Baker (2000); Williams (2000); Cotter *et al* (2001); Higgs & Titchen (2001); Freshwater (2002); Spouse (2003); Wasylko & Stickley (2003); Naidoo & Naidoo (2004).

From the humanities perspective, the use of literature and extant paintings are being used to:

- o help student nurses gain insights into the emotional aspects of ill health through responding to and discussing paintings or literature that convey meaning about the felt experience of suffering and illness

- o provide a focus or springboard for challenging discussions about painful aspects of caring such as loss and death

- o offer a means of learning about human reactions to illness and how to recognise and deal with them

- o present a cathartic process for sharing of concerns and feelings amongst practitioners when caring is experienced as particularly challenging.

See Sandblom (1995), Kaye & Blee (1997), Crossley (2000).

In the late 1990s the Nuffield Trust embarked on a programme of work to raise the importance of the arts and humanities in the

medical field. This work resulted in two major conferences on the Arts and Humanities, and support for a new Centre for Arts and Humanities in Health and Medicine (CAHHM), established at Durham University (First Windsor Conference for the Humanities in Medicine 12–13 March 1998; Making It Happen 6–7 September 1999). A Nuffield Trust Forum was convened to establish and maintain an overview of developments in the arts in community development and health, in the arts as therapies, and the place of humanities in medical education. Other initiatives in medical humanities include the launch of a Medical Humanities Journal (publisher British Medical Journal), the establishment of an Association of Medical Humanities, through University of Birmingham Medical School, and the setting up of the Centre for Medical Humanities at University College London. For an account of the development of The Nuffield Trust's work within medical humanities see Philipp *et al* (1999); Philipp (2002).

All the above initiatives came together when members of *Seizing the Fire* (a collaborative of practice developers, educators, practitioners and researchers, those involved in nursing, social care and mainstream education), met with Gill Stephens, formerly Assistant Chief Nursing Officer, Department of Health, to discuss ways to promote the arts and humanities in nursing and allied health professions. The Nuffield Trust agreed to host a seminar in November 2002, the purpose of which was: 'to explore the use of creative arts and humanities in the development of practice, education and research of nursing, and how this could be promoted and encouraged by collaborative work with other disciplines and linked with other developments in arts in healthcare'. The seminar was attended by nurse academics, practitioners, therapists, artists, creative arts practitioners, and representatives of a range of organisations within the Nuffield Trust Forum. Following the seminar there was agreement on the need for a strategic programme of action with an emphasis on:

- o benefits to patients and staff

- o development of practice, education and research in partnership with others.

This strategy resulted in the Nuffield funded workshop series in 2003, the outcomes of which are the focus of this report.

APPENDIX B

WORKSHOP SUMMARIES

The purpose of the workshop series held in 2003 was to act as a forum to support the ongoing development of the arts and humanities in healthcare. Patients and practitioners, educators, managers and researchers in nursing and allied health came to share views, experience and evidence, participate in creative practices, critique issues, explore accountability at policy and practitioner level, and discuss challenges and strategic actions for developing the field. Each workshop ran for a day.

The workshops were attended by a wide cross section of people including: patients and user group representatives; arts and health researchers, project directors and arts coordinators; artists and creative arts practitioners; arts therapists and therapy leaders; healthcare practitioners; nurse educators, researchers and practice developers; health policy representatives; managers; NHS Trust chairs; chief executives; architects and interior designers; and representatives of professional bodies.

Working Creatively with Patients, 25 June 2003

This workshop was divided into two parts. Three parallel experiential sessions were run in the morning, led by a Nurse, an Artist and a Music Therapist. The session aims were: a) identification of effective practice in using the creative arts and therapy for health and well-being of staff and patients; b) exploration of issues involved in working with patients from a patient, nurse and therapy view point.

The sessions covered different experiential methods of using the arts, ranging from using art as a form of expression in a group, creative use of self, visualisation and guided imagery, relaxation and mindfulness techniques; to using music therapy techniques to understand group process and to work on themes and issues arising from the workshop through musical improvisation.

In the afternoon data were gathered by two groups (a patient group and a healthcare staff group) by brainstorming the learning raised by the morning's sessions, and three scoping papers addressing issues for patients, nurses, and therapists circulated prior to the meeting. Issues were further developed and strategic actions identified through data gathered via discussion in a plenary session.

Creative Learning and Practice for Effective Patient-Centred Care, 27 June 2003

The overall aims of the workshop were: a) exploring ways of integrating creative imagination and artistic expression, and identifying the most effective ways of using the arts, within and

across paradigms of learning, practice development, professional practice and research in nursing, and b) to use creative approaches to generate and come to consensus on strategic action statements for this report.

The workshop set out to explore the range of arts and humanities approaches being used by participants to facilitate their own and others' learning; the benefits to patients, practitioners and nursing/allied health education; and the evidence already available to show how these approaches can be introduced into professional and practice development and how they can make a difference.

In the first part of the workshop, two experiential creative processes were facilitated for visioning the use of the arts in education and practice and capturing key messages. These were synthesised via a discursive concerns, claims and issues framework (Guba & Lincoln 1989). This was followed by two short presentations on the development of the arts and humanities in healthcare education and practice development. In the afternoon creative approaches (painting, poetry and movement) and analytical/discursive methods were used to explore the evaluation of creative arts in education and practice, followed by identification of key themes from the day, and reaching consensus for strategic action. Data were gathered through the concerns, claims and issues exercise, the writing of haikus, and photographs of the artworks created by workshop participants.

Creative Environments, 4 September 2003

The overall aim was: to explore how creative environments can directly benefit individual health and well-being and patients' experience of healthcare. The morning programme consisted of two presentations: 'Creative environments' by Susan Francis, Architectural Advisor to the Future Healthcare Network at the NHS Confederation and NHS Estates, and 'Better by design' by John Wells-Thorpe, Chairman, Research Project on Sensory Perception on Healthcare Design.

The purpose of the presentations was: to identify the real therapeutic benefits of creative healthcare design in terms of both the external and internal design environment through examples of practice; and to encourage open and informed dialogue between clients, designers, and contractors in order to identify creative design requirements for any client brief.

Questions raised by the presentations were debated in an open forum. In the afternoon two groups (a client group, and a contractor group) worked on issues, questions and strategic action required to progress creative environments in healthcare, and identified key indicators (see Appendix D) for successful creative environments. Data were gathered through the presentations, the open forum and the working sessions on issues and strategic action required.

APPENDIX C

CORE THEMES AND READER QUESTIONS

The thematic analysis of the pre-workshop scoping papers and of the data captured and recorded from the workshops generated four core themes. This appendix describes the four themes and incorporates questions to assist readers to assess and develop their own contribution to promoting the use of creative arts and humanities in healthcare, particularly nursing and allied health.

The four themes are an overarching theme of *engagement* and three sub themes of *learning, practising* and *being.* These themes are exemplars of the new kind of language being developed to describe engagement with the arts which is often difficult to put into words. For example the steering group struggled with integrating the languages of the arts and health domains, agreeing eventually to make reference to 'heart', 'body and soul', and 'spirit', referring to these terms both literally and metaphorically.

The identified themes are integral to the different streams of activity presented in this report – working creatively with patients, designing creative environments or using creative media to advance professional practice in education, practice development, research and evaluation.

The themes provide a way of thinking about and motivation for working with the arts which is holistic and includes the soulful, the intellectual, and the pragmatic. Working with the arts embraces a philosophy of practice that includes the depths of people's feelings, relationships, motivation and personal imagery in order to inspire psychotherapeutic change in individuals, or structural, cultural and practice change by healthcare practitioners and organisations. Creative practice embraces ways of supporting patients to communicate the lived experience of illness, and the task of working with illness from the professional's perspective, and seeks to improve and transform understanding and communication between patients and professionals. The arts and humanities are also about inspiring practical and aesthetic ideas for redesigning healthcare environments. Moreover they are being used to generate new methodologies for improving nursing practice by using creative methods to support healthcare practitioners to reflect on and develop practice, to vision new ways of improving services, and to create new knowledge in and from practice.

Engaging: learning through creativity, practising creatively and being authentic leads to personal engagement (with all the senses) which releases energy and creates a dynamic of self-discovery and connection with others. Engaging at all levels – heart (emotions), mind, body, spirit and soul – generates deep connection with people, ideas and action; strengthens relationships based on equality and releases creative energy and novel opportunities for engagement.

Questions

- why should someone engage in a creative process? How can being creative benefit health practitioners, patients, carers, healthcare teams, workplaces, and communities? How do we go about introducing creativity into practice? What do we need to do to create creative space and place? How much will it cost?

Learning: using creative arts is a powerful way of nurturing soulful learning about ourselves and others in the world of practice. This learning is seemingly effortless, yet can be transformative and leads to effective practice. Learning has the potential to encourage holistic reflection and to transform our thinking and action. It provides public protection through training and continuing development.

Questions

- how can people learn to be more creative? How can we learn about the benefits to the patient, the carer, the team, the workplace, the organisation? What kinds of things can be achieved? Who is available to help develop creativity, and who else has developed these skills and worked liked this?

Practising: re-framing practice and practice contexts by bringing together a variety of creative approaches and methods at macro and micro levels in healthcare to nurture novel ways of working and engaging with others. Practising is about reframing traditional boundaries between services and developing new combinations of services in more dispersed settings closer to where people live and work.

Questions

- how can we use the creative arts to make care more person-centred and develop creative person-centred relationships; evaluate and research practice; innovate and develop practice and disseminate evaluation and research findings and the outcomes of practice development?

Being: being is about the creative use of self, freedom to create, emotional, psychological and spiritual literacy, emotional and spiritual well-being and the linking of body and soul. Being authentic in relationships and through creative expression, enables reflective engagement and human flourishing.

Questions

- How can people be helped to live values of being creative? How can the arts help people to become more person-centred as a way of being in their everyday work? How can we use the creative arts to help illuminate the way we are as we work with patients, carers, teams, workplaces, organisations, so that we can expose it for critical scrutiny and review?

These questions can be answered by the arts and health communities working together, identifying common goals, and sharing expertise.

APPENDIX D

DESIGN INDICATORS FOR CREATIVE ENVIRONMENTS

These indicators were developed by participants at the Creative Environments workshop. They can be applied when designing new creative environments, but may also be of value when designing a new arts in health programme.

The ten key creative design requirements are:

o the importance of integrating art in the design from the start

o the importance of hospital and community patronage and sustainability

o a clear understanding of the care group and the care process

o the relationship of the building to the social and physical surroundings eg visual impact on the surrounding buildings, and social impact on the community

o the need to humanise environments with all the senses – smell, visual, auditory, touch and taste

o the need for accessibility for all users

o the need to create a sense of welcome

o the need for functional spaces that are adaptable over time

o the importance of providing patient empowerment and control

o the importance of communication and way finding eg appropriate language and understanding the journey

Design Quality Indicators

Design quality indicators (DQIs) for health are now captured in the Achieving Excellence Design Evaluation Toolkit (AEDET – see www.nhsestates.gov.uk) and consist of three parts: functionality, build quality and impact or 'delight'. These toolkits are being developed as common indicators for health buildings in Europe.

APPENDIX E

WEBSITE RESOURCES

www.admt.org.uk	Association of Dance Movement Therapy
www.apmt.org	Association of Professional Music Therapists
www.artsaccess.org.nz	Innovative New Zealand charity working with the arts
www.artscouncil.org.uk	Arts Council England
www.baat.org	British Association of Art Therapy
www.bsmt.org	British Society for Music Therapy
www.commonknowledgenet.co.uk	Tyne and Wear Common Knowledge Arts Programme
www.creativecommunities.org.uk	Centre for Creative Communities
www.creative-remedies.org.uk	Staffordshire and West Midlands Arts for Health programme
www.dh.gov.uk/publications	Department of Health publications
www.dryw.freeserve.co.uk/BADTh.htm	Dramatherapy Association
www.dur.ac.uk/cahhm	Centre for Arts and Humanities in Health and Medicine
www.hda-online.org.uk/downloads/ pdfs/regional/southeast/ artsandhealthflyer.pdf	South East Arts and Health Partnership
www.hpc-uk.org/publications/ standards_of_proficiency_as.htm	Arts Therapies Standards
www.lapidus.org.uk	Association for the Literary Arts in Personal Development
www.limeart.org	LIME's arts projects, Manchester based
www.mapfoundation.org	Michele Angelo Petrone's website
www.mhrd.ucl.ac.uk	Medical Humanities Resource Database at University College London
www.mmu.ac.uk/artsforhealth	Manchester Metropolitan University artsforhealth site
www.nnah.org.uk	National Network for the Arts in Health
www.nhsestates.gov.uk	NHS Estates. A database of 500 studies which link environment and outcomes is available through the Knowledge Information Portal (compiled by Bryan Lawson and Michael Phiri at Sheffield University)
www.nuffieldtrust.org.uk	The Nuffield Trust
www.rcn.org.uk/resources/ practicedevelopment	Royal College of Nursing Practice Development site

APPENDIX F

REFERENCES & BIBLIOGRAPHY

Angus, J. (2001) *A Review of Evaluation in Community-based Art for Health Activity in the UK*. Centre for Arts and Humanities in Health and Medicine, Durham

Angus, J. & White, M. (2003) *Arts & Adult Mental Health – A Literature Review for the Social Exclusion Unit*. Centre for Arts and Humanities in Health and Medicine, Durham

Arts Council England *Corporate Plan 2003–06* (2003). Arts Council England, London

Baker, K. (2000) Acting the Part: using drama to empower student midwives. *Practising Midwife*, 3 (1): 20–21

Chinn, P. & Watson, J. (Eds) (1994) *Arts and Aesthetics in Nursing*. National League for Nursing Press, New York

Cotter, A. with Fraser, F. Langford, S. Rose, L. & Ruddock, V. (2001) *Getting Everybody Involved: Report on a Magic Me Action Research Project Including People with Dementia and Those Who Work With Them*. Magic Me, London

Cowling, J. (Ed) (2004) *For Art's Sake? Society and the Arts in the 21st century*. IPPR, London

Crossley, M. (2000) *Introducing Narrative Psychology: Self, trauma and the construction of meaning*. Open University Press, Buckingham

Davis, C. (2003) Nursing Humanities: the time has come: literature and art can change nurses' work. *American Journal of Nursing* 103 (2): 13

Department Of Health (2004) *The NHS Improvement Plan: Putting people at the heart of public services*. Department of Health, London

Department of Health (2002) *Shifting the Balance of Power: The Next Steps*. Department of Health, London

Francis, S. & Glanville, R. (2001) *Building a 2020 vision: future healthcare environments*. The Nuffield Trust and RIBA Future Studies, London

Francis, S. Willis, J. & Garvey, A. (2003) *Evaluation of the King's Fund's Enhancing the Healing Environment Programme*. NHS Estates, London

Freshwater, D. (Ed) (2002) *Therapeutic Nursing*. Sage, London

Freshwater, D. Picard, C. Tait, T. Coats, E. (1999) *Establishing Consumer Involvement: using patient's illness narratives to enhance partnerships in care*. Report prepared for NHSE Trent Region, De Montfort University, Leicester

Garner, C. & Weller, P. (in press) *Culture and Well-being – A Literature Review*. Culture East Midlands and University of Derby

Guba, E. G. & Lincoln, Y. G. (1989) *Fourth Generation Evaluation*. Beverley Hills, Sage

Higgs, J. & Titchen, A. (Eds) (2001) *Professional Practice in Health, Education and the Creative Arts*. Blackwell Science, Oxford

Johns, C. (1993) Nuances of Reflection. *Journal of Clinical Nursing* 3: 71–75

Johns, C. (1995) *Framing learning through reflection within Carper's fundamental ways of knowing in nursing*. Journal of Advanced Nursing 22: 226–234

Kaye, C. & Blee, T. (Eds) (1997) *The Arts in Healthcare: A palette of possibilities*. Jessica Kingsley, London

Lee, C. (1989) Structural Analysis of Therapeutic Improvisatory Music' *Journal of British Music Therapy* 3 (2): 11–19

Medical Architectural Research Unit (2000) *Post Occupancy Evaluations for Macmillan Cancer Relief*, Medical Architectural Research Unit, London

McNiff, S. (1998) *Art-Based Research*. Jessica Kingsley, London

Naidoo, M. & Naidoo, S. (2004) Using the performing arts to facilitate emergence in organizations in Kernick, D. (Ed) *Complexity and Healthcare Organization: A view from the street*. Radcliffe Medical Press, Oxford

Odell-Miller, H. Westacott, M. Hughes, P. Mortlock, D. & Binks, C. (2002) *An Investigation into the Effectiveness of the Arts Therapies (Art Therapy, Dramatherapy, Music Therapy, Dance Movement Therapy) by Measuring Symptomatic and Significant Life Change for People between the ages of 16–65 with continuing mental health problems*. Addenbrookes NHS Trust & Anglia Polytechnic University, Cambridge

Payne, H. (1993) *Handbook of Inquiry in the Arts Therapies: One River Many Currents*. Jessica Kingsley, London

Petrone, M. A. (1995/2003) *The Emotional Cancer Journey*. MAP Foundation, London

Petrone, M. A. (1999/2001) *Touching the Rainbow, paintings and stories by patients and carers*. MAP Foundation, London

Petrone, M. A. (2001) *Moving Pictures*. MAP Foundation, London

Philipp, R. (Ed) (2002) *Arts, Health and Well-being: From the Windsor 1 Conference To A Nuffield Forum For The Medical Humanities*. The Nuffield Trust, London

Philipp, R. Baum, M. Mawson, A. & Calman, Sir K. (Eds) (1999) *Humanities in Medicine Beyond the Millennium*. The Nuffield Trust, London

Rapport, F. (Ed) (2004) *New Qualitative Methodologies in Health and Social Care Research*. Routledge, London

Reason, P. & Rowan J. (1981) *Human Inquiry: A Sourcebook of New Paradigm Research*. John Wiley & Sons, Chichester

Sandblom, P. (1995) *Creativity and Disease: How illness affects literature, art and music*. Boyars, New York/London

Scher, P. (1996) *Patient focused architecture for healthcare*. The Manchester Metropolitan University, Manchester

Schon, D.A. (1987) *Educating the Reflective Practitioner*. Jossey-Bass, London

Senior, P. & Croall, J. (1993) *Helping to Heal – The Arts in healthcare*. The Gulbenkian Foundation, London

Spouse, J. (2003) *Professional Learning in Nursing*. Blackwell Science, Oxford

Staricoff, R.L. (2004) *Arts in health: a review of the medical literature Arts Council*. England, London

Staricoff, R.L. (forthcoming) *A study of visual and performing arts in healthcare*. King's Fund, London

Titchen, A. (2004) Helping Relationships for Practice Development: Critical Companionship, in *Practice Development in Nursing*, Eds B. McCormack, K. Manley & R. Garbett. Blackwell Publishing, Oxford

Wasylko, Y. & Stickley, Y. (2003) Theatre and Pedagogy: using drama in mental health nurse education. *Nurse Education Today* 23: 443–448

Wigram, T. Nygaard Pederson, I. & Bonde, L. (2002) *A Comprehensive Guide to Music Therapy: Theory, Practice Research and Training*. Jessica Kingsley, London

Williams, B. (2000) Collage work as a medium for guided reflection in the clinical supervision relationship. *Nurse Education Today*, 20 (4): 273–278

Willis, J. 2002 *Improving the Patient Experience – The Art of Good Health A practical handbook*. NHS Estates and Department of Health, London

The arts and humanities are now increasingly seen to have roles in enhancing processes of care, healing, and the enrichment of person centred relationships, and as catalysts for cultural change and organisational development in healthcare. This report promotes the benefits of the arts and humanities and creative healthcare design from the point of view of patients and healthcare staff, in particular nursing and allied health professionals, and artists and art therapists. It describes the challenges and ways forward to achieve better integration of the arts and humanities in the health environment and in healthcare practice, development, education and research.