CREATIVE CARE: THE ROLE OF THE ARTS IN HOSPITAL

Victoria Hume explains how painting, sculpture and music can improve the healthcare environment of hospitals, and the wellbeing of patients and staff

Summary

Hospital patients often experience many different art forms, from the simple placing of sculpture in hospital grounds to the involvement of patients and staff in exhibitions, performances or workshops. In this article, the author refers to the work of Royal Brompton & Harefield Arts to improve the wellbeing of patients and staff at Royal Brompton Hospital, in Chelsea, London, and Harefield Hospital, near Uxbridge, Middlesex, which together form the Royal Brompton & Harefield NHS Foundation Trust, the largest specialist heart and lung centre in the UK.

Keywords

Art therapies, emotional wellbeing, healing, arts in health, holistic care

THE VICTORIANS understood the effects of the environment of care on their patients. The architect Henry Currey, who designed the new St Thomas' Hospital in 1865, was influenced, for example, by Florence Nightingale's belief that light and air were extremely important for patients (Cook 2002).

At around this time, the Hospital for Consumption and Diseases of the Chest, Brompton, London, used to hold a season of concerts every summer. Brompton was strongly associated with art and artists and, although the new hospital was the first to treat tuberculosis, it received as much newspaper coverage for its summer concerts and picture gallery as for its research into consumption (Brompton Hospital for Consumption and Diseases of the Chest 1890).

The principle role of the arts in hospitals in the mid-19th century was to raise the status of, and raise funds for, hospitals among the well-to-do. Now, however, their primary role is to support the health, in the broadest sense of the word, of patients, families and staff.

The contemporary notion of arts in health includes art therapies and medical humanities, which is the study of the relationship between medicine and the arts, as well as the work done by many NHS trusts to improve healthcare environments.

The Australian art critic Robert Hughes suggests that 'the truly radical work of art is the one that offers you something to hold on to in the midst of the flux of possibility' (Hughes 2006).

Perhaps this radicalism is particularly necessary in hospitals, which frequently engender feelings of isolation and confusion, and loss of control or confidence (Taylor 1979, Rodin 1989).

The arts may have a unique capacity, therefore, to alleviate some of the emotional and physical responses to illness and to the institutions in which people are ill. This assertion is supported by several clinical studies of arts projects in health care.

The Royal Brompton & Harefield Hospital NHS Foundation Trust runs an arts programme, Royal Brompton & Harefield Arts, which was audited between February and June 2010 by independent arts consultant WeiHsi Hu. The unpublished findings indicate that 80 per cent of staff respondents, including more than 90 per cent of clinical staff, think that the arts improve patients' wellbeing.

Meanwhile, research from Chelsea and Westminster NHS Foundation Trust, London, suggests that pregnant women who listen to live music can experience reduced blood pressure and that patients who view art exhibitions during their recovery from chemotherapy report 20 per cent less anxiety and 34 per cent less depression than did control groups (Staricoff *et al* 2000).

Pictured opposite: nurse Clare Finlay and a patient at Royal Brompton Hospital study a painting by Mark Pearson. Behind them is a painting by Lee Hannam





Other research indicates that people with dementia became less agitated and were less likely to be in situations of potential self-harm after murals had been painted over the hospital's exit doors (Kincaid 2003).

Arts Council England's review of medical literature provides a good summary of the breadth of research in this area (Staricoff 2004).

Emotional effects

At Royal Brompton Hospital, part of the Royal Brompton & Harefield Hospital NHS Foundation Trust, a musician who played earlier this year for a young patient in the intensive care unit was told by nurses that, as a result, the patient had become more alert and responsive, and had stayed awake longer, than at any time since he joined the unit.

While many people are aware of the emotional and psychological effects music can have on people, the more subtle effects of visual art should not be underestimated. The effects on mood of living in a home without pictures, or even with faded posters in broken frames, a typical sight in hospital corridors a few years ago, are easy to imagine.

Visual art can help people orientate themselves physically and emotionally. A sculpture placed in a corridor, for example, can help people remember which floor they are on and can change their state of mind.

Paige Bradley, an artist currently lending some of her work to Royal Brompton Hospital, recently heard from a patient, who said: 'I was enchanted by your sculptures in the foyer. In the anxious world of hospital life, your art was a breath of fresh air and a much-appreciated remembrance of what is truly "real". I had escaped from the ward for a while, and sat beside the figures and read your words, and I felt uplifted and connected again.'

People in hospital do not lose the capacity to understand and appreciate art, and do not always need protection from it.

Ten years ago, when I began to work with art in health care, staff were nervous of any work of art featuring the colour red, fearing that it would remind patients of blood. Even now, when staff choose new works of art for their area, one of the words that comes up most often in their discussions is 'inoffensive'. Yet, detailed illustrations of internal organs are displayed more graphically than most artists would think to paint them on posters in many hospital wards.

It is a testament to the perceived powerlessness of patients, as well as the perceived power of art, that some hospital managers try to shield them from reminders of their conditions, as if this were possible. Too rarely it is considered that patients may want to be reminded of their humanity.

I once hesitated about including a painting of a shipwrecked man alone at sea in a hospital exhibition because I was concerned that people would find it depressing. But the general reaction, when it was tested on a patient focus group, was: 'Put it up; at least someone knows how we feel.'

Conversely, a senior nurse recently told me a story about a patient of hers who was so disturbed by a seemingly harmless reproduction of a Claude Monet painting of water lilies that her team was forced to remove it from his room.

This does not mean that impressionist art should be banned, or that hospitals should deliberately install depressing art, but it does demonstrate that people's reactions to art can be unpredictable.

If the arts are to help restore a sense of control among patients, patients must be given opportunities to react to them. People do not have to like everything that is put up on the walls of

Box 1 Patients' comments about the singing workshops at Royal Brompton Hospital

- 'My whole body feels different after just one session: from tension to relaxation. This is something that medical interventions cannot achieve.'
- 'I am optimistic that I can improve breathing and life quality.'
- 'How enjoyable it is to sing with the help of guidance and using muscles you didn't know you had.'
- 'I feel relaxed; I had forgotten that I was poorly and in hospital.'
- 'It definitely helps with my breathing, probably helps changing my lifestyle too. I used to be very tense. It is better than my asthma medication.'

hospitals but, if they are stimulated by the arts and are given opportunities to think about, or express opinions on, subjects other than their health, the arts have done their job.

Arts in health

IN 2007, the Department of Health and Arts Council England published a prospectus for arts and health to reaffirm best practice and the belief that 'the arts can, and do, make a major contribution to key health and wider community issues'.

Successful, sophisticated arts programmes are becoming commonplace in hospitals as leading artists and arts institutions work with healthcare providers across the country to reinforce the idea that people in hospital deserve the best that creative culture has to offer.

The Royal Brompton & Harefield Hospital NHS Foundation Trust has worked with institutions such as the Royal Academy of Music, the Wigmore Hall, the London Symphony Orchestra, the National Portrait Gallery, Tate Britain and the Royal College of Music, all leading cultural organisations that have developed programmes of work in health care by, for example, performing music, conducting workshops in hospitals or holding tours and seminars for staff and patients.

There are now regional forums that support arts-in-health organisations. Among them is the London Arts in Health Forum, which has recently undertaken a national survey of arts-in-health and allied research activities. Results will be published soon.

Arts programmes can also improve the 'healthiness' of buildings. As the number of new builds decreases in response to budget cuts, the role of arts managers in bringing respite and stimulation to existing spaces, and helping to overcome environmental problems, becomes more important.

Matarasso (1997) identifies 50 'social impacts' of arts programmes outside hospitals and concludes that they can increase confidence and social cohesion among participants.

These effects can be demonstrated by the Singing for Breathing initiative, which forms part of the Royal Brompton & Harefield Arts programme.

In this initiative, singing workshop leader Phoene Cave spends two days a week at Royal Brompton Hospital helping patients with respiratory problems by using relaxation techniques, breathing exercises and singing.

Royal Brompton & Harefield Arts worked closely with the physiotherapy and other respiratory teams at the two hospitals to develop this project to improve breath management and patient quality of life in a sociable, enjoyable and memorable way, and to help patients to continue with their exercises outside the workshops.

According to the arts team's unpublished audit of the initiative, 94 per cent of the 220 patients who took part found the experience 'very' or 'extremely' enjoyable, 84 per cent felt physically different after taking part, and 91 per cent said that they would like to take part in it again.

Some of the comments about the singing workshops are listed in Box 1

Convinced by these responses that longer-term singing training can affect people's health, Royal Brompton & Harefield Arts is undertaking a second clinical trial to investigate the effects of singing on chronic obstructive pulmonary disease. The results of the first trial were presented at a meeting of the American Thoracic Society in May and will be published this year.

So far, measures of change in physical health are inconclusive, but both the audits referred to above, and interviews with a health psychologist, indicate that the arts have improved the wellbeing of the patients who took part.

Like many other hospital arts organisations, Royal Brompton & Harefield Arts is charitably funded. Over the past eight years, it has exhibited visual art, supported new designs, installed new commissions, held workshops and managed artists in residence. It has also run an active live music programme for wards and public areas, including performances by Boum!, an Anglo-French, folk-punk music trio that has performed on both sides of the English Channel for almost two decades.



Phoene Cave, centre, helps two patients take part in a Singing for Breathing workshop

Feature



Two members of Boum! performing at Royal Brompton Hospital

The members of Boum!, Gilles Mordant, David Fitzgerald and Dan Teper, have played at Royal Brompton and Harefield hospitals regularly for four years and, like other musicians who play for the hospitals, they are great entertainers. But the success of this aspect of the programme, like all the others, is due primarily to the relationship between the arts team and the rest of the trust.

Holistic care

As the success of Singing for Breathing indicates, clinical teams have embraced the Royal Brompton & Harefield Arts programme as part of a tradition of innovation and 'holistic' care at this trust.

The arts team is a resource for staff as much as for patients, by improving the working environment with music and art or by supporting the patients with whom staff are most closely involved.

The team addresses the particular needs of different groups of patients, for example by introducing singing for patients with respiratory problems, a poetry wall for patients in a bronchoscopy recovery suite, a magnetic wall for children in a waiting area, or an interactive projection in a cardiac theatre waiting area. These projects can be initiated by nursing staff and developed by the arts team, or vice versa; either way, the arts team relies on the specialist knowledge of clinical staff to direct it to the people most in need, and to guide its approach.

It is crucial that arts programmes are embedded in the work of hospitals in this way, that they are seen as a vital part of care rather than an add-on or an optional extra. The arts can only fulfil their

potential in health care with the active engagement

The support of nursing teams is fundamental to the success of the work of the arts team. Anyone who has worked as a musician in a hospital knows that the nursing staff make the difference between success and failure, and inpatient uptake of initiatives such as Singing for Breathing depends on recommendations from nurses, physiotherapists and consultants.

The influence of nurses over the design and the environment of hospitals dictates whether the arts are involved in health care. So it seems appropriate that the person still quoted most often in support of arts in health is Florence Nightingale, who said: 'Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients, are actual means of recovery' (Nightingale 1859).

Implications for practice

Hospital arts teams need the support and involvement of senior nurses. Those who have yet to begin arts programmes should consider lobbying their trust boards to hire arts managers to develop strategies that are specific to their workplaces. Arts managers ensure that hospitals receive donations for arts projects that are sustainable.

Further information

The London Arts in Health Forum database can be viewed at at www.cultureandwellbeing.org.uk

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