



## Evaluation of an art in health care elective module – A nurse education initiative

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### ABSTRACT

*Background:* International literature suggests that nurse educators perceive a value in the arts and literature as a teaching strategy in helping nurses express a personal philosophy of nursing, teaching spirituality and non-verbal communication.

*Purpose of study:* The purpose of this study was to evaluate nursing students experiences of undertaking an interdisciplinary 'Art in Health' elective.

*Study design:* The formative evaluation approach was based on the reflective practice model that encourages students ( $n = 60$ ) to evaluate their own learning experience.

*Findings:* 88% of nursing students valued the experience of learning with students from other disciplines or colleges. 63% commented on how they enjoyed the creative aspect of studio work and the element of diversity in brought to nursing. 63% indicated that the module gave them a greater insight into the presence of art in health care contexts and felt that they gained a deeper understanding of how art can help people in hospital.

*Conclusion:* The module presents an innovative model of interdisciplinary curriculum development which appears to facilitate students in viewing patients from a more holistic perspective. As an education experience this module appears to have the potential to help students develop skills in working collaboratively with other health care and non health care disciplines.

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### Introduction

Over the past thirty years a great deal of international literature has emerged in relation to art in health and how it is used to enhance the physical environment for health service users, provide psychological support and communicate health information (Francis et al., 2003; Le Tourneau Gore, 2005; Hegarty et al., 2009; The Kings Fund, 2012). There is also evidence of the value of the arts in educating health care professionals (Sataloff, 2004; Freeman and Bays, 2007; Mooney and Timmins, 2007; Naghshineh et al., 2008; Fox, 2009). The prospect of enhancing both the student educational experience of learning and working with other disciplines and potentially the experiences of patients using health care services in any context was the impetus for developing a 'Art in Health' elective module. This paper addresses the experience of the first

iteration of this elective module with undergraduate students of nursing and of art and design from both an art and health care and interdisciplinary collaborative education perspective.

### Background

There is significant international evidence which documents the benefits of art projects in health care settings for both patients and staff. The benefits range from reducing the amount of time a patient spends in hospital to lower levels of anxiety experienced by patients who experience art (Ulrich, 1983, Ulrich et al., 1993). A qualitative study by Hodges et al. (2001) investigated the feasibility of integrating masterworks of art with a programme of care for chronically ill older people. Group interviews were conducted ( $n = 65$ ) and findings indicated that using masterworks of art provided a medium for communication between patients and caregivers that transcended age, facilitated shared understanding of the patients' reality and fostered interpersonal engagement in the patient. These findings suggest that the value of art in health care lies not just in its aesthetic appeal but also in its ability to facilitate communication that is patient centred. This potential has a positive impact on how patients perceive the quality of care they

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receive and is echoed by many authors (Kenyon, 2003; Mitchell and Dose, 2004; Homicki and Joyce, 2004; Staricoff et al., 2005). An evaluation by Francis et al. (2003) of the King's Fund's Enhancing the Healing Environment Programme concluded that through an innovative, inclusive approach to developing arts and design projects, therapeutic benefits were evident. These included improved communication, interaction and creation of a positive ambience in which patients and staff had greater feelings of calmness and well-being, and patients perceived that they had a positive experience.

However, art projects in hospitals are generally conceptualised, curated and conducted by artists from outside the hospital workforce for limited time periods. This implies that outside of those directly involved in or participating in the project, understanding of the work of artists in hospitals or the potential benefits of art for patients may not be of interest to the general population of either hospital or community health care settings. Similarly, the pattern of engagement of artists and designers with health care, especially in hospital settings, has tended to take place with established artists or postgraduate art students. The introduction of an elective module in this field with undergraduate students was a conscious recognition from the institutions involved in the project of the value of opening up interdisciplinary fields of activity during the early stages of professional formation. It is anticipated that participation in this module would create a greater understanding of not just the value but also the importance of interdisciplinary cooperation and collaboration in ensuring the introduction of art (participatory or visual) in health care. It was also recognised by those involved in developing this module that interprofessional learning is challenging and can cause anxiety for students, but that it also ultimately facilitates and encourages the development of the knowledge and skills required for collaborative learning (Reeves et al., 2002; Hammick et al., 2007).

It is evident from the literature that the use of the arts and literature has been quite prevalent internationally for many years in teaching medical students (Bardes et al., 2002; Bleakley et al., 2003; Sataloff, 2004; Naghshineh et al., 2008). In nursing the literature is less prolific but nonetheless it is clear that nurse educators also perceive a value in the arts and literature as a teaching strategy in helping nurses express a personal philosophy of nursing (Whitman and Rose, 2003), teaching spirituality (Mooney and Timmins, 2007) holistic health promotion (Robinson, 2007) and nonverbal communication (Wikstrom, 2000). However, evidence supporting its success or otherwise as a teaching strategy that encourages and supports collaborative learning; and provides alternative ways of learning about and recognising patients as individuals is very limited.

### Art in health elective module

The Art in Health Care Module was developed collaboratively between three institutions in Dublin, the School of Nursing and Midwifery Trinity College Dublin (TCD); the Education Faculty in the National College of Art and Design (NCAD), Dublin and St. James's Hospital which is a large adult teaching hospital. The team that developed this module included a lecturer in nursing and the clinical skills manager from TCD, a Professor in art education from NCAD and the arts director at St. James's Hospital. The process of developing the content and scheduling and assessment was conducted during a series of four meetings over one academic year. The 'culture clash' experienced by both higher education parties – the nursing school and the art school – in the collaborative project was a challenge to the designers of the module. Nursing education programmes are apparently more structured and intensive than those of art school. In practice, however, it was noted by staff and

participants that these differences are more apparent than real – the structure of the modules and the nature of assignments and assessment in the module were equally applicable to both communities of learners (Freeman and Bays, 2007).

The outcome was a 20 h optional module with 5 ECT credits attached that was delivered to nursing and art students together in locations on sites in Trinity College, National College of Art and Design and St. James's Hospital. Due to the much larger class sizes in nursing, and in order to ensure a reasonable balance of art and nursing students, a limit of 20 and 40 respectively was agreed.

The module has three aims which were based on relevant literature on art in health (Wikstrom, 2000; Diette and Rubin, 2003; Kenyon, 2003; Mitchell and Dose, 2004; Homicki and Joyce, 2004; Staricoff et al., 2005) and also art as a teaching strategy (Bardes et al., 2002; Bleakley et al., 2003; Sataloff, 2004; Mooney and Timmins, 2007; Naghshineh et al., 2008). The first was to help students understand the nature of creativity and its role in and enhancement of interpersonal relationships with patients/clients. The second was to help students understand the possible social and psychological impact of art programmes and consequential benefit for patient and health care professionals. The third was to make students aware of the collaborative process required for developing, implementing and assessing an arts programme in a health care setting from an artists and nurses' perspective. Content is outlined in Fig. 1 and was delivered by artists, nurses and art directors.

Similar to the work of Robinson (2007) the assessment was designed to encourage and support art and nursing students to work together in small groups over the course of the module in the art studio and clinical skills laboratories. Presentations were assessed using set criteria agreed by a panel of 3 academic staff from each of the participating institutes which took place in the final week of the module and were awarded a pass/fail. The key requirement of the presentation was that it resulted in a creative response to the issues and events related to health care that students experienced in the module. The form of this response was required to be in some art media, for example, a performance, a collage, a film, a piece of drama, or any other medium of artistic expression. Studio sessions were facilitated by an artist who was experienced in working with patients and health care professionals in community and hospital settings. Within the groups, all students were expected to contribute to the full process. While art and design students might be initially more at ease with the arts element and nursing students more so with the health care dimension, it was expected that the entire process be collaborative. Presentations typically included visual images of students perspectives on healing environments and videos that communicated students understanding of what it is like to be unwell and be a patient.

- Theory/concept of art
- Value of art in health programmes for patients/nurses/artists in relation
  - Interpersonal relationships
  - Creativity
  - Reflection
  - Social/Cultural Role
  - Psychological Impact
- Art programmes currently available in hospital and community health care contexts
- Project preparation – studio work

Content is delivered over five seminars, 4 art studio sessions and 1 clinical nursing skills laboratory session

Fig. 1. Module content.

## Evaluation strategy

Curriculum evaluation is a well established mechanism for assessing programme content, outcomes and teaching (Kelly, 2009). It can be either formative or summative. Formative evaluation is used as a means of providing feedback for course/module improvement, modification and future development. Summative evaluation is usually quantitative and based on outcomes such as student achievement and used as a method of judging the worth of a programme on completion by a group of students (Scriven, 1967). Formative evaluation was used for this module primarily because all content is delivered through modules in the School of Nursing and Midwifery and the innovative nature of the art in health module meant that this was the most appropriate approach to determine how well the module structure, content and assessment was perceived by students and staff.

There were two aspects to the evaluation of this module. The first was that students were asked to complete an open ended questionnaire asking them to outline three aspects of the module that they felt were positive and three aspects of the module that they felt could be improved. The second part of the evaluation was that students were required to write a short (400 words) reflective piece in relation to their experience of the module and how it might influence future practice.

Ethical Approval was granted by the School of Nursing and Midwifery Ethics Committee.

## Methods

### Sample

Although a total of 60 students undertook this module, this evaluation reports on the 40 nursing students only. Participation in the evaluation process was voluntary and thirty two chose to participate in the evaluation giving a response rate of 80%. The high response rate may be due to the informal, relaxed approach used by the module leader, the small class size and the administration of the evaluation forms in class. Evaluation documents contained no identifying features and students also gave consent for the anonymised content of their personal reflections to be used in this publication. The evaluation took place on completion of the module after of the project presentations and a pass or fail awarded (no group failed the assignment).

### Data analysis

The qualitative data from the open ended questionnaire was manually coded, and percentages were calculated in relation to the total number of students who responded to the various codes identified. Thematic analysis was used to identify common themes in the reflective data.

## Results

The results from the open ended questionnaire (Tables 1 and 2) and the thematic analysis of the students reflections are presented in an integrated manner to provide a more comprehensive view of their educational experience. Thematic analysis of the students reflections on their experiences of the module revealed three main themes relating to aspects of the module that were positive. These are: working in groups, the value of art in health for patients and the value of art in health in developing nursing practice. The two main themes that emerged in relation to aspects of the module that could be improved which are more group time and more studio time.

**Table 1**  
Positive aspects of the module.

Positive aspects of the module	
Learning with other discipline/college	88% (n = 28)
The studio work/being creative added an element of diversity to nursing	63% (n = 20)
Gained greater insight into the presence of art in hospitals	38% (n = 12)
Gained an understanding of how art can actually help people	25% (n = 8)
Enjoyed the assessment and collaborating with art students	25% (n = 8)
Gained an interest in visual art/enhanced appreciation of art	19% (n = 6)

### Working in groups

As educators we were particularly interested in how the students perceived the opportunity to work with students not just from another college but also from an unrelated discipline. It was not surprising that some students felt that they really did not know what they were taking on but it was gratifying to hear that students not only enjoyed the experience with 88% of students stating that they valued the experience of learning with students from other disciplines or colleges. They also felt confident about working collaboratively with art students.

*"The module went well, our group came together and was able to form a piece of work together that we felt represented our interpretation of an issue in the health care environment – it took us a while but we got there." (Jane)*

*"I felt this module was also an amazing experience as we had the opportunity to work with students who were doing a completely different course to us. Working on our project was the best part of the course as we got to bond with the other students and work with each other's ideas and learn about their course and their views on art in a hospital setting" (Lucy)*

### The value of art in health for patients

25% of the students stated that they gained a deeper understanding of how art can help people in health care contexts and from a nurse' perspective, but also and more importantly, the personal meaning that a patient might derive from artwork.

*"Some patients may feel they can relate to an art piece or find it really interesting or uplifting and speak to others about it while developing interpersonal relationships with other patients or even the nurse; however some patients may not like the piece or may not even notice it!" (James)*

*"Throughout this module I have learned that art in health care can mean many different things to many people" (Mike)*

It is evident from the students tone of surprise that art could evoke so many different feelings in those who view it but what was even more interesting in the next quote is how students were able to use this to benefit patients by creating a talking point about something that impacts negatively from an aesthetic perspective on the environment.

*"In the group I was in we chose to base our presentation around infection control and the recent ban on bringing flowers into public hospitals. We used materials that are widely available in the*

**Table 2**  
Aspects of the module that could be improved.

Aspects of the module that could be improved	
More communication/information about the module	16% (n = 5)
More studio time and fewer lectures	59% (n = 19)
Lectures were a bit repetitive	22% (n = 7)
More time for group discussion/assignment guidance	56% (n = 18)

hospital setting, magazines, and mineral bottles are commonly brought in to patients. We designed a sculpture of flowers made from colourful pages of magazines, the vase the flowers sat in consisted of the bottom of a mineral bottle, we sat these on a locker and hung a sign saying "No flowers allowed on the wards". We felt the concept could be a talking point for the patients in hospital as well as being enjoyable to look at" (Laura)

This approach to integrating art into the environment is somewhat explained by the 38% of students who indicated that the module gave them a greater insight into the presence of art in health care contexts and those (63%) who commented on how they enjoyed the creative aspect of studio work and the element of diversity it brought to nursing.

#### *The value of art in health for developing nursing practice*

This theme includes comments that provide an insight into how nurses immediately started to relate the lecture content and their experience to how they could improve their care for patients and the environment. An example of this includes how one student commented on a project called 'Portraits of Pain' described in one of the classes, which asked patients to describe their pain in such a way that an artist could create a visual representation.

*"This art is personal to the patient. The art illustrates his/her pain as he/she feels it" (Ann)*

The student goes on to question whether

*"nurses are too quick to get painkillers prescribed or should we talk to our patients more and get them to describe the pain for us so we can understand it better?" (Ann)*

*"I liked the freedom from rules and guidelines – it allowed me to be creative" (Susan)*

Other students related the module content to how they could facilitate better 'care' for patients

*"I have learned from this module ways in which art could be introduced into patients treatment, ... to give patients' a relaxing environment, how art could be used with patients who are experiencing stress, for example distraction or even a method of coping – art could be referred to as a craft of caring" (Louise)*

*"The module opened my eyes and helped me see how in a hospital or nursing home one can have a lot of spare time and a lot of time to think but no real way of processing their thoughts. I feel that all these different scenarios and lectures broadened my views. In future I know that if I ever come to be working in a ward where art is being advocated I will encourage it and I will take a lot more notice of the artwork around me and be able to appreciate and understand it" (Kate)*

*"Although I found this module difficult to understand initially, I learned a great deal from it. Before I started it, I really never noticed art in the hospital and its importance but now I see it and think about and why it is there. It's a conversation opener with fellow colleagues and patients. It can be used as a distraction tool for patients and has made me think about how else it can be used in my practice to care for patients" (Sean)*

#### *Aspects of the module that could be improved*

In terms of what could be improved about the module, almost 60% recommended that there should be more studio time and group work ( $n = 19$ ).

*"If the module was being run again next year, I would advise that there was more time allocated for group work. However I do think that I learned a lot and had fun and that I will definitely notice the hard work that artists put into making the hospital a nice place in future" (Sarah)*

Although not presented in this paper, analysis of art student evaluations shows very similar responses.

## **Discussion**

Important information emerged from this formative evaluation in relation to how students experienced the module as a whole, for example, the negative aspects suggest that they found it challenging working in groups and with other disciplines, and they felt that they needed more information on all aspects of the module. However, in contrast they enjoyed the experience of meeting other disciplines and working collaboratively on the studio project. This is evident in the request for more studio time and fewer seminars. Their experience generally reflects the experience of difficulties but potential rewards in relation to interdisciplinary and collaborative learning (Reeves et al., 2002). It appears that although students enjoy and learn from collaborative peer learning they find some aspects of it difficult. Chojecki et al. (2010) and Mailloux (2006) recommend that educators or facilitators play a vital role in enhancing students understanding of autonomy when learning in unfamiliar or interdisciplinary groups. Exposure to this type of learning can help students develop critical thinking skills and foster a sense of professional responsibility (Boychuk-Duchscher, 2001).

One of the aims of this module was to help students understand the nature of creativity and its role in developing imagination and vision as a force for personal change and enhancement of interpersonal relationships with patients/clients. It is evident that this is the case with the majority of students commenting on how they enjoyed working with others and also the added dimension that art brought to nursing. A strong feature that emerged from this module was students' ability to learn and work collaboratively in a positive way. According to Palocsay et al. (2004) collaborative learning is a social process that is fostered through communication activities such as listening, arguing, discussion, explaining and teaching. However, it was clear from this evaluation that some students found some aspects of collaborative learning difficult as many people do not have the necessary communication skills and highlights the need for tutors and lecturers to support students in this type of learning.

The second aim was to help students understand the possible social and psychological impact of art programmes and consequential benefit for patient and health care professionals. This was a particularly interesting outcome with almost 40% of students commenting on their new understanding of how the presence of art or participation in art projects in health care contexts can help patients on a personal level. This view is reflected in the literature discussed earlier and it is feasible to suggest that Hodges et al's. (2001) conclusion that the value of art in health care lies not just in its aesthetic appeal but also in its ability to facilitate communication that is patient centred. This is particularly important for demonstrating how art as a teaching strategy can be used to learn about holism and recognising that caring for patients is about understanding the person as a social, cultural being as well as their illness (Putland, 2008). The way in which the students very quickly began to understand pain completely from the patients perspective when described in graphic terms as part of an art project was surprising to those involved in the project. It suggests that nurse educators should incorporate more 'service user' participation in this form to help



nurses develop skills of listening and empathy. The findings of Lorenz et al. (2004) study support this view. This large study ( $n = 2582$  respondents) used dramatic performances to teach medical staff about how patients feel when they are dying and concluded that it was more successful than conventional teaching methods.

The third aim was to make students aware of the process required for developing, implementing and assessing an art programme in a health care setting from an artist's and nurse's perspective. The assessment element of this module required each group students to present a creative response to the issues and events they have encountered in the module. However it was evident from the presentations of their studio project that although both groups found it difficult initially, the final presentations (which ranged from poetry to video pieces) all demonstrated collaborative work within the group and that all the students in the groups contributed to the evolution of the artwork in a meaningful way. The experience of learning about the potential benefits of art in health care contexts for patients and staff appears to have had short term benefits in terms of learning about patients and how to work collaboratively in groups and with other disciplines. However, the possible long term benefits may be even greater when the current nursing students become future managers and leaders that are able collaborators and have a wider understanding of the concepts of holism and individualism.

## Conclusion

This module provided undergraduate nursing students with a new way of gaining an understanding of holism and understanding people that they care for as individuals. It also gave the students valuable experience in developing skills for working in groups, working with other disciplines and working collaboratively.

The use of nontraditional teaching methods such as those described in this paper may offer a way of helping students develop skills that have long term benefits for professional and practice development. The use of art in teaching health care professionals is increasing and this is due to the very limited evidence indicating that it has benefits in helping students develop important skills for professional and practice development. However, continued research is required to ensure that this type of teaching strategy becomes integrated into the curricula.

The module also presented an innovative model of interdisciplinary curriculum development, between higher education institutions. The interdisciplinary and collaborative nature of the project which involved 3 large institutions did not bode well for its success. However, those involved in this lengthy process strongly believed in the potential for art to be a very effective medium for learning about patients and nursing and art in a very different way to traditional methods. Providing evidence of this was a central part of this project. An outcome of this evaluation is the need to conduct a similar analysis of the art students' experience for publication. The availability of funding was also a key factor in its success and should not be ignored in a project like this. Although there were some limited cost implications (external speakers) for this project, the positive evaluation has inspired further collaboration between the institutions and tentative discussions are ongoing in relation to postgraduate possibilities.

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