Art, whether installation- or performance-based, can have a demonstrably positive impact on hospital patients and staff. Funding is available from external sources to mitigate the cost of hospital-based arts schemes. Site-specific projects often have a greater impact than off-the-shelf artwork.
The art of health

Educational aims

To explain the potential benefits to patients of hospital arts programmes.

To provide pointers on how to set up such a programme.

Summary

The arts matter because they are universal; because they are nonmaterial; because they deal with daily experience in a transforming way; because they question the way we look at the world; and because they offer different explanations of that world... "A nation without arts would be a nation that had stopped talking to itself, stopped dreaming, and had lost interest in the past and lacked curiosity about the future" [1]. The point of art in healthcare is the same as the point of art anywhere. Creativity is something necessary and automatic, and something which becomes all the more important where people find themselves under pressure, or struggling to communicate.

"Arts in health" covers a huge spectrum of activity: participatory workshops, exhibitions, performances, site-specific commissions and the art therapies. Every medium can be and has been explored: visual, plastic and sonic arts, music, dance, drama and literature.

Connected to this breadth of activity is a renewed interest in the conjunction between art and medical science. The skills of artists are being given the endorsement of science via medical training – two US studies, among others, have indicated that training in the visual arts improves medical students’ diagnostic skills [2, 3]. The focus of this article, however, is the use of arts in healthcare environments.

As in recent years the arts have sought to move beyond the gallery, theatre and concert hall, so the practice of arts in health has grown and developed. A long history of voluntary work by interested clinicians, nurses, estates officers, or hospital charities has created a new generation of professional, trained arts officers, fully aware of the opportunities for innovation in this young field.

In April 2007, a prospectus on best practice and research, showing that "the arts can, and do, make a major contribution to key health and wider community issues", was published by Arts Council England and the UK Dept of Health [4]. This document is the first governmental acknowledgement of the potential impact of the arts in healthcare, and a giant step in terms of giving confidence to individual healthcare funding bodies considering investing in the arts. This step is a vital one, seen in the light of a survey of acute hospitals completed in January 2007 [5], which points to an "insecurity" within this sector. Art in hospitals has commonly relied on the enthusiasm of individuals who must generate all their own funds and try single-handedly to change the culture of large institutions. Hospitals, under pressure to spend wisely, in the face of negative and misinformation media coverage of the arts, have sometimes lost interest in supporting programmes, and the hard work of one individual becomes a legacy of paintings gathering dust and a fastfading echo of musicians in hallways.
And yet the arguments against the arts in health can be summed up in one sentence: why should health authorities spend on art when hospitals need so much else?

As it happens, many funding bodies rarely do spend on art. Arts programmes and the people who run them are almost universally funded by external charitable bodies. The percent-for-art scheme, recommended for all UK public buildings by the Arts Council in 2000, and familiar to civic centres in North America and much of Europe, is beginning to take a foothold but even this funding is often negligible, restricted to capital work, and mainly used to pump-prime for further external money. The reality is that the arts often bring new funds in to hospitals – monies restricted to cultural activities which can now be spent on improving patients’ experiences.

The downside of this charitable status is a feeling that arts activity is often precariously placed. But much good work does get done. According to the London Arts in Health Forum, for instance, the situation is “positive... making the most of limited resources, overcoming the physical limitations of the spaces... and facilitating a wide range of innovative work”.

At the author’s institution, the Royal Brompton and Harefield (a specialist cardiothoracic Trust based in South-west and North-west London, UK) the focus has primarily been on two elements: creative projects undertaken with people who spend time in the National Health Service, and integrating the arts to improve the environment of care.

rb&hArts was launched with a rolling exhibition programme in January 2002. It ran for the first year on a trial basis, for even in a place where research and innovation are intrinsic to the culture, the arts will naturally encounter scepticism where clinical evidence and finance jointly hold the reins. The arts committee, brought together by the director of operations and chaired by a senior respiratory physician, was a vital step in overcoming this scepticism, and the reach of the programme has slowly extended from the hospitals’ public spaces to the more intense environments of treatment areas.

The art of health

Some of the following is drawn from a lecture by S. Francis at Learning from Europe, an Architects for Health conference (April 2004) [9]. Further information can be found at www.architectsforhealth.com.

RiksHospital, Oslo, Norway (www.rikshospitalet.no)
“Represents the largest public art collection in Norway outside museum collections. The principal aim is for art to be a source of enriching one’s perception of life. But the art is not presented in isolation, as it is in museums. Instead it is incorporated into a larger context. It is to function in an architectural environment based on the hospital’s needs, and as a part of the surroundings around the daily life and operation of the hospital...”

“The idea of the humanistic hospital is a fundamental concept behind the architectural design, and has also been guiding for the artistic decoration.” [10]

Excerpt from “Rikets kunst: a guide to the decoration at the new National Hospital”, Forlaget Geelmuyden Kiese, 2000, by art historian Toril Maria Smit

University Medical Centre Groningen, The Netherlands (www.umcg.nl)
Artworks are located throughout this innovative hospital.

Alder Hey Children’s Hospital, Liverpool, UK (www.alderhey.org.uk)
The artist Chris Watson has recently created a sound installation in this hospital, featuring recordings of early morning birdsong from neighbouring Springfield Park. The recording can be heard at www.chriswatson.net/mp3s/Wilddawn.mp3

Bollnas Hospital Sweden (www.bollnashospital.com)
Several organisations, among them Art dans la Cité (www.artdanslacite.asso.fr) and Architecture in Health (www.architectureinhealth.nl) work to encourage the use of art in healthcare environments across Europe.
The initial focus was the acquisition of loans and donations of visual art. Aiming to make a big impact with limited funds, rb&hArts tried to alter people's first impressions of the two hospitals – something that profoundly affects perceptions of the care they are about to receive [6]. It was a chance to attract artists to the project with the promise of a huge, diverse audience, and to establish that the arts could make a positive difference to the working environment.

From the start, the project worked closely with the Estates team to avoid the tradition of (sometimes literally) plastering over cracks with a picture; designs were developed for the existing refurbishment programmes, which by changing a paint colour or moving a light might make the most of the artwork. After 5 years, this aspect of the project has now developed into a percent-for-art scheme that allows the scheme to work with rebuilds and refurbishments at a far earlier stage, creating site-specific commissions where possible.

It is this kind of early planning that created the award-winning work in St Bartholomew's Breast Care Centre, East London (figure 1).

Site-specific work always stands a better chance of making an impact in the space it is designed for. Every hospital is different, and the arts should respond to that difference. Wards and treatment areas, encumbered with machinery and with very little wall space, do not lend themselves to ready-made two-dimensional art. Successful installations need to change the "feel" of the entire space, rather than just one wall.

This approach informed the Nature Window in Harefield Hospital's cardiac theatres suite, created for an area where pre-operative patients wait for some minutes before being wheeled into theatres (figures 2 and 3). Having left their families at the theatre doors, and been handed over to unknown theatre staff, it is a space where, gowned and primed, they face the terrifying prospect of major surgery. The aim was to supplement pre-medication with art and relax patients before procedures – this reduction of anxiety is both valuable in itself and is also likely to speed recovery.

Created by innovative young company AllOfUs, the work covers four walls, a landscape of wooden panels based on the hospital's own rural environment wrapped around the interior. The landscape is centred on a lake, a projected image, which patients can manipulate from their beds by remote control.

The work has been incredibly successful; staff report its popularity and patients have been known to fall asleep before major surgery. Not, perhaps, what all artists would want, but this is where the definition of art becomes hazy – it is perhaps simpler to describe it as a beautiful and highly original piece of design, used to create a particular response.

This is perhaps a kind of manipulation, but in fact the interactive element allows a rare moment of control to a patient who has ceded everything else to medical care.

This regaining of control has been a major factor in the success of another key project: Transplant (see box).

The participants in Transplant indicated that they enjoyed "the different perspectives that I wouldn't think about myself" – and for the author this sums up what the arts in hospital are for: changing perspective. Whether this is an exhibition in a coffee shop which "sent me up to the ward in an optimistic mood each day", or live music: "It was amazing to watch the faces of the children and their parents... their faces just lit up and the children became animated and were..."
asking questions where moments before they had been withdrawn and uncommunicative. If I had not seen this response myself, I would have found it hard to believe.

The performing arts are a vital component of hospital arts. Many people are either in-patients for significant periods, or return again and again to the hospitals throughout their lives. Music deals very effectively with the debilitating boredom that takes over during long periods of time in hospital – John Tusa’s country that “lacked curiosity about the future” [1] can be read in hospital terms as a depression that impedes recovery. A recent research project in Ohio, USA indicated that music could not only combat depression, but also reduce pain levels in patients with arthritis.
Why should underfunded health services pay for arts projects?

The arts in health have always tried to embrace the rules and language of science, attempting to analyse the presence of art in the same way that we analyse the presence of analgaesics, for instance. The results are consistently strong - an Arts Council-commissioned review of medical literature [8], available online, set out the bulk of studies up to 2004 and since then the volume and pace of work has grown considerably. Reviewing 385 published references, its conclusion noted the crucial role of the arts and humanities in:

- inducing positive physiological and psychological changes in clinical outcomes;
- reducing drug consumption;
- shortening length of stay in hospital;
- increasing job satisfaction;
- promoting better doctor-patient relationships;
- improving mental healthcare; and
- developing health practitioners' empathy across gender and cultural diversity.

What type of art?

In the 1980s and 1990s a few studies stretched to the dubious practice of comparing certain "types" of art against each other, with the inevitable result that Mozart was found to be...
The art of health


References