

ORIGINAL RESEARCH

The aesthetic and cultural interests of patients attending an acute hospital – a phenomenological study

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Accepted for publication 27 April 2013

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MOSS H. & O'NEILL D. (2013) The aesthetic and cultural interests of patients attending an acute hospital – a phenomenological study. *Journal of Advanced Nursing* 00(0), 000–000. doi: 10.1111/jan.12175

Abstract

Aim. To describe the aesthetic and cultural pursuits of older patients in hospital.

Background. Although there is much discussion of the importance of arts – used in this paper to refer to all art forms, as currently listed by the Arts Council of Ireland www.artscouncil.ie – in health, little is known about the salience of aesthetic and cultural pursuits of hospital patients.

Design. A qualitative, hermeneutic phenomenological study examined artistic and cultural interests and experiences of older hospital patients and their perceptions of aesthetics of hospital.

Methods. A phenomenological study was carried out in 2011, using purposeful sampling with 20 inpatients aged over 65. Patients were selected from the geriatric medicine day hospital of a university teaching hospital, 10 had experience of the hospital arts programme.

Results. Seven themes identified: loss and the impact of illness on leisure activities; patients' interests and passions; a lack of expectation of arts in hospital; the positive impact of arts in hospital for those who had experienced them; varying preference between receptive and participative arts activity according to phase of illness; aesthetic aspects of the hospital experience; recommendations for changes to improve arts in hospital.

Conclusions. Aesthetic and cultural interests are important in the lives of older patients admitted to hospital. Illness can create barriers to artistic engagement. Participation in arts activities may be more important during recovery and rehabilitation, with receptive arts being more popular during the acute phase of illness in hospital. Further research recommended on the role of the aesthetic environment for patients' health and well-being as well as receptive arts in hospital.

Keywords: aesthetics, culture, gerontology, nursing, patients' perspective, phenomenology, qualitative methodology

Why is this research important?

- One of the first studies to explore the aesthetic and cultural preferences of older patients in hospital.
- One of the first studies to compare the experiences of older patients who have experienced hospital arts programmes with those who have not.
- Research in a new, emerging field with many studies in this field lacking methodological rigour.

Three key findings

- The findings from this study support findings in previous literature regarding the positive benefits of arts and aesthetic enrichment for hospital patients.
- Further research is recommended on the role of the aesthetic environment for patients' health and well-being.
- Facilitation of receptive artistic activities, such as reading and music is recommended.

How should the findings be used to influence policy/research/education?

- This research may facilitate a more patient-centred approach to the development of arts and health programmes in hospitals.
- The research indicates that arts and cultural interests are important to patients and should be given attention in hospital settings.
- Nurse managers and specialists are recommended as the experts to provide leadership regarding the importance of aesthetic and cultural interests of patients.

Introduction

Although it is often stated that aesthetics, the arts, culture and leisure are important for well-being (Bygren *et al.* 2009, Cuypers *et al.* 2012, Hyyppa *et al.* 2005) there is little experimental research into arts in health care and few international studies (Daykin *et al.* 2006, 2008). Nonetheless, there is growing international acceptance of the notion that participation in the creative arts can be beneficial for well-being and health (Clift 2012). The impact of participation in cultural activities is increasingly recognized as relevant to a healthy older age (Cuypers *et al.* 2012, Cohen 2009, Hyyppa *et al.* 2005, Konlaan *et al.* 2000).

Background

The arts and health field can be broadly divided into three fields – the medical humanities, the arts as therapeutic

intervention and arts in the hospital environment (Cohen 2009, Lawson & Phiri 2003, Moss & O'Neill 2012, Ulrich 1992, 2009). In this field, there are numerous interventions and approaches, including outreach programmes from major cultural institutions, arts therapy interventions and health-promotion activities (Society for the Arts in Healthcare 2012).

A recent review of qualitative studies specifically examining patients' perceptions of the role of arts in health and well-being yielded only 54 relevant studies, four of which focused specifically on the salience of aesthetic and cultural issues in their lives (Caspari *et al.* 2011, Moss *et al.* 2012, O'Sullivan & Chard 2010, Reynolds & Prior 2011, Wikstrom 2004). Without the perspective of the patients, arts and health programmes may be unduly shaped by the arts and health practitioners and fail to meet the wishes and needs of the patients. For a truly patient-centred arts and health programme, more understanding is needed of the salience of arts, culture and leisure activities of patients and the impact of illness on this aspect of their lives.

This study focused on older people because they are proportionately the largest demographic group using health services and a better understanding of the interaction between aesthetics and health in this group can inform investigative strategies for the whole population.

The study

This qualitative study aimed to describe the aesthetic and cultural pursuits of older patients in hospital. Specifically, it aimed to provide a mapping of patient preferences, needs and perceived benefits regarding the arts and to explore the role of the arts in their lives and through the journey of care in a general hospital. It also explored their perceptions of the aesthetic environment of the hospital and captured the experience of those who had participated in an arts and health programme. This was considered to be important as it is difficult for patients to give their reflections on arts and health programmes unless they have experienced one.

Aim

The primary aim of the study was to describe the aesthetic and cultural pursuits of older patients in hospital. The secondary aim was to study how much access patients currently have to arts and culture while in hospital, to develop theory in this area, in particular whether patients experience aesthetic deprivation while in hospital.

Design

In-depth qualitative interviews were carried out with 20 older patients during 2011 who were inpatients in an acute hospital and continued to attend ambulatory care services. Ten patients who had experienced the hospital arts programme and 10 who had no experience of arts in hospital were selected. The study was designed following a hermeneutic phenomenological approach (Van Manen 1990).

Sample

Patients included were adult, aged 65 or over, with an inpatient stay of more than 1 week in the hospital in the last 6 years. This time period related to the inception of the hospital arts programme from which some patients were recruited. Patients were excluded if they had cognitive or language difficulties sufficient to hinder engagement with the interview or were patients whose stay in the hospital was <1 week or more than 6 years ago.

Purposeful sampling was used to select the patients who were recruited by two methods. Those who had participated in the hospital arts programme were sent a letter outlining the research and inviting them to participate. These patients were participants of visual art, music or creative writing programmes while in hospital or as part of their rehabilitation and/or outpatient programmes (Moss 2010). All art sessions attended were up to 2 hours long and participants attended a maximum of 12 weekly sessions. People invited had ceased to attend any hospital arts programmes 6 months prior to the research, but had attended a programme in the last 2 years. Those who had not engaged in the art programme were invited after consultation with the Clinical Nurse Managers in the relevant areas, using verbal and written approaches.

Patients were taken from two groups, 10 who had previously participated in the hospital arts programme and 10 who had not. It was considered important to interview both patients who have engaged in the hospital arts programme (to explore how they use the arts in hospital and when recovering from illness) as well as those without experience or expectation of arts in hospital.

Data collection

Both groups were asked the same questions and similar broad issues were explored in the interviews. The interviews used open interview techniques as described by Patton (Bowling 2009). Interview questions were devised following

literature review, review of Patton's guidelines for qualitative interview questions and two pilot interviews where a range of questions were tested.

After carrying out 10 interviews, an initial analysis was undertaken and then the following 10 were completed. The first 10 interviews were all conducted with people who had attended the arts programme. It was believed, on reviewing this material, that it was important to also interview those who had not engaged in the arts programme. Both groups would bring important experiences and expectations to understanding the phenomenon and it was important to explore differences and similarities in the experiences of the two groups.

After 20 interviews it was considered that saturation had been achieved and relatively little new material was being recovered. Although saturation is most often applied to grounded theory research, it is relevant in all qualitative research as researchers cannot make a judgement about sample size until they are involved in the data collection: saturation normally occurs between 10–30 interviews (Thomson 2004).

Interviews were recorded and transcribed verbatim. The researcher also recorded handwritten notes in a journal throughout the process, reflecting on interview process, ideas and assumptions. The process of collection of data and data analysis can be seen in Figure 1.

Ethical considerations

Research Ethics Committee approval was granted for this study by the hospital ethics committee.

Data analysis

A phenomenological approach was selected for this study, using Van Manen's hermeneutic phenomenological approach (Van Manen 1990). This qualitative method is commonly used in health and social science research: its emphasis is on bringing the essence of a phenomenon alive through written descriptions, with the aim being to describe and interpret the experience and to describe what makes the experience unique (Van Manen 1990).

The first stages of data analysis involved coding the interview text, line by line, into initial codes and then organizing these codes into clusters. Units of relevant meaning were then grouped together and seven emerging themes were identified. These emerging themes were presented as written descriptions, which were then tested for credibility and trustworthiness. Nvivo software was used to support the process of analysing the text.

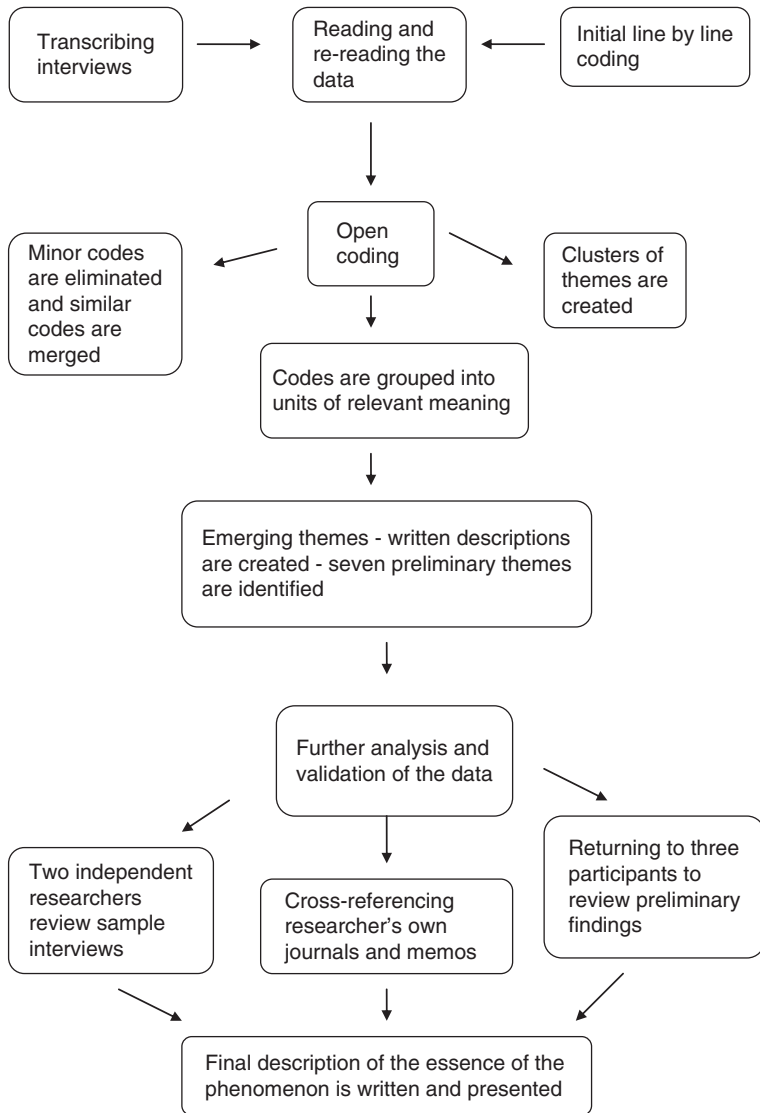


Figure 1 Diagram: Data analysis process.

Rigour

To increase credibility and trustworthiness, two independent researchers reviewed a sample of two interviews each. Rigour was established by methods of peer review, supervision and debriefing with two co-researchers/supervisors and returning to a sample of three patients who had been interviewed. In addition, the researcher recorded reflective field notes about the content and process of the interviews throughout the process, as well as any extra information or non-verbal observations that occurred (O'Sullivan & Chard 2010).

Following these validation exercises, the final themes were presented. The final step was to write a description of the phenomenon, taking into account all that was known through the process described above.

Results

Ten men and 10 women were interviewed, with equal distribution of men and women in both the arts and non-arts groups. The ages of interviewees ranged from 65–94 years, with a mean age of 79.

Seven themes were identified:

Theme 1: Loss and the impact of my illness on leisure activities

Many patients described loss of confidence in their bodies, resulting from stroke or major cardiac event, loss of interests and hobbies, the loss of not being able to work, missing friends, loss of social life, activities and interests,

such as sports or gardening and not being able to be physically active with grandchildren. Other losses include the physical limitations of ill health, such as having poor memory, not being able to see very well, not being able to walk and get out to the theatre or films. Physical barriers to accessing places, such as poor mobility, mean a loss of social life and activity. These impact on social life, ability to work and to access arts venues.

A common theme was the emotional impact of their loss, experienced when in hospital or very ill at home, as well as the frustration, irritability, anger and/or anxiety associated with a loss of control over one's own life and abilities. This loss, and the associated emotions surrounding a stay in hospital and a major illness, affected engagement in arts. Either people put their arts interests on hold while in hospital, or lost the ability to pursue them, or took up new arts activities posthospital as their ability to engage with arts they enjoyed, such as dancing (cited in 8 interviews), was too physical and they needed a more sedentary activity or as a way to meet people.

Eighteen of the 20 interviewees made reference to loss and 58 references were coded to this overarching theme. This theme centred around the social and emotional aspects of illness as opposed to physical health issues:

It was a horrible experience when I discovered that I had this (rheumatoid arthritis). I was always a jolly guy and I was going to the pub four times a week and (going) for golf, I can't do those now. My social life is very limited ... Every day is a nightmare when I wake up because the first two or three hours are horrendous, the pain. Against that I have to fight it and I have to live with it. Doing the art courses, doing the watercolour courses and the painting (helped). From the writing one I think I am going to get a little small book published

Theme 2: Interests and passions

Each interviewee had key interests and hobbies and a major passion or interest. All interviewees cited an interest in at least one art form and all could name one or two key interests, whether arts or other leisure activities. The most popular interests were music, dancing and theatre. All 20 participants were interested in at least one art form and arts (music, dancing and theatre) were rated as the most popular interests by participants, as opposed to other popular activities, such as golf and walking. A notable aspect of this part of the interviews was the energy and passion with which the interviewee described their favourite activities and leisure pursuits, whether arts or otherwise:

I am a very creative person and I knit quite a bit. I am always anxious to get back to my knitting. I would be interested in what new yarns are coming on the market. I can't wait to go and get my few balls of the latest. I have an accumulation of scarves and things. I do find that it goes everywhere with me. I always have knitting with me. I would be sitting beside a lady on the bus and I would end up selling her a copy of the patterns and exchanging

Theme 3: A lack of expectation of arts in hospital

None of the patients expected to have access to arts of any kind in hospital. Many of the patients who took part in arts had never done so until they came to hospital. Engaging in arts in hospital was almost universally a surprise and unexpected and all participants comment about how beneficial the arts were when they did access them in hospital:

When you were in hospital did you expect to have any art or music or any...? I didn't expect to have any art. No? No. I mean I had never heard of it until I got the letter to see would I come up here and do it

Theme 4: The positive impact of arts in health care for those who had experienced them

Those who did experience arts as part of their inpatient or outpatient experience had many positive experiences of arts, most particularly in feeling cared for, the increased socialization that came from this activity and the discovery of new interests and achievements at a time of great loss. There were a wide range and large number of positive experiences associated with engagement in arts, either in hospital or during recovery from a major trauma. Eleven participants gave positive comments regarding arts in hospital and there were 60 references overall recorded to this theme. Those who had accessed hospital arts programmes tended to have many recommendations about future art courses, such as longer art programmes available for patients, linking this to clinical care and enhancing the environment:

I thought it was a fantastic thing for (the) hospital to put on these courses for people. I had done creative writing in the past. You just become engrossed in it and sharing ideas I thought and meeting people which is really nice

Theme 5: Preference between receptive and participative arts activities varied according to phase of illness

Ten of the 20 patients interviewed felt that arts would not be very important during the acute phase of hospital. Even

though there was no expectation of arts, many who had experienced arts in hospital felt that they would not have wanted arts at the most acute phase of illness as they were too busy coping with tests and expected to put aside 'normal life' while in hospital. Many of those who experienced arts as patients described the emotional support they experienced through engagement in arts and identified arts as more relevant during longer illnesses or recovery phases. The arts associated most with acute phase were reading and listening to music. The relevance of arts activities was related to length of stay and type of illness.

Eight of the 10 participants who engaged in hospital arts programmes stated that they would not have wanted arts at the acute stage:

In the hospital... I'm not so sure you are able or interested in (arts) because I'd be lying in the bed for a couple of days and then some bug developed. In the mornings, do you know when you're in a bed you twist and you turn, you're making yourself comfortable and then after a while that comfortable position no longer is comfortable. ... So you don't think music or anything would be really very useful to you in that situation? No, I think at that stage you're kind of feeling a bit sorry for yourself

Theme 6: The aesthetic aspects of the hospital experience

Overall this was not an area that attracted many comments, patients were more engaged in talking about the arts that they were interested in outside of hospital. The aesthetic environment of hospital was only commented on when prompted and was not a priority when discussing arts and hospital.

In terms of negative aesthetic experiences, the most common unprompted comments related to noise. Ten patients noted noise as a problem in hospital. Patients were more likely to comment on the nursing and medical care than the physical building, with a high number of positive comments about the care they received. Fifteen of the patients noted pleasant aspects of the environment when prompted, but many did not remember the art or colour of the room they stayed in and were more focused on the social life of the ward and visitors.

The significance of music and reading was apparent. Noise and sharing rooms were the most significant negative aesthetic issues, with the predominance of television in the wards being both loved and loathed.

The most commonly cited activities while in hospital were receptive rather than participative aesthetic activities: watching television, listening to the radio, listening to music

and reading. As patients recovered or began the longer process of adapting to ill health, those with experience of the arts and health programme were more likely to cite benefits from engaging in creative participative activities, such as creative writing groups or art classes:

This is my third trip to this day hospital and on one of the other trips I know there was a lot of music and young harpists came in and they were greatly appreciated because it's a terribly boring place up there, it's very boring indeed...one of the best memories I have is the day they put on some Bach music in their little ... music group, I can't remember who they were

Theme 7: Recommendations for changes to improve experience of arts in hospital

Patients who had experienced arts in hospital asked for more and felt it was very important. Those who had not experienced arts also had some ideas about improving the environment. More live music, a quiet room to use for reading or meeting visitors and a relaxing space on the ward were cited as important improvements that many would have liked in hospital as well as less sharing with disturbing patients. Nearly all who attended theatre or concert venues stated that post hospital stay, it was more difficult to continue this interest due to physical barriers or feeling they were a nuisance to others. Others stated how important it was to have a social life and some meaningful activity and where their health restricted their activities, some had taken up art groups to meet these needs:

When we did the art appreciation I thought that was very, very good It was a real eye opener because I had always been interested in art. I thought it was a great, great course. All in all I was so impressed. I felt that (the) hospital cared about the patients. (Art) courses like this ... make people feel that they are important. Their aftercare is so important as well

Summary – the essence of the phenomenon

In the Van Manen approach to phenomenological analysis a part of the process is for the primary researcher to report on the perceived essence of the experience. The aim of this study was to gain understanding and knowledge about what experience patients have of the arts in hospital and their normal experience of the arts, as well as gaining insight into how arts might be best applied in aiding recovery and coping with major illness and hospital stay. The following description is a summary of this analysis and of the patients' own description of their experience of arts in hospital:

The arts – notably in this study what music we listen to, what we read and dancing – are significant throughout our lives. They are integral to our leisure time, our enjoyment and are part of what makes us who we are. They are significant in terms of our social life, our sense of self and our recovery from ill health. In hospital, however, we suspend that interest in arts and other leisure pursuits

We expect to have to put these parts of us on hold, or we are deprived of them and we have no expectation that they will be possible or available in hospital. We are busy grappling with more urgent needs, such as pain, our physical being, even basic life or death survival. The arts play a part in our sense of health and well-being and there are many positives associated with arts. These include a sense of stimulation, enjoying a new activity, distraction from worries, providing a means for social connection and a sense of meaningful purpose in life. Having access to arts when recovering in hospital helped some of us feel cared for and supported

We have ideas about improving the hospital using arts, for example, linking arts programmes more closely with clinical treatment and enhancing the environment for patients and we are glad to have been consulted about this issue. However, we are not sure, as yet, whether the aesthetics of hospital are important but we do know that noise and other disturbed or distressed patients are a problem to us

Discussion

The themes that arose in this study add to the findings of the modest existing experimental literature on arts and health. For example, although positive benefits of arts for patients in hospital, particularly in terms of positive stimulation, quality of life and individuality, are suggested in previous studies (Ansdell & Meehan 2010, Howells & Zelnik 2009, Kennett 2000, Lane 2005, Lloyd *et al.* 2007, O'Callaghan 2001, van Lith *et al.* 2011, Wikstrom 2004), the interest in receptive arts when acutely ill receives little attention in the current literature on arts and health. One study, which is supportive of the receptive approach, showed improved recovery from stroke when patients were given access to their favourite music by facilitating listening to their compact discs in hospital (Sarkamo *et al.* 2008).

The findings suggest a need for carefully nuanced art programming in hospitals and consultation with patients regarding aesthetic and cultural interests. Arts programmes need to be carefully selected for different stages of illness and recovery: for example, specific therapeutic arts programmes were recommended by some patients at critical points in their care, while for others arts were important as part of rebuilding social life and for intellectual stimulation post hospital stay. Nurse managers may be able to lead this

emerging area of work and indeed may need to enhance awareness of the aesthetic and cultural interests of their patients. Nurse educators, clinical nurse specialists and advanced nurse practitioners may also play an important role in supporting and advocating for the aesthetic, cultural and leisure interests of their patients. Future areas of study recommended include the aesthetic and cultural interests of nurses and awareness of the aesthetic needs of patients. The emotional needs of patients was a theme apparent in all the interviews and arts in health may be a means to a helpful expression of, and accommodation to, such losses (Moss 1987). The lack of expectation of arts provision during the acute phases of the illness does not mean that aesthetics and the arts are unimportant. Rather, a sensitive curatorial role is needed for arts and health programmes at this stage of the illness, in conjunction with patients, nursing professionals and those who design and shape the healthcare environment (Kirklin & Richardson 2003).

This study produced qualitative findings from a sample of a specific group of patients in an Irish acute hospital and although it may be difficult to generalize in other health systems and cultures from these findings, many of the findings are likely to be found in these settings.

Limitations of the study

A limitation of this study is the small number of patients involved, and the population interviewed were all Irish and from one acute hospital. Further studies are recommended with specific populations (e.g. mental health services, nursing home residents, international studies) to further understand the aesthetic, cultural and leisure interests of patients in a variety of health contexts. A further limitation is that patients were not categorized by type of illness or specific length of stay. The importance of aesthetic, cultural and leisure interests may be affected by type of illness and exact length of stay. For example, a short stay of 3 days following a surgical procedure might be a very different aesthetic experience to a longer stay of several months. Our own experience suggests that studies with longer term patients would be of interest as the aesthetics of hospital may be most relevant to these groups.

Conclusion

An in-depth consultation with patients is important as a starting point for more extensive research on how best to measure aesthetic deprivation and injury (such as noise) in healthcare settings and how best to meet these deficits. Phenomenology was found to offer a useful method to describe

the experience of patients and to develop an in-depth understanding about a new area of research. Further research is needed in this area, particularly on the area of the role of receptive arts in hospital and how best to develop a more patient-centred model for arts and health programmes. The everyday aesthetics of health care continues to be a relatively neglected aspect of patient care and more attention could be given to the aesthetic environment for patients, in particular in our study the area of noise pollution. These findings support those of previous studies regarding the aesthetics of hospitals, which indicate aesthetics to be a neglected field in health care (Caspari *et al.* 2006, 2007, 2011). The cultural, aesthetic and leisure pursuits of patients were found to be important and warrant further attention.

Acknowledgements

We thank the patients who participated in this study and the nursing staff who supported the research.

Funding

Hilary Moss is funded by The Meath Foundation to complete her PhD.

Conflict of interest

No conflict of interest has been declared by the authors.

Patient consent/Study approval

Research Ethics Committee approval was granted for this study by the hospital ethics committee.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE: http://www.icmje.org/ethical_1author.html):

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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