Holistic health promotion: Putting the art into nurse education

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Summary  The role of the arts in health care and health promotion is enjoying belated attention as a way of promoting people’s mental health and well-being. Canterbury Christ Church University offers a course which examines how nurses can use the arts to enhance the health care experience for both staff and patients. The Holistic Health Promotion course is compulsory for all final year pre-registration Bachelor degree students in Adult and Child Nursing. The content and process of the course are described, and the findings from the evaluation data are discussed. Through the use of autobiographical literature, active learning in the classroom, visiting speakers and visits within the local community, the course provides a positive learning experience for many students and broadens their perceptions of how to carry out mental, emotional and spiritual health promotion.

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Introduction

This paper examines the introduction and evaluation of an arts-based health promotion course within pre-registration nurse education. It explains the recent interest in the arts and health at an international and national level, and the evidence for bringing the work into nurse education. The paper explains how the course is organised and delivered, and the outcomes of its evaluation.

Arts and health

The role of the arts in the promotion of health is enjoying a revival. The reasons are multifaceted. In 1999 The United National Education, Scientific and Cultural Organisation encouraged the world to explore, ‘‘the fundamental relationships between creativity, the arts, health, healing and culture’’ (News: International, 1999, p. 526). The Ottawa Charter for Health Promotion (WHO, 1986) introduced the settings approach to health promotion, arguing the importance of the physical and social environment to people’s health and wellbeing.
In England, the National Service Framework for Mental Health (Department of Health, 1999) and the follow-up document on mental health promotion Making it Happen (Department of Health, 2001) presented the case for working at policy, community and individual levels in order to support and enhance people’s mental health. The building of self esteem, learning new skills, joining supportive networks, creativity, participation and relaxation are cited as recognised health promoting activities: all of which can be accessed through initiatives such as community arts programmes and events, and arts on prescription.

In the medical world, critics suggested that a predominantly scientific medical education was producing inhumane medical practice (Weatherall, 1994). The Declaration of Windsor emerged from the Nuffield Conferences held at Windsor in 1997 and 1998 encouraged the inclusion of arts and humanities into British medical education (Philipp et al., 1999), and Tomorrow’s Doctors: Recommendations on Undergraduate Medical Education (General Medical Council, 2003) introduced the ‘special study modules’ which could be undertaken in addition to the core curriculum. A small number of medical schools, notably the Centre for Medical Humanities at University College London and the Centre for Arts and Humanities in Health and Medicine at the University of Durham, have developed both curricula and research in the field of medical humanities.

From 1998 several health care settings began to focus on introducing the arts into their environment (Robinson and Clift, 2002): the first being Arts for Health in Manchester, followed by Healing Arts at St. Mary’s, Isle of Wight. The Declaration of Windsor encouraged the pioneers towards more research, evaluation and the dissemination of successful initiatives. The Chelsea and Westminster Hospital Arts Research Project was launched in 1997, and by 2000 the United Kingdom had a National Network for the Arts in Health with the aim to provide information, resources and a national network for people working in the field of arts and health.

National Health Service Estates, the Kings Fund and the Commission for Architecture and the Build Environment (CABE) have been working towards better design in health care settings. In one study, more than 90% of nurses said that they believed that a well designed environment was significantly related to patient recovery rates, that patients behaved better in well designed wards, and that working in poorly designed health settings increased stress levels (CABE, 2003).

These perceptions are supported by Staricoff’s review of the Arts in Health. Based on 385 references from the medical literature she concludes that there is evidence to support the ‘crucial’ importance 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 relationship
- improving mental health care
- developing health practitioners’ empathy across gender and cultural diversity

(Staricoff, 2004)

Arts and nursing care

The role of the arts within the work of nursing is not new. In 1991 the Nursing Times devoted a whole edition to its Arts in Action campaign (Davidson, 1991). There are many specific examples of how the arts can play a part in individualised care. It has been found that listening to guided imagery tapes for three days before an operation resulted in patients experiencing less preoperative and post-operative anxiety and pain, requiring almost 50% less narcotic medications compared to those in a control group (Tusek et al., 1997). Myra Schneider’s (2003) book Writing my Way Through Cancer and Julia Darling’s (2003) poems Collapsing in Public Places are eloquent examples of how writing can encourage patients to express their emotions about illness and undergoing treatment. Robin Philipp and others’ research found that reading poetry can sometimes reduce the use of anti-depressants or tranquillisers (Philipp et al., 1999). Humour has been shown to reduce anxiety and negative responses to stress (Cann et al., 1999).

Nurses perceive that listening to music enhances sleep, decreases distraction, agitation aggression and depression (Gagner-Tjellesen et al., 2001; Hooper and Lindsay, 1992) whilst patients report increased relaxation, calmness and diminished pain (Updike, 1990). Some of these perceptions are supported by studies which have shown experimentally that playing music during and after operations can reduce pain (Good, 1996; Good et al., 2002) and reduce blood pressure (Updike, 1990). For older people suffering from memory problems, it can
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Act as an important socialising vehicle, literally re-connecting them with reality (Watson, 1998).

Encouraging sick children to do art and read stories can, "reconcile the painful" (Steel, 1999, p.119), and drawing can help dying children to communicate their physical, emotional and spiritual needs (Wellings, 2001). Stories can also reassure children that their illness is not their fault, and help them to gain insights into their illness by providing them with fictional friends when they are feeling isolated in a hospital (Done, 2001).

Including the arts within medical and a small minority of post-registration courses has been shown to increase student competencies such as observation, enhancement of counselling skills and empathy (Staricoff, 2004). Greiner and Valiga (1998) suggest that the inclusion of the arts in the nursing curriculum foster the development of creative ways of thinking and working which open nurses to new ideas and possibilities. This is badly needed in a profession which has tended to concentrate on technology, function and theory (Levine, 1997). For example, through experiencing community arts projects nurses can learn how to ensure that their work is culturally sensitive, empathic, realistic and in harmony with other providers (Greiner and Valiga, 1998). Andrea Sarginson, at the Metropolitan University in Manchester, explains, "Emotions spill out of paintings, sculpture, drama and music. So both the making of art works and the viewing of, or listening to art works is a form of communication, especially when several people work on one project. Each piece of art is made up of signs and symbols that can be read like the signs and symptoms of disease. What is more, this kind of communication avoids the scientific jargon of medicine and speaks of caring and sympathy..." The arts help us to look at ourselves, who we are, where we are and where we are going. They help the understanding of one another... This all makes for a rounded individual and a person who understands their fellow" (Sarginson, 2003).

A survey by the English National Board (2001) showed that mental health promotion is insufficiently addressed within pre-registration children's nursing programmes, and Mead et al.'s (1997) study showed that the potential for nurses to carry out emotional health care is currently under-developed and impeded by inadequate supportive education. Health promotion was positioned at the top of the list of competencies required for first level nurses in 1979 (Department of Health, 1979), and recent Government papers demonstrate the expectation that nurses will increasingly take a lead in promoting the nation's health (Department of Health, 1991, 1997, 1999a,b, 2004). It is for these reasons that it was timely to introduce a mental and emotional health promotion course, which would emphasise the role of the arts, into a degree programme for pre-registration Adult and Child Nursing students.

The Holistic Health Promotion course

The Holistic Health Promotion course is a compulsory course jointly taken by final year students studying for Bachelor degrees in Child Nursing and Adult Nursing at Canterbury Christ Church University. The course comprises 45 hours of face-to-face teaching, and begins in October and ends in February. There are 11 teaching sessions which are interrupted during December and January, when students are learning and working in health care settings. Classes comprise an average of 25 students, with the majority being students of Adult Nursing.

Initially students examine the political and research-based rationale for the course. Working in small groups, students are asked to give a short presentation to fellow students on different key documents such as the Windsor Declaration (Philipp et al., 2002), Making it Happen (Department of Health, 2001) or a research project such as Art for Health (Health Development Agency, 2001). Next the students use Kolb's Learning Style Inventory (Kolb, 1984) to ascertain their own learning style, which can help with their own approach to learning, but also to appreciate the potential learning styles of the individuals for whom they will be important health educators. They are introduced to the work of Guy Claxton (1998) who argues that creativity is essential for learning. Allowing time to 'chew over things', 'time to dream', time to be 'fuzzy', time to be inarticulate is allowing time for the unconscious to do its best problem solving. Students are asked to work in groups and consider how Claxton's work provides a research based rationale for integrating the arts into students' own education and for how the arts can facilitate inner learning and resolution within individuals in need. In other words, students learn that both they and their patients need time and space, and the scope to communicate in what ever way feels comfortable to them.

In order to facilitate empathy, students discuss autobiographical literature such as Braveheart (Gillespie, 1989) the story of a child undergoing treatment for a brain tumour, Robert McCrum's (1998) experience of having a stroke, and a selection of poetry. The work of Gersie and King (1990) is used to support students' exploration of trust.
Sitting in front of a large sheet of paper, one student holds a large felt pen in their ‘non-writing’ hand. The other student places their hand on top and guides the writing. Students are asked to explain how it feels to be guided and how it feels to do the guiding. Then they listen to a short folk story about trust and each student makes a list of words associated with trust and mis-trust which are circulated around the class. They also paint images evoked by the word trust and share these with the class. This work sets the appropriate environment in which the students can carry out the next exercise. The students are given guidance about good listening skills and, in pairs, they talk to each other about their lives. This is followed by a discussion about how it felt to be the listener and the talker and the implications of all this work on the nurse-patient relationship.

As a class, we discuss Gersie and King’s (1990) paper on Healing in which the authors say, “When we are seriously ill our capacity to receive is tested” (p. 225). They explain how, in sickness, people retreat into themselves, so those that seek to heal need to sensitively help them out of their dark inner private world. However this is not achieved by rituals, for a ritual is performed not experienced and can be perceived as a destructive intrusion. Healing requires a nurse to genuinely engage, thus requiring a high degree of emotional awareness. The students evaluate their emotional awareness through the completion of a questionnaire (Steiner, 1997) and reflect on its findings. They practice expressing their feelings through a sentence completion exercise (e.g. When I am in a group of strangers I feel...), and through drawing how they feel about an issue or situation. In this way, the students are experiencing some practical strategies which could be used with the individuals for whom they care. It is important that these are experienced, so that the students are sensitive to both the challenges and benefits of such strategies, and that they are used with care.

The course seeks to raise students’ awareness of how the arts can be used therapeutically at an individual level. Nurses can suggest reading, drawing, listening to music and so forth, but they also need to know to whom they can refer patients for specialised support. Experienced art therapists show how they work with people in hospices and children. A nurse/musician shares her work with people with dementia through audio material and by engaging students in music making. An occupational therapist asks the students to work in groups and play with a simple pack of cards, a ‘tool’ which can be easily provided in all health settings. Students, who are quickly immersed in huge enjoyment and laughter, are asked to list all the cognitive, social, emotional and physical benefits of the experience. The benefits of laughter for health were pioneered by Patch Adams (2002) and are re-iterated in a session about humour and health.

There are two organised visits as part of the course. Students visit Medway Maritime Hospital where the Healing Arts Programme is led by Tony Crosse, a professional artist and musician. The students observe how the art work complements the setting and its purpose. There are paintings of bright, beautiful flowers and gardens in the mortuary, an exquisite embroidery donated by a charity, collages made from plaster in the fracture clinic, a large chair made from a single tree trunk in the entrance, paintings by local artists for sale, an imaginative play area for children and an atrium for live performances. Students learn how the arts are developed, how the hospital engages local artists and how much pleasure and comfort they bring to people.

The students also visit Project Sunlight, a healthy living centre in Gillingham, which is a good example of how primary health care can be integrated as part of wider community development. Alongside the consulting rooms and the health professionals is a cafe, facilities for music making, social care, a wide range of education, nurseries, centres for charities, crime prevention and neighbourhood support groups. The arts permeate both the building and the ways of working, and the students have the opportunity to ask questions and observe.

In December and January the students are observing and working in health care settings. There are a series of tasks to complete, with written permission from unit managers. Five of these become the basis of their assignment. The tasks include asking three patients what kind of art work they might like to see in the health care setting and why, carrying out a systematic observation of the physical and social environment in which they are working, listening to someone’s story, listening to the health care environment, asking three patients about their use of music or literature in the context of their health, or interviewing member of staff who has a role in promoting the mental and emotional health of others such as a chaplain, chef, therapist or volunteer. The child nursing students are required to read to/with a child and reflect on the reasons for the choice of book, the process and any outcomes. Alternatively, students can carry out the task of writing a poem or creating a work of art which explains what they like about nursing. This is illustrated by a poem by Courtney Davis
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called What I Like about Nursing (Davis and Schaefer, 1995). The assignment, which comprises 80% of their final mark, is based on their observations and reflections discussed in the context of published literature.

The finale of the course is the health fair. This is an event organised and publicised by the students. Each student presents a visual image, on a large display board, about an aspect of mental, emotional or spiritual health. Students decide an overall theme, and usually provide music and snacks. Some displays show the value of play, music or pets. Some have chosen to show how hospital environments differ to those of hospices, others have shown the importance of different kinds of communication, some present a view of spiritual health with images of calm, peace and balance. Some displays have raised questions about how well the needs of patients are met, for example the accessibility and maintenance of leisure facilities in hospital. One made a skeleton out of food packaging and another presented a colourful table of food to illustrate how eating was a social and emotional issue. A display used various strong smelling substances to make the point that we use all our senses, and that the sense of smell can affect our mood. The health fair evaluates the students’ skills of team-work, organisation and creativity. Each display is marked on design criteria such as how clearly the message is communicated and how well the elements work together. It is also marked on the basis of a brief interview with each student in which they are asked to explain the rationale and research-based evidence behind their work. In this way, the health fair facilitates the learning, practice and evaluation of a wide range of communication skills.

Throughout the course, the students’ learning is supported by weekly recommended reading, brief lecture inputs on key themes and discussion.

Evaluation

The course is evaluated by students and by the lecturers. The students complete a questionnaire comprising structured questions with a five point likert scale from strongly agree to strongly disagree, and two open questions which ask them to comment on the most positive aspects of the course and which aspects could have been better. Each student is asked to complete a questionnaire, anonymously, at the end of the last session. The students know that this information is collated and becomes a part of a publicly available report. To date, 56 students have completed the course over three cohorts, and completed evaluation questionnaires. All students passed the course, though one had to resit her assignment.

The quantitative data shows that the majority of the students agreed or strongly agreed that the course had a made a positive contribution to their understanding (80%), that issues were dealt with in sufficient depth (78%), the course was well organised (91%), and that the teaching was clear, informative and effective (75%).

The students’ qualitative data was analysed to reveal the emergent themes concerning students’ perceptions. The most frequently cited positive aspect of the course was the visits (25 comments). Students described them in terms of welcome relief from written work and the university campus. They were considered to be interesting, informative and appropriate to their learning. One student wrote, “Really enjoyed the trip to the Sunlight Centre. The trip enabled me to see why we were learning what we were in lessons, and another, “I loved visiting the Medway Hospital and the Sunlight project. I found that I could relate more easily to some of the content of the course once I had visited those places”.

Many students mentioned enjoying the holistic nature of the course (15 comments). Some of these comments referred to the science and art of nursing. For example one wrote, “The nice feeling that people felt this module was important, and nursing/caring was not just scientific and technical”. Others wrote in terms of the course having opened up their approach to nursing. “I have been able to explore my own feelings and open my mind to a new holistic approach to care. I will be able to carry it forward and further develop it as my career progresses, with the hope that it will grow with me,” wrote one student, and another, “It opened my mind to the importance a nurse can and should place on patients’ emotional/social well-being as well as physical, and the different ways this can be achieved. It taught me to be more aware of their surroundings, and how I can make them better, how I can make a difference – small or large”.

Seven of the students referred to the active learning methods. They appreciated having time for constructive feedback and discussion in the lessons. Many commented on the enthusiasm of the lecturers, for example, “All the teaching was enthusiastic and inspiring and helped the group come together”. They liked, “Lessons where we were actively doing things rather then just taking notes from the lecturer”, because, “It enabled us to be creative in our own ways”. One wrote,
'I thought the module introduced a different way of thinking and certainly changed my perspective towards holistic health care. I thought the teaching was excellent and some of the topics considered were really thought provoking and enlightening e.g. ways of learning'. Often alongside positive comments about the teaching and learning was praise for the visiting speakers (six comments). A typical comment was, 'I enjoyed the guest speakers especially those who looked at art and music therapy. It helped me to put theory into practice'. Six of the positive comments related specifically to art-related work, five to music-related work and four to literature and health.

The aspects of the course which could have been better, according to the students, revolved around wishing the course had been offered earlier in their education or later, as a post-graduate course (seven comments). Their reasons included that they thought their studying work load had been lighter earlier in their degree, and that a post-graduate student would be under less pressure. A minority of students were blunt. "This was not very useful to me, I felt as a 3rd year student I should have been learning more detailed subjects. Some were more illuminative, I wonder if I may have gotten more out of the course if it was in the 2nd year. This final year, I feel like there's so much clinical/physiology nursing stuff I don't know that I have properly benefited from the important aspects of this course as there's been so much other worry over our lack of knowledge of the physiological and clinical nursing skills". Six comments referred to wanting complementary therapies, such as aromatherapy, to be included in the course, and various individual comments asked for more or less time, and a change in the weighting of assessments.

The lecturers' evaluations were completed at the end of each of the three academic years. The evaluations reflect the similarities and differences between the three cohorts. The lecturers noted that in all three cohorts some students underwent a process of initial resistance followed by acceptance and in many cases, real enthusiasm. In the first cohort, one student who initially sat with her arms folded asked more than once, "Why are we doing this?" On the day of the health fair she reported, "I admit I was very sceptical at first, I just couldn't see the point, but now I do". The visits, the activities undertaken in the work place and the health fair appeared to be particularly important stimuli in this mental accommodation process, and the students' comments reveal that the key was something to do with experiencing 'real world' practice. The lecturers noted that other students undertook a more personal journey. The lecturers' evaluation cited the case of a student who had said very little, and commented that she would never trust anyone to care for her if she was ill, other than her family. Yet as the course progressed she began to express personal issues through art work and talk to the class about them.

The lecturers also noted that some initial student resistance appeared to be related to fixed, and arguably out-dated, concepts of nursing that did not allow for this type of work. For example, in the context of cohort three, the lecturer reported that the students appeared to be genuinely unable to answer the question, "What contribution can nurses make to mental health promotion?" asked in the first week of the course, and they were hesitant about any role than nurses might make in the community. A small minority of students in this cohort were the most critical of all the students, dismissing an experienced and respected art therapist as, '"...no more than a tea leaf reader' and criticising the inclusion of an occupational therapist lecturer as being inappropriate for a 'nursing' course.

In contrast, the lecturers reported that some students had the opposite experience. For example a student explained to a lecturer how she had entered her nursing degree feeling 'open and free'. Through her first and second year she had felt more and more constrained into a metaphorical box citing reductionist and technological approaches to nursing care which had made her feel very disillusioned. Through this course she said that she had been encouraged to see that there may be opportunities to work in areas which allowed her to be the kind of nurse she wanted to be.

Conclusion

The course aims to bring about cognitive and affective change in students, and both the students' assessed work and the evaluations suggest that it achieves this for many students. For the lecturers and students the students' learning and increased insight is witnessed in the less formal anecdotal conversation of the classroom. It is sometimes a privilege to witness the moments when the students suddenly realise just how noisy hospitals are, how they had misjudged a patient before they took the time to listen to him, how they had never noticed the dreariness of some health care environments, the moments when they were moved to tears by a patient's poetry, and how they remember the therapeutic joy of the drawing, painting
and colouring-in that they thought could only belong to childhood.

**Websites:**

The Kings Fund (UK)

http://www.kingsfund.org.uk/funding/enhancing_the_healing_environment/index.html

Enhancing the Healing Environment is a project which enables nurse-led teams to work with patients towards improving health care environments.

National Network for the Arts in Health (UK)

http://www.nnah.co.uk

NNAH is an advocate for the Arts in Health field, bringing together the arts and health communities, disseminating a wealth of information, resources and products from across the UK.

Medical Humanities (New York University School of Medicine, USA)

http://endeavor.med.nyu.edu/lit-med/medhum.html

See the literature, arts and medicine data base

Creative Remedies (Staffordshire & West Midlands, England)

http://www.creative-remedies.org.uk

LAPIDUS (Literary Arts in Personal Development) (UK)

http://www.lapidus.org.uk

MAP FOUNDATION (UK)

www.mapfoundation.org

Creative arts for the seriously ill and dying.

PAINTINGS IN HOSPITAL (UK)

http://www.paintingsinhospitals.org.uk

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