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

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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 in health, little is known about the salience of aesthetic and cultural pursuits of hospital patients.

Design

A qualitative, hermeneutic phenomenological study (Van Manen, 1990) examined artistic and cultural interests and experiences of older hospital patients and their perceptions of aesthetics of hospital.

Methods

A phenomenological study (Van Manen) was carried out in 2011, using purposeful sampling with twenty in-patients aged over 65, ten with experience of hospital arts programme. Patients were selected from the geriatric medicine day hospital of a university teaching hospital.

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 activities according to phase of illness; negative 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

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1 The term ‘arts’ is used in this paper to refer to all art forms, as currently listed by the Arts Council of Ireland www.artscouncil.ie
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.

Summary statement:

Why is this research important?

- One of the first studies to explore the aesthetic and cultural preferences of patients in hospital
- One of the first studies to compare the experiences of patients who have experienced hospital arts programmes and 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 are well placed to provide leadership regarding the importance of aesthetic and cultural interests of patients.
**Nursing key words:** gerontology, aesthetics, culture, patients' perspective, nursing

**MAIN TEXT**

**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., 2011, Hyyppa et al., 2005) there is little experimental research into arts in healthcare and few international studies (Daykin et al., 2006, Daykin et al., 2008). 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 recognised as relevant to a healthy older age and survival rates, as well as a globally renewed interest in arts for health and creative ageing (Cuypers et al., 2011, 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 and Phiri, 2003, Moss and O'Neill, 2012, Ulrich, 1992, Ulrich, 2009). Within this field there are numerous interventions and approaches, including outreach programmes from major cultural institutions, arts therapies programmes and health promotion activities (Society for the Arts in Healthcare, 2012). A 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 and Chard, 2010, Reynolds and 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.

The study focussed 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.

Aims

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 twenty older patients during 2011, who had been in-patients in an acute hospital and continued to attend ambulatory care services. Ten patients who had experienced the hospital arts programme and ten 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 in-patient stay of more than one week in the hospital in the last six 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 less than one week or more than six 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 out-patient programmes (Moss, 2010). All art sessions attended were up to two hours long and participants attended a maximum of twelve weekly sessions. People invited had ceased to attend any hospital arts programmes six months prior to the research but had attended a programme in the last two 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, ten who had previously participated in the hospital arts programme and ten 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. 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 carrying out two pilot interviews where a range of questions were tested.

After carrying out ten interviews, an initial analysis was undertaken and then the following ten were completed. The first ten interviews were all conducted with people who had attended the arts programme. It was believed, on reviewing this material, that 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 twenty 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 and 30 interviews (Thomson, 2004).

Data Collection

Interviews were recorded and transcribed verbatim. The researcher also recorded hand written 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 Diagram 1.

- Insert diagram 1

**Ethical considerations**

Ethical 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.

**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 and 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 ten 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 to 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 post hospital 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.

18 of the 20 interviewees made reference to loss and 58 references were coded to this over-arching 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 because I don’t enjoy getting ready to go out because of the aches and the pains … Every day is a nightmare when I wake up because the first two or three hours are horrendous, the pain. The worst thing is trying to put on my shoes and my underpants which is a simple thing but it is not when you have got rheumatoid arthritis. 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.* PF

**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 twenty 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. VC

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.

Theme 4: The positive impact of arts in healthcare for those who had experienced them
Those who did experience arts as part of their in or out-patient experience had many positive experiences of arts, most particularly in feeling cared for, the increased socialization that came from this activity, 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 found positive comments regarding arts in hospital and there were sixty 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.* VC

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

Ten of the twenty 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.

8 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.

BB

Theme 6: The negative 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 (15 patients noted pleasant aspects of the environment). 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 aesthetic issue, 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.

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 hadn’t 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. VC*

**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. We are often not interested in arts when acutely ill. However, where arts have been offered as part of recovery or rehabilitation, or as diversion when in hospital, they are found to 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.

The arts are with us throughout our lives but there are barriers to accessing our arts and leisure interests post hospital and sometimes adaption is needed to continue our arts interests and leisure pursuits. 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. 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.

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 and Meehan, 2010, Howells and T, 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 simulation 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 were 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 and 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 generalise 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. It is difficult to generalise findings from these patients. As a result we are developing a survey instrument arising from these themes, to further explore this area. Similarly, 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 categorised 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 a number of 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 healthcare 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 of those of previous studies regarding the aesthetics of hospitals which indicate aesthetics to be a neglected field within healthcare. (Caspari et al., 2006, Caspari et al., 2007, Caspari et al., 2011) The cultural, aesthetic and leisure pursuits of patients were found to be important and warrant further attention.

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Diagram: Data analysis part 1

Transcribing interviews → Reading and re-reading the data → Initial line by line coding

Open coding ↔ Creating ‘trees’

Minor codes are eliminated and similar codes are merged ↔ Grouping into units of relevant meaning ↔ Clusters of themes are created

Emerging themes - written descriptions are created - seven preliminary themes are identified
Diagram 2: Data Analysis Part 2

- Patients data and results of pre interview tests
- Further analysis of the data
  - Comparisons between arts and non arts groups and gender
  - Validating the data
    - Two independent researchers review sample interviews
    - Returning to three participants to review preliminary findings
    - Cross-referencing researcher's own journals and memos
  - Final description of the essence of the phenomenon is written and presented