

Art in health: an integrated approach to health education in a rural/remote setting

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Abstract

Aim: This paper reports on the evaluation of the art in health component of the ENRICH (Enhanced Rural Remote Inter-professional Cultural Health) program. The ENRICH program is part of the Extended Clinical Placement Program (ECP). ECP was developed and implemented by the Broken Hill University Department of Rural Health (BHURH), University of Sydney. ENRICH provides inter-professional learning opportunities for health science students of all disciplines to participate in multidisciplinary learning that compliments the requirements of the individual student's curricula. Art in health sessions are facilitated by local artists in the far west region of New South Wales (NSW), and to date have included life drawing, photography and Aboriginal art.

The aim of the art in health sessions were to measure the impact on student's confidence levels, rapport establishment and communication skills when dealing with patients.

Methods: Qualitative and quantitative data was collected using a post evaluation survey for each 'Art in Health' session (N = 4 in 2010). Participants consisted of health science students from a range of disciplines that were on placement in far west NSW. The authors analysed data using Survey Monkey and Nvivo8 qualitative analysis software.

Relevance: Art in health is a relatively unexplored area within the health agenda. This program enables health science students the opportunity to maximise their learning experience during placement in a rural/remote setting. Published literature indicates the benefits of using art to enhance the healing process across a range of illnesses and diseases processes including Indigenous populations. Art in health sessions enhance health science student's ability to recognise and appreciate the non-clinical aspects of healing, and broaden their appreciation of the holistic nature of health care.

Results: Results from evaluations of the art in health component of the ENRICH program will be reported in full at the conference. To date the response has been very positive for participants, with 56% of participants being medical, 33% allied health and 11% nursing. All participants agreed that the workshops were relevant to their practice, and identified ways that art in health could be incorporated into their practice.

Conclusions: This collaborative effort between art and health in far west NSW is unique in Australia and leads the way in developing well-rounded health practitioners that recognise the non-clinical aspects of health have a place in self-resilience and the health and wellbeing of their clients.

Introduction

The art of medicine is a term long used to describe the care doctors afford their patients. The term implies the holistic nature of care they provide that incorporates the science of medicine with the intrinsic progress of caring for the person as a complete being. However, as technology advances and we can look ever more deeply into the workings of the human body through advanced technology, have doctors lost some important skills as they care for individual people such as empathy and compassion (Magin et al., 2005, Bloch, 2004)?

Art in health sessions are designed to introduce health science students to non-clinical aspects of health. Can art in health begin to bridge this gap and by incorporating it at undergraduate level, will these principles of confidence, rapport and communication become intrinsic to novice clinical practice?

The aim of this study is to determine if the inclusion of art in health into training curricula is relevant to undergraduate students in their clinical practice and how do they benefit for it?

Art in health

Art in health is a relatively unexplored area within the health agenda. There has been a more significant focus on art as a therapy for patients where the benefits have been well documented (Van Lith et al., 2008). In this context, the key principles have been cultural engagement, social inclusion and creativity's impact on the mental health and wellbeing of patients. However, these same principles have not been applied to providers of health care who, although may not have the same health needs as their patients could still gain valuable understanding.

The medicalisation of health has led to the exclusion of non-clinical forms of health care from the field of the health professional (Downie, 1999, Cox et al., 2010). The recent inclusion of humanities subjects such as literature, painting and narrative works into curricula has always been as a elective topic or part of a post-graduate program (Freeman and Bays, 2007, Sackett et al., 1996).

In an effort to encompass innovative teaching approaches that is on par with our current practice at BHUDRH, art in health sessions were incorporated into an already pioneering education program for undergraduate health profession students. These sessions were designed with the intention to provide a fresh approach to teaching generic skills that students must grasp very early in their career. These fundamental skills of rapport establishment, communication, observation and analysis can be difficult to both teach and for novices to grasp. We wanted to provide this adjunct to clinical practice as another 'feather in the cap' for our students, to encourage their lateral thinking. Art in health sessions can enhance health science student's ability to recognise and appreciate the non-clinical aspects of healing and broaden their understanding of the holistic nature of health care (Jensen and Curtis, 2008, Rudolf and Starr, 2003).

An unexpected adjunct that also developed throughout the course of the evaluation was the bearing the creative arts sessions had on the students themselves. This was not evaluated but offers another avenue of possible exploration in the future.

Context

The Broken Hill University Department of Rural Health (BH UDRH) has for a number of years operated a successful multidisciplinary rural clinical placement program in far western New South Wales (NSW) (Lyle et al., 2006), which initially concentrated on short-term student placements. More recently, the focus has shifted to longer placements, and an extended medical student placement program. The Broken Hill Extended Clinical Placement Program (BHECPP) was launched in June 2009 as part of this ongoing development process. BHECPP provides six or twelve months extended placement for third year medical students from Sydney, Adelaide, and Wollongong University's. These students have indicated a significant interest in rural health and far from merely volunteering the students apply for BHECPP places; the selection criteria and vetting process is rigorous and competition for places can be fierce.

One element of BHECPP is the Enhanced Rural/Remote Inter-professional Cultural Health (ENRICH) program. This program was developed for BHECPP, to give students from a range of health science disciplines a grounding in rural/remote and Indigenous health issues delivered as inter-professional learning (McCallin, 2001, Halabisky et al., 2010).

One element of BHECPP is the Enhanced Rural/Remote Inter-professional Cultural Health (ENRICH) program. This program was developed for BHECPP, to give students from a range of health science disciplines grounding in rural/remote and Indigenous health issues delivered as inter-professional learning (Halabisky et al., 2010, McCallin, 2001).

Objectives of the ENRICH program centre on the impact, challenges and benefits of a rural/remote setting on health service provision, collaboration of services whilst promoting an understanding of Indigenous health

determinants. ENRICH seeks to involve existing teaching resources within its framework, and includes academic and non-academic lectured/facilitators both local and 'from away'¹.

Intervention

This paper focuses on the art in health component of the ENRICH program. The aim of the art in health sessions were to measure the impact on student's confidence levels, rapport establishment and communication skills when dealing with patients. Of the 30 ENRICH sessions held in 2010 four were art in health. All four art in health sessions included a local artist facilitator, and one of the BHUDRH staff in support. Two sessions involved life drawing with a local female model; a third workshop was photography, with the final workshop focused on Aboriginal art and culture. This workshop was coordinated by a local Aboriginal artist and included an anthropologist and a local didgeridoo musician.

As BHUDRH was conducting a pilot study into the art in health component of the ENRICH program participation in the evaluation was voluntary, with the aims of the evaluation explained to participants at the beginning of each session. Participants in the evaluation were free to withdraw at any time and participation in the sessions and the completion of the evaluation was considered to imply consent to be involved in this pilot study.

Literature review

A review of literature was conducted using key words: medicine or medical or allied health or nursing or occupational therapy or physiotherapy or speech, cinema or film or photography, art in health, curriculum or curricula or course or student or students, art or painting or drawing or sculpture, visual arts. The majority of arts programs incorporated into undergraduate studies focus in the medical profession, closely followed by nursing. Performing arts such as music and drama have been identified as developing empathy in students, while literature such as poetry has been used to humanise physicians (Freeman and Bays, 2007). Nursing literature also reports positive impacts around empathy from the inclusion of arts topics into curricula (Wikstrom, 2003) and the expression of personal philosophies of nursing that leads to growth as a professional and person (Whitman and Rose, 2003). The future success of the ENRICH art in health program will depend on its continued relevance to individual participants.

Methods

Qualitative and quantitative data was collected using a post evaluation survey for each of the four art in health sessions held in 2010. Participants consisted of health science students from a range of disciplines that were on placement in far west NSW. All health science students who attended an ENRICH Art in Health IPL activities were asked to complete a post-participation survey. The authors analysed data using Survey Monkey and Nvivo8 qualitative data management software. Mixed methods data collection was selected to ensure validity for the results of the evaluation. Quantitative questions ask standard question and allow limited responses. Qualitative questions on the other hand allow a small number of participants to provide richer data for analysis (Patton, 2002).

Each survey contained a series of questions designed to elicit basic demographic data as well as more complex concepts from participants using targeted questions that allowed extended responses in the evaluation. Demographic data consisted of gender of participants, year of study and specific discipline of each participant. The survey also asked participants to rate the workshop content on a Likert scale of one to five, with one being—'strongly disagree' to five being—'strongly agree' (Sarantakos, 1998). Specific questions focused on whether the workshop activity was relevant to the participant's current workload, whether it had helped them to develop valuable attributes such as communication skills, reflecting and questioning. In addition, participants were asked to rate how confident they felt using the skills they developed because of the workshop. Additional questions that allowed extended answers from participants included whether they thought they would integrate skills learnt in the workshop into their professional practice. Participants were also given the opportunity to suggest improvements to the workshop. An administration assistant trained in the process of data entry recorded the results of the surveys into Survey Monkey. One of the authors entered

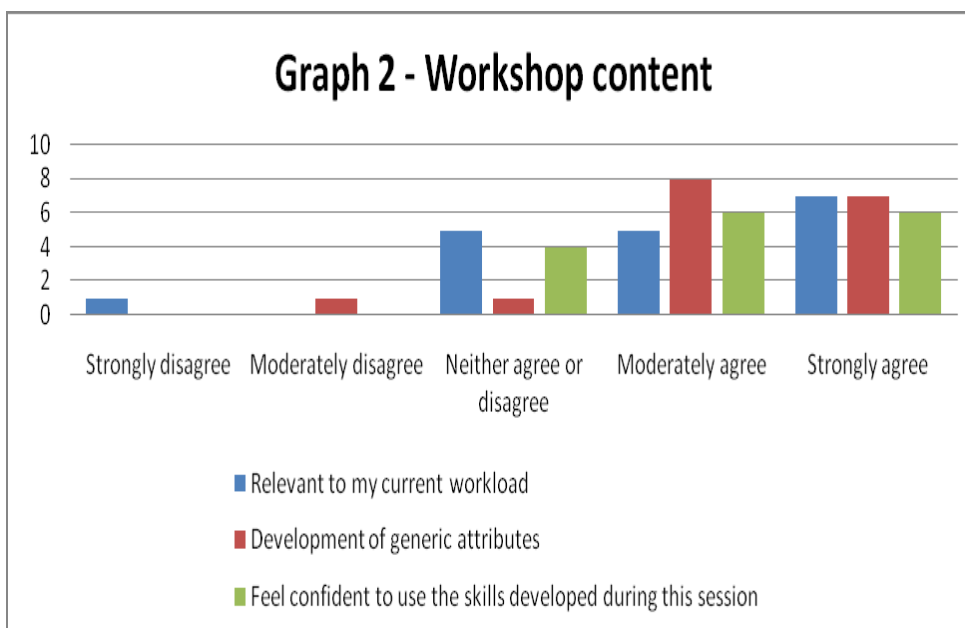
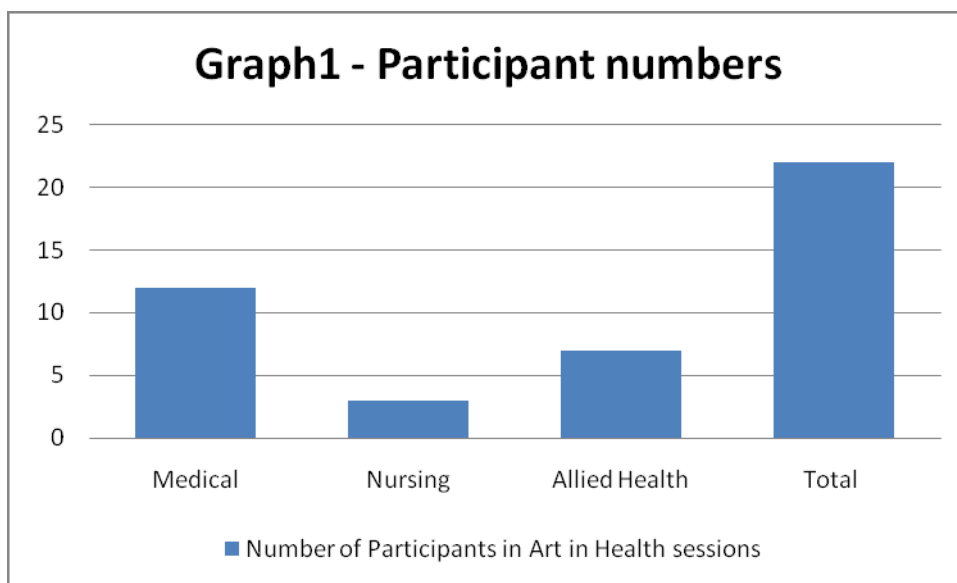
¹ 'From away' is a local colloquialism that describes a person not local to the town of Broken Hill, has come to the area from outside, and may only stay for a short period.

the qualitative component of the survey into Nvivo8 data management software where it could be accessed by all authors.

Each question contained qualitative and quantitative components that were designed to elicit maximum information from participants in as few questions as possible.

Results

Of the four, ENRICH art in health sessions there were 25 participants, with 22 completing a post-session evaluation (88% response rate). Sixty eight per cent of participants were female, 56% were medical, 33% allied health and 11% nursing students (Graph 1). Of the responders to the post-evaluation survey 54% moderately/strongly agreed that the art in health sessions were relevant to their current workload. Sixty eight per cent of responders agreed that the session helped them develop valuable generic attributes (communication, self-reflection and questioning skills—based on evaluation question criteria) (Graph 2). Finally, 54% moderately to strongly agree that they felt confident to use the skills developed during the sessions in their day-to-day practice.



Nvivo8 data management system was used to analyse the qualitative component of participant evaluations. Participant responses were loaded into Nvivo8 as text and viewed individually, with key words emerging as

analysis progressed. Recurrent themes emerged from the data when participants were asked to discuss the relevancy of the sessions to their current workload, whether the sessions helped them to develop specific attributes such as communication skills, reflecting and questioning, whether they felt confident to use the skills developed in the sessions and overall comments on the session. Themes were identified and placed under eight attributes of descending order that included connecting, rapport, communication, observation skills, self, culture, empathy and perception. Table 1 provides a selective view of participant's comments taken from responses.

Participants identified that the ENRICH art in health sessions allowed them to connect to their (sometime hidden) talents as amateur artists and to increase their perceptions and self-awareness their own skills and the surroundings in which they live and work. Also, as observers of patients in the clinical areas they felt that the sessions were able to hone their skills in observation to enable them to be more effective in their professional practice.

Building rapport, empathy and communication with patients was also a focus for participants because of the sessions. Implicit in these skills are their transferability to colleagues in the work place although the specific question on this area was not asked in the evaluation. One of the participants talked of her increased understanding of Indigenous culture, and the relationship Indigenous people have with the land and its impact on their health. Due to student's training program requirements, only three students were able to attend the Aboriginal art in health session; however, responses indicated that each participant gained additional understanding of cultural implications of art and its implications for Aboriginal health. As a one of session, and without more in-depth evaluation the Aboriginal art in health session stands in isolation and should not be generalised without more study.

Table 1 Benefits identified by participants

	Open questions	Closed questions
Aboriginal Art	"Greater understanding of growing role of Art in developing Aboriginal community"	"Understanding of respect for the land and spiritual connection"
Drawing	"...progression through the various techniques (from basic to more technical) was great fun. Many thanks to the artists for their help and patience..."	"Spend more time assessing and 'looking' at clients as part of the evaluation process" "Perceiving the body as more than an object to be diagnosed"
Photography	"Great experience..."	"Establishing rapport, placing myself in the subjects/patients position relates to both medicine and photography"

Discussion

During the art in health program sessions initial analysis indicated that there was positive outcomes for participants. Growth was seen across the evaluations in the areas of observations skills, communication, self-awareness, and empathy for patients and others. Response to the question of whether participants could incorporate learning from the sessions into their professional practice was highly positive. An unintended consequence of the sessions was the identification and development of a number of latent artists within the participant group. Some participants voiced their surprise at this as they had not realised or had the opportunity to extend them beyond the structured academic arena. Future studies should look at this phenomenon with a focus on whether these skills build resilience (hardiness) in individuals and the long-term benefits of this for health professionals particularly in rural/remote settings.

We acknowledge that this pilot study has limitations in regard to number of sessions evaluated and duration of the study. However, respondent numbers of 22 to the evaluation is not insignificant within a qualitative research methodological framework. The ENRICH program will continue into 2011 and beyond. We propose a formal longitudinal evaluation of the program over the next few years of its life. Lessons learnt from this pilot study will be incorporated into the larger study and will focus on the long-term implications of a structured arts program on a medical/nursing/allied health curricula, and the impact on the skills, knowledge and attitude of health science students in the undergraduate and immediate post graduate areas. One specific hypothesis

that will be tested will be whether participants do incorporate learning's into professional behaviour after they graduate, and what impact this has on their practice.

This collaborative between art and health in far west NSW is unique in Australia and leads the way in developing well-rounded health practitioners who can recognise that non-clinical aspects of health have a place in self-resilience and the health and wellbeing of their patients. Students have indicated through the evaluation surveys that the sessions are pertinent to their clinical practice. They have strengthened their understanding of the need for a holistic approach to health care by developing generic skills in establishing rapport and in turn develop a connection with patients through effective communication (Benson, 2005). Participants agreed that the workshops were relevant to their clinical practice as health science students and skills developed could easily translate to their work environment.

The ENRICH art in health program aims to incorporate a holistic approach to undergraduate health science education. Art in health is a relatively unexplored area within the undergraduate health agenda, particularly in rural/remote NSW. The program enables health science students the opportunity to maximise their learning experience during placement in a rural/remote setting. Published literature indicates the benefits of using art to enhance the healing process across a range of illnesses and diseases processes including Indigenous populations (Durey, 2010, Eley and Gorman, 2010). Students' exposure to Indigenous art culture through this program has allowed students to gain a deeper understanding of the holistic nature of Indigenous health and culture, and the non-clinical aspects of healing that are part of the cultural experience.

Conclusion

Art in health sessions enhance health science student's ability to recognise the non-clinical aspects of healing, and broaden their appreciation of the holistic nature of health care. The art in health program aims to incorporate a holistic approach to undergraduate health science education. The art in health program links established artists who are willing and enthusiastic supporters of this program with health science students in a supported environment. In Broken Hill there is an established art culture and the art in health program utilises existing resources in a positive way that draws local people into the training of metropolitan based health professionals, and at the same time encourages students to gain a sense of community and feel connected (Cahill, 2005).

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