

October 2012. Vol. 16, No. 4. – Arts and Creative Engagement: Establishing Arts in Healthcare as a Field of Arts Management – Jill Sonke



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By CultureWork, on October 17th, 2012

In this issue of CultureWork, Jill Sonke, director of the Center for Arts in Medicine at the University of Florida (<http://www.arts.ufl.edu/cam/>) and past president of the Global Alliance for Arts and Health, offers an advisory to arts practitioners on the quickly growing professional field of arts in healthcare management. Patricia Dewey, chair of the Arts and Administration Program at the University of Oregon (aad.uoregon.edu) introduces the program's new Arts in Healthcare concentration in arts management and its significance to the field.

Introduction

In fall 2012, the University of Oregon's Arts and Administration Program (AAD) has launched a new graduate-level concentration area of study in Arts in Healthcare Management. The program seeks to prepare individuals for leadership positions in developing arts programs affiliated with hospitals, nursing homes, senior centers, and hospice facilities. This concentration of study concerns policy and administrative practices that focus on how arts in healthcare contribute to quality of life, patient healing and wellness, and community health and well-being. Required and elective courses will develop leadership capacities and address theoretical aesthetic and practical issues in managing therapeutic arts programs in healthcare settings.

The Arts in Healthcare Management concentration was developed through a multi-year planning process and a comprehensive feasibility study. The feasibility study revealed that there is an ever-increasing need for trained specialists to manage organizational policies

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and practices for a wide range of arts programs designed to benefit healthcare institutions' patients, patients' families, staff members, and communities. Support for developing this new master's degree concentration was provided in 2011-2012 by both the UO Graduate School through an "Innovations in Graduate Education" award, as well as by an ArtHealth Solutions Consulting Grant provided through the Society for the Arts in Healthcare (now renamed the Global Alliance for Arts and Health). The UO Arts and Administration Program has launched the new Arts in Healthcare Management area of concentration in close partnership with regional partners, particularly Sacred Heart Medical Center RiverBend, a hospital internationally renowned for its arts in healthcare programs.

AAD is excited to now offer the first-ever graduate-level degree program in which students can train to become professional managers of the arts in healthcare settings. We recognize that there is an urgent need for trained specialists to manage organizational policies and practices involving activities such as visual art exhibits, in-hospital performances, bedside art activities, and arts activities for medical staff. We also know that hospitals and healthcare centers are becoming increasingly engaged in their communities as sites devoted to advancing quality of life. As their arts programming broadens beyond the immediate institutional walls, healthcare environments will continue to become part of the fabric of community arts and cultural engagement. And, as the aging baby boomer population increasingly demands high-quality healthcare services, the demand for administrators of the arts in healthcare settings will continue to grow. Arts and Health is entering a significant new phase of professionalization, and AAD is proud to be at the forefront of educating emerging leaders who will shape policy, contribute to quality healthcare services, and drive development of best practices in the field.

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Background

The field of Arts in Healthcare, or Arts and Health, is defined by the Global Alliance for Arts & Health as a diverse, multidisciplinary field dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives. This rapidly growing field integrates the arts, including literary, performing and visual arts, and design, into a wide variety of healthcare and community settings for therapeutic, educational, and expressive purposes. The field includes practice by professional artists trained to use the arts to enhance health in clinical and community practices as well as practice by certified arts therapists. Of primary intent in the practice of arts in healthcare is the use of the arts and creative engagement to: reduce suffering, promote health, and assist healthcare organizations in providing effective patient-centered care (Sonke, Rollins, Brandman & Graham-Pole, 2009). More specifically, arts in healthcare programs can

- enhance quality of care,
- improve health outcomes,
- improve organizational satisfaction and retention among professional caregivers and staff,
- enhance the environment of care, deliver health information, and reduce the cost of healthcare.

Since the 1980s, a convergence of interests—among artists to bring the arts to healthcare populations, among patients and staff to experience the presence of the arts, and among healthcare institutions to utilize the arts—have spurred the emergence of arts in healthcare as a field of arts management (Pratt, 2003). In the past decade, growth of the field has been significant, with many arts programs developing within departments of hospitals or health centers. According to surveys conducted by The Joint Commission,^[1] there are arts

programs at nearly half of the hospitals and long-term care facilities in the United States (State of the Field Committee, 2009). These programs tend to be well aligned with both institutional and national healthcare priorities and are setting high standards for practitioners regarding patient safety and professionalism. While certification has been in place for arts therapists for decades, national certification for professional artists who work in healthcare environments is expected to be in place by early 2014.

As the field grows, so does the body of research that articulates the uses and effects of the arts on individual and collective health. While a wide range of excellent studies using both quantitative and qualitative methods are contributing to the literature, studies in the field have not yet achieved the “gold standard” that is expected in the broader field of medicine. This is attributed to the high cost and expertise necessary for undertaking major randomized controlled trials, competition for research funding, and disagreement among medical professionals regarding the value of conducting arts in healthcare research with the same models used in traditional healthcare research (National Endowment for the Arts and Society for the Arts in Healthcare, 2003). Despite these challenges, the literature pertaining to arts in healthcare is growing, and outcomes are compelling healthcare organizations to support arts programs and interventions, and to conduct further research.

Music and Healthcare: A Case Study

Music is the most studied of the arts disciplines in healthcare. Over the past two decades, partnerships between musicians, music therapists, and clinical researchers have yielded unprecedented development of clinical interventions supported by rigorous scientific studies (Thaut & McIntosh, 2010). In clinical studies, music has been demonstrated to positively affect stress hormones, blood pressure, and heart rate, anxiety, pain control and pain perception, emotional states, and the need for anesthesia.^[ii]

Advanced brain imaging technologies such as functional magnetic resonance imaging (fMRI) and positron-emission tomography (PET) scanning are helping researchers to identify some of the structures that may underlie the positive effects of music that are being documented. For example, studies have shown that the neural networks that process music also process language, auditory perception, attention, memory, executive control, and motor control (Bengtsson, Ullen, Ehrson, 2009). Thus, as music causes changes in the brain, such as neural growth and more efficient neural interactions, these other important functions can be positively affected as well (Schlaug, 2008; Thaut & McIntosh, 2010). These findings have supported the development of music interventions for people with conditions including brain injuries and neurodegenerative diseases such as Parkinson’s disease and have resulted in a significant elevation in the status of music as an effective biomedical intervention.

New studies also connect arts in healthcare programs to improved quality of care and economic benefits, and music again is an excellent example. A music program at Tallahassee Memorial HealthCare saved \$567 per procedure by using a musician during the preparation period for pediatric CT scans. The program also almost entirely eliminated the need for sedation and anesthesia (thus eliminating associated risks and side-effects), put three hours of nursing time per procedure back on the floors, reduced overnight stays; and yielded a 98% procedure success rate for a very difficult procedure. With at least four million CT scans performed annually in the United States on children alone, the potential cost savings for this single procedure at the national level exceeds \$2.25 billion (Walworth, 2005). This study exemplifies the potential for arts in healthcare interventions to positively impact quality of care and to significantly reduce the cost of healthcare delivery.

The Need for Arts in Healthcare Professionalism, Policy, and Advocacy

As the field of arts in healthcare matures and as research helps articulate the effectiveness

of the arts in positively affecting health outcomes and healthcare delivery, the attention of arts in healthcare leaders must turn to professionalism, healthcare policy, and advocacy. It is essential to the growth and sustainability of the field that arts program administrators engage at the policy level in understanding national and global healthcare issues and priorities and in aligning programs with these concerns. It is also essential that the cultures of healthcare and the arts, often seen as highly disparate by artists and health professionals alike, come together to not only learn one another's languages, but to develop a common language that can effectively address the needs of patients and the healthcare system itself.

Today, healthcare leaders and policy-makers around the globe are highly concerned with quality of care, patient safety, and satisfaction. We are hearing more today about the "healthcare quality and safety revolution" in which patients, as consumers, reasonably demand higher standards of care, accountability, and communication. In the United States, the Institute of Medicine has established six domains of quality in healthcare, asserting that healthcare must be: 1) effective; 2) safe; 3) patient-centered; 4) efficient; 5) timely; and 6) equitable (Sadler, 2009). The arts have proven to be effective in contributing to improvements in each of these domains, and arts in healthcare leaders must be able to communicate this at the policy level.

For example, related to effectiveness, studies show that the arts positively affect treatment compliance, length of stay, environment of care, prevention, health literacy, and quality of life. Related to safety, as noted above, the arts can reduce or eliminate the need for anesthesia, sedation, and other pharmaceutical interventions. The arts support patient-centered care by assessing and meeting patients' individual needs and by helping the patient to actively engage in their own healing. The arts improve efficiency in healthcare by reducing procedure times, length of stay, demands on staff, medication use, and by reducing costs. Timeliness in healthcare refers to a system's ability to anticipate a patient's needs in advance, rather than responding to events. The arts provide positive distraction in times of stress, thus, preventing the many complications that arise from anxiety. Lastly, the arts are a "universal language", are accessible to all, and help everyone feel more at home in a healthcare setting, thus, enhancing the equitability of healthcare.

Today, the aging baby-boom generation and increased longevity are shifting the age distribution of the American population, resulting in unprecedented demand for healthcare services. Through responsive and innovative applications and through research, the arts are demonstrating their importance as a part of our changing healthcare system. Arts in healthcare leaders must join in policy-level conversations and efforts to address the critical concerns facing our healthcare system, and to drive replication of best practices, documentation of cost savings, and improvements in quality of care that will solidify the role the arts in healthcare in the 21st century and beyond.

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[i] See: http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

[ii] References cited as supporting evidence in this sentence are as follows: "In clinical studies, music has been demonstrated to positively affect stress hormones, blood pressure, and heart rate (Hanser, 1985; Gregory, 2002; Pelletier, 2004), anxiety (Mok, 2003), pain control and pain perception (Whipple & Glynn, 1992; Henry, 1995), emotional states (Gregory, 2002; Teague & McKinney, 2006), and the need for anesthesia (Newman, Boyd, Meyers & Bonanno, 2010)."

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