

The Royal Group of Hospitals Arts and Environment Project

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INTRODUCTION

Artistic activity in hospitals throughout the United Kingdom has shown a remarkable increase over the last twenty years. In the mid 1970s the Arts Council, the Calouste Gulbenkian Foundation and the Carnegie (UK) trust funded a series of pilot projects. The most notable of these was at St Mary's Hospital in Manchester which expanded to encompass virtually all NHS facilities in the Manchester Area¹. In 1990 Peter Senior, pioneer of the Manchester Project and now Director of Arts for Health, reported that 28 health authorities employed an arts co-ordinator and identified more than 300 individual projects². A landmark in the development of the new hospital art movement is St Mary's Hospital in the Isle of Wight, where arts provision was integral to the original design of the building.

The arts have long had a significant place in hospitals. In sixteenth and seventeenth century Europe, hospital buildings were designed with aesthetic considerations in mind, and artists were frequently commissioned to paint pictures and murals which "prepared patients for the next world, gave consolation or extolled the virtues of Christian charity"³. The tradition of commissioning works of art and of buying completed paintings has continued down to the present day. Moreover, various kinds of art therapy have become an established part of hospital life, particularly in geriatric and psychiatric units.

The arts movement which has developed over the last twenty years is different in several respects. Unlike traditional commissioning schemes, it usually involves a professional artist or coordinator taking up "residence" in a hospital with the intention of promoting the arts and encouraging the active participation of patients and staff in the creative process. Rather than offer consolation or convey any uplifting spiritual message, the new hospital arts movement is primarily aimed at effecting an improvement in the hospital environment. People associated with the movement often claim that art can have a therapeutic effect — some

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even argue that it can contribute to healing⁴ — but they are careful to differentiate hospital arts from art therapy by stressing that hospital art does not form part of clinical treatment⁵.

THE ROYAL GROUP OF HOSPITALS ART AND ENVIRONMENT PROJECT

During 1989 discussions were initiated at the Royal Group of Hospitals with a view to appointing an artist in residence. The discussions involved management, medical and other staff, Mr Peter Senior and potential funding bodies. Funding was secured from a variety of sources with major support from the Gulbenkian Foundation and the Arts Council for Northern Ireland. Ruth Priestly was appointed as artist in residence in April 1990 on a part-time basis (3 days per week) for an initial period of three years.



The Royal Group of Hospitals was already rich in works of art. The present Royal Victoria Hospital was officially opened in 1903, replacing the building in Frederick Street to which the hospital (founded in 1789) had moved in 1817. These hospitals were supported largely by endowments and bequests. Among these bequests were a variety of art works, some of which can be seen in the present buildings. The famous bronze statue of Queen Victoria, for example, is attributed to J Wenlock Robins, and the stained glass window depicting the Good Samaritan, now situated at the end of the main corridor, was presented to the medical staff in 1887 by Sir William Whitla, a generous benefactor of Belfast medicine. Another fine piece of stained glass, depicting signs of the zodiac, can be seen in the vault of the ceiling in the Black and White Hall; the artist is unknown.

Fig 1. Bronze statuette in the entrance hall at the Royal Belfast Hospital for Sick Children. (Rosamund Praeger).

This tradition was continued in the other hospitals which now form part of the Royal Group. Rosamund Praeger, the Hollywood artist, contributed the statuette in the entrance hall of the Royal Belfast Hospital for Sick Children (Fig 1), a mother and child bas-relief to the Royal Maternity Hospital and a plaque for the "Schubert bed", which was intended to be the first of a series of beds named after famous composers. The walls of old wards in the Royal Belfast Hospital for Sick Children are decorated with tiles depicting nursery rhymes made by McNaughtons, and in the entrance to the Eye and Ear Clinic at the Royal Victoria Hospital there is a remarkable mosaic symbolising the nose, ear and throat by the Belfast team Kinney-Dobson Design Associates.

Other forms of artistic activity were already well established at the Royal Group of Hospitals prior to the inception of the Arts and Environment Project. Notable amongst these is the work of Duncan Wallace, an Art Therapist who has been working in the geriatric medical unit for the past twelve years. Another example

is the musical performances by local school children and by a range of amateur and professional musicians. These were organised as a series of lunchtime concerts by Professor Philip Adams under the auspices of the Friends of the Royal, and included classical music, jazz and country and western.

Given the variety of artistic endeavour already on display at the Royal Group of Hospitals, one may question the need for an artist in residence. It was felt that such a person could do a number of things which had never been done before. Previous artistic activity did not form part of a coordinated policy and did not, with the exception of art therapy, involve patients or staff in the creative process. Individually, the various works of art donated to the hospitals in the past are decorative, but the buildings as a whole are showing the effects of time, and of their location in an area which has suffered more than most during the current troubles.

The terms of reference of the post of artist in residence were to work towards the improvement of the environment of the hospitals by the introduction of a comprehensive arts programme. The artist in residence was to use not only her own artistic skills to achieve this aim but also to commission and introduce other artists to work in the hospital, and to coordinate these activities. The performing arts as well as the visual arts were to be included in the programme. Patients, staff and the local community were to be involved wherever possible. The project was to be evaluated by an independent agency.

During the first 18 months of the project Ruth Priestly organised a programme of activities which included the painting of a mural in Block A of the Royal Victoria Hospital, a series of pilot workshops and the commissioning of two paintings — one for the waiting area at the delivery suite in the Royal Maternity Hospital and one for the Metabolic Unit. The pilot workshops provided the opportunity for six artists to explore a variety of art forms — painting and drawing, embroidery, music and creative writing with different patient groups, including those in a neurology unit, an acute medical unit, an ophthalmology ward, the ante-natal ward and the geriatric unit.

THE EVALUATION

The Centre for Health and Social Research at the University of Ulster was commissioned to evaluate this programme of activities in April 1991. Following discussions with the people involved in the project it was decided that the evaluation should have two main aims: to examine the processes involved in setting up and implementing the project and to monitor its environmental outcome (murals, paintings, performances, installations) and to examine the impact of the pilot art workshops on patients' experience of being in hospital and their interactions with staff. It was agreed that it was neither appropriate or feasible to test the hypothesis that artistic activity can contribute to the physical process of recovery amongst participating patients: therapy is not the primary aim of hospital arts, and testing such an hypothesis would have required quasi-experimental conditions which did not apply in the context of the project. The evaluation involved a variety of qualitative and quantitative research techniques which are documented in the report submitted to the project management committee⁶.

To judge from the literature, the introduction of an arts programme in a hospital context may give rise to problems. A variety of difficulties are mentioned, but most devolve from what one author describes as the clash of “two cultures”: that of the artist on the one hand and that of the hospital staff on the other. It can take some time for the artist to become accustomed to working within the complex hierarchical and administrative structures of the hospital. Conversely, hospital staff sometimes perceive the arts project as drawing on resources that might be better used elsewhere³.

The artist in residence at the Royal Group of Hospitals adapted well to working in a hospital environment, but the project attracted a hostile response from a few staff. This hostility was expressed in the form of two anonymous letters published in the Belfast Telegraph shortly after the artist was appointed, but before she started work. One correspondent was worried that the project would turn the hospital into an art gallery! But the main concern of both correspondents was that the Eastern Health and Social Services Board was spending money on an arts project at a time when vacancies for physiotherapists, occupational therapists, and newly qualified nurses “cannot be advertised because the Eastern Health Board has insufficient funds to pay for their salaries”⁷. As the Chairman of the Advisory Committee of the Project pointed out in a subsequent letter to the Belfast Telegraph, the author of the letter quoted above had made a “false assumption”: none of the funding provided for the Project could have been used “for any aspect of clinical services to patients”.

The most obvious impact of the artist in residence’s work in the first 18 months of the project was the extensive mural work mentioned above (Fig 2). This highly colourful mural with its aquarium theme measures 7 x 3 metres and was completed with the help of four other artists. Designs for the frieze in the waiting area were also by Ruth Priestly and those for the mermaids on the central pillar were by Aileen Beattie. The approach corridor to the mural introduces a tropical theme, and a wave motif on one wall depicts the pounding of the sea. As the work on the mural progressed, passers-by made many comments and suggestions. The artists were able to respond to some of these as they worked, and the end result has met with almost universal approval. The Head Porter for Block A captured the general feeling well:



Fig 2. Mural in Block A, Royal Victoria Hospital, by Ruth Priestly, Artist in Residence.

“There’s a lot of grief about this area. With intensive care next to us you’re getting relatives coming to visit patients and they are distressed. But the fact

is, this place has brightened beyond all recognition from Ruth has appeared. I think it's great insight on someone's part, the management that proposed this. I think it's lovely, it has really lifted the spirits. People dread coming into hospital, you expect it to be drab and grey, but this is beautiful! The children enjoy it too".

One potential problem with murals relates to their long term upkeep: the works and maintenance department expressed concern about the susceptibility of the mural work to wear and tear, particularly as it is painted directly on to the wall. Only time will tell; however, it is noteworthy that, with one small exception, there has been no graffiti or wilful despoiling of the area since the art work was introduced.

The second aim of the evaluation was to examine the impact of the pilot art workshops on patients' experience of being in hospital and their interaction with staff. There is no doubt that the patients who participated in the workshops found them enjoyable and beneficial. The workshops provided a relief from hospital routine and facilitated mixing between patients. As a patient in the ante-natal ward told the researcher "it [the workshop] gives you someone to talk to, it's important to be occupied and you need someone else to take your mind off your condition". The patients' self-perception of the workshops as having been beneficial was largely confirmed by the ward staff. For example, one nurse remarked that the musical sessions in an acute medical ward eased tensions by providing an occasion for the expression of emotion: "sometimes tears, sometimes laughter".

It was not part of the evaluation to examine the effect of the workshops on the clinical condition of patients; however, two anecdotes were reported to us by staff which are worth recounting here. The first concerns a male patient in the neurology unit who had been suffering from post-operative urinary retention for a number of days. No treatment appeared to be of any help and the patient was becoming increasingly anxious. Nevertheless, the artist persuaded him to join one of the workshops and shortly after the workshop had ended the patient succeeded in passing urine for the first time since his operation. The second concerns an elderly female stroke patient who was present at a musical session held in an acute medical unit. After the session the patient told her relatives about the music and how much she had enjoyed it — it was the first time she had spoken for some weeks.

Although the workshops had a positive impact on patients who participated in them and on the ward environment at the time when the workshops were taking place, participation rates among patients were fairly low and the impact on the ward environment was not sustained. Participation rates were influenced by a variety of factors. Some were specific to particular wards, but there were two factors common to most of the workshops. The first was the high turn-over of patients; the second was the lack of continuity between workshops. The former was a consequence of choosing wards with short-stay acute or general patients. The latter was inherent in the way in which the workshops were planned; that is, to occur only once per week for a period of four or, at most, eight weeks. Together, these two factors meant that the facilitator often had to start each workshop afresh and build up a rapport with a new set of patients each week.

In looking at participation rates in the workshops, it should be borne in mind that these were pilot workshops designed, in part, to explore the feasibility of engaging short-stay patients in artistic activity. The conventional wisdom is that hospital arts are appropriate only for long-stay patients^{5 8} and in the light of this the pilot workshops served their purpose well; they also demonstrated that it is possible to engage different categories of short-stay patients in a range of artistic activity from which they derive pleasure. This is an important lesson, particularly at a time when the trend in hospitals is towards the early discharge of patients and consideration is being given to the quality of care which patients receive in hospital.

A crucial factor in organising workshops or, indeed, any artistic activity is the involvement of hospital staff. One of the most successful workshops was that which took place in Ward 36 of the Geriatric Unit. The success of these workshops was not simply an expression of the fact that they took place in a ward with a lower turn-over of patients than the others, but that the facilitator, Sylvia Sands, had the help of a member of the nursing staff with special responsibility for patient activities. The nurse joined in the workshops and, in Sylvia's words, created a "safe atmosphere". The nurse also helped to maintain continuity, bringing the same core of people together each week. The facilitator attached considerable importance to this continuity: "as the sessions went on, the atmosphere grew more and more relaxed, and the people shared more freely and deeply".

THE CURRENT STATE OF THE PROJECT

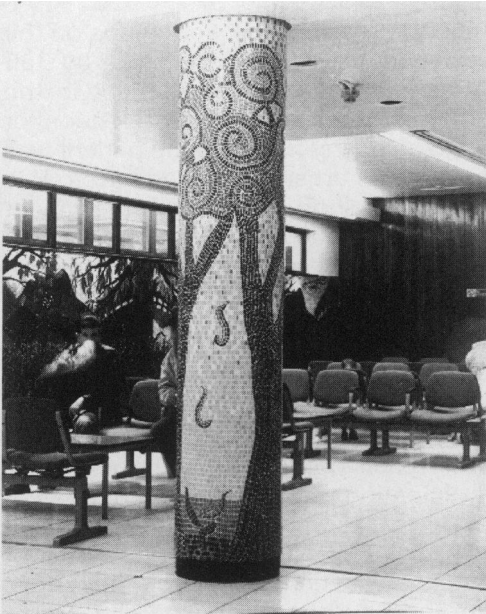


Fig 3. Entrance hall, Outpatient building, Royal Victoria Hospital. Mural of a County Down landscape by Brendan Ellis, and mosaic work on pillar by Ruth Priestly.

During the past year the project has been focused on the Falls Road entrance to the Royal Victoria Hospital, where the public receive their first impression on visiting the hospital. In consultation with the Patient Services Initiative Team it was agreed that a major arts input would improve the image of this area and a Four Seasons motif was suggested. A large mural in the cafe area was commissioned from Brendan Ellis, an artist in the medical illustration department of the hospital, which depicts a County Down landscape at various times of the year. (Fig 3). Another commission was given to Owen Crawford for a major piece of sculpture to form an arch over the entrance hall. This was carved mainly from sycamore and extends the hands of friendship and healing to all who pass beneath (Fig 4). Ruth Priestly herself has been engaged in beautiful and intricate mosaic work

which at present covers four of the pillars in the hall, each representing one of the seasons. Three more pillars will show doves of peace, again in mosaic. Some of this art work is being done on site, which generates interest and, indeed, participation from some of the many visitors who pass through each day. The mosaic work has also provided an opportunity for many local artists to come in and help with the project and to introduce them to the philosophy and potential of hospital arts.

Another area of attention has been the “Chatters” Restaurant in Bostock House, where artist Ben Allen has undertaken a major mural project. This was specially requested by the manageress and staff in the restaurant to try and brighten up, and stimulate interest in, a particularly drab and unwelcoming environment. The mural consists of a number of large panels of a humorous “pop” art kind which form a continuous frieze around the area and which have kindled a lot of interest and pleasure.



Fig 4. Wood carving by Owen Crawford in the outpatient entrance hall, Royal Victoria Hospital (detail).

Several more workshops have been held in wards during the past year. Of special interest has been the introduction of a creative writing session in the ophthalmology ward. This involves patients on the day before their eye operation; it has been a useful diversionary activity and has met with considerable enthusiasm from patients and staff.

Building on the links with the University of Ulster which were established in the course of the evaluation, a special relationship has developed between the project and the University's Faculty of Art and Design. During the summer of 1992 several groups of students engaged in work within the hospital. This included a photographic project documenting staff at work in the Caves Restaurant which subsequently formed the basis of a display in the restaurant. Several sculpture students explored preliminary ideas in relation to the grassed area behind the main corridor wards, and discussions were held with staff in the Institute of Pathology about the possibility of a mural in the area. The sculpture project will be further developed during the summer of 1993 when five students will compete for a £5,000 prize (won by the Royal Group of Hospitals project through the Allied Irish Bank Better Ireland Awards in 1992). The entries will be displayed throughout the hospital so that everyone will have an opportunity to register a preference and debate the merits of the designs.

A senior student from the University of Ulster has also been funded to take a year out to work in the hospital from September 1992. Eileen Bannon is also a qualified nurse and is at present working on a large mural depicting medicinal plants growing in their natural habitats (Fig 5). The mural will draw on information supplied by the Pharmacy Department to provide a description of the plants and their medicinal properties. Eileen will have opportunity to pursue her own work during this year and will also work alongside the Art Therapist in the

Geriatric Medical Unit with the aim of learning something of this particular discipline.

In addition to developing links with the University of Ulster, the project is also reaching out to the community. More than 20 local artists have been involved in the project in one way or another: facilitating workshops, working on commissions and assisting the artist in residence with particular pieces, notably the mosaic work in the entrance hall.

Several local schools have presented musical programmes in the hospital, and children from St Peter's Primary School spent a day visiting various departments and talking to staff. Their teacher subsequently asked them to describe their impressions, and the resulting essays and drawings were displayed in the foyer of Level 3.



Fig 5. Mural of medicinal plants by Eileen Bannon in the link corridor/bridge between the Queen's University buildings and the Royal Victoria Hospital.

CONCLUSION

Judging from the evaluation report and subsequent feedback from other sources, the project is achieving its aims of improving the environment and helping to relieve some of the stresses associated with being a patient or, indeed, a member of staff in a busy hospital. The project has also been successful in other ways: developing links between the hospital and the community in which it is located, providing an outlet for local artistic talent and a learning experience for students.

The project was initially funded for a period of three years, up to April 1993, but its immediate future is secure: following the submission of a detailed business proposal, the Royal Trust Board has agreed to support the post of artist in residence for another three years and further project funding has been sought from the Arts Council and other funding voluntary organisations. Discussions have been held with management and the Department of Health and Social Security with the aim of ensuring that the project has an input to the planning process for any new developments on the site; indeed, advice has already been sought in relation to the new building for the Royal Belfast Hospital for Sick Children.

The Department has recently set up ARTSCARE, an organisation which will promote and support the arts in hospitals throughout Northern Ireland. Contact has been made with all the area boards and considerable interest generated. The appointment of an artist in residence at the Royal Groups of Hospitals has provided a model of one way in which an arts project may be developed in a hospital setting, and we hope that this article and the evaluation report may be of some help to other hospitals which are considering such an appointment.

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