

**Value and Possibility of Integrating  
Artistic Intervention into Nursing Care  
in Acute Clinical Settings**

**Interview from Nurse's Perspective in Danish Context**

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Abstract  <p>The utilization of art is blooming in plenty of disciplines within healthcare fields. Its benefit and effect in nursing care have great potential awaits to be discovered and proven through numerous researches to promote more effective and professional application. Little research has paid attention to the receptive arts in healthcare.</p> <p>The aim of the study was to investigate the value and possibility of integrating artistic intervention into nursing care in acute clinical settings. The purpose of the study was to raise the awareness of healthcare professional, especially nursing staff, towards the benefits brought by art in healthcare and promote its application in holistic nursing care in acute settings. Qualitative research method was used with themed interview as data collection method.</p> <p>Three main findings were identified, themed as The Positive Vision, Challenge to Breakthrough, and Suggestions for Onset. Based on the findings, nurses generally possessed a positive vision toward integrating artistic intervention into nursing care in acute clinical settings. Some nurses were aware of the benefit of art in facilitating holistic care. It was also considered to be potential option as new method to implement nursing care. Nurses also have suggested primary ways of its realization in acute clinical setting. The value and possibility of artistic intervention in acute nursing have been proven and illustrated. Meanwhile challenges also indicate that more effort would be needed to promote its development and to reflect its actual benefit in practice in a critical way.</p>		
Keywords Nursing, Artistic Intervention, Creative Activity, Art in Healthcare, Holistic Care, Acute Nursing, Danish Healthcare		
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# 1 Introduction

Art has been used to mitigate pain and comfort people suffering from vital illness for thousands of years (Hurdle, 2014; Baron, 1996). In 1850s, the main purpose of art in hospital was to improve reputation and collect fund for the development of hospitals (Hume, 2010). Nowadays the focus of art in healthcare is to support and improve the health of the patients and caregivers by providing a more comfortable and satisfying healing environment. (Hume, 2010; State of the Field Committee, 2009.) Arts and sciences are such two difference subjects. It is evident that new challenges exist when developing arts in medicine, which is one of the foremost branches of science (Lankston et al., 2010). Art therapies, medical humanities and arts in the hospital environment are the main studies relate medicine and arts in one concept. (Hume, 2010; Cohen 2009, Lawson & Phiri 2003, Moss & O'Neill 2014, Ulrich 1992, 2009.) A great number of interventions and methods exist ranging from outreach programs, art therapeutic interventions and health promotion activities. (Moss & O'Neill, 2014; Society for the Arts in Healthcare, 2012.)

It is believed that the most critical stages of acute illness are before hospital admission and during treatment at the Emergency Department. Relatively higher level of stress and anxiety is common in patients with acute disorders. It may lead to increased risk in morbidity and complications. (Grahm et al., 2014.) Excessive hospital noise caused by alarms, beepers, conversation, and many other objectively factors could also increase level of stress (Choiniere, 2010). Artistic intervention may help effectively to provide a better healing environment to patients, yet little research has paid attention to the receptive arts in healthcare (Moss & O'Neill, 2014).

The utilization of art is blooming in plenty of disciplines within healthcare fields. Its benefit and effect in nursing care have great potential awaits to be discovered and proven through numerous researches to promote more effective and professional application. It is very interesting to get deeper understanding and do more comprehensive investigation into artistic intervention in nursing. Nurses' perspective is focused specifically in this study. For clarity, artistic intervention here is defined as including visual arts, music, writing, and other related creative activities. Acute settings refer to where acutely ill patients get treatment such as Emergency Department before transfer to specialized ward. This study is conducted and illustrated in the Danish healthcare context.

The aim of this study is to investigate the value and possibility of integrating artistic intervention into nursing care in acute clinical settings. The purpose of this study is to raise the awareness of healthcare professional, especially nursing staff, towards the benefits brought by art in healthcare and promote its application in holistic nursing care in acute settings.

## **2 Artistic Intervention and Its Benefit**

'An artistic intervention is an experience, either through direct involvement with an artist or artistic process, or by viewing and reflecting on a piece of art. The focus is not on the art form itself, but on the process of engagement and subsequent outcomes at the individual, group, organizational, or societal level' (Johansson-Sköldberg & Woodilla, 2014). In this study, artistic interven-

tion is defined as including visual arts, music, writing, and other related activities (Meyer, 2012). Typical artistic intervention is challenging to define since the outcome is unpredictable (Bout, 2014).

Art therapy and artistic intervention, though similar in some ways, yet have different effects in their motivation forces, purposes, processes and outcomes. Deleo and Bradt (2009) said that 'Arts therapies are inherently different in nature from art in healthcare practices, therefore, each field and discipline needs to create and embrace its own body of literature'. Art therapy is a way of treatment where healing is the final goal, whereas in artistic intervention, the process and experience of art creation and interpretation are functioning to heal. (Meyer, 2012; Broderick, 2011; Moss, 2008)

According to The Arts Council of Ireland (2003), art therapy is defined as a therapeutic intervention with psychology, psychotherapy, and psychiatry practice as part of clinical provision in healthcare. It has become a general profession from late 20th century in the United States. (Meyer, 2012; Broderick, 2011; Moss, 2008; Dosamantes-Beaudry, 2003.)

Artistic intervention, on the other hand, is more interdisciplinary. It may relate to diverse professions such as artists, nurses, physicians, and other caregivers with proper use of art in healthcare. The process is different depending on the performer, situation, and other related factors. The aim is to promote healing of patient. (Meyer, 2012.) The art is facilitating healing instead of curing. For artists and other performer using artistic intervention, the therapeutic outcome is a reward. It crates access to art works as complementary clinical practice, which encourages self-expression and therapeutic effects. (Gillam,

2013; Broderick, 2011; Jones, 2005.) Artistic intervention seeks to support the holistic perspective in healthcare (Dosomantes-Beaudry, 2003).

The capacity to appreciate art do not always change, even though patients are going through certain level of transition and suffer during their hospital stay (State of the Field Committee, 2009). From sculpture, gardens with natural elements, and art exhibition on the walls to sponsoring dance performances, music concerts and workshops, the diverse art activities have been easily accessed and have significant influence toward hospital environment. (Hume, 2010; Lane, 2006; Council, 2002.) The relaxing atmosphere gives people a space to be more meditative and open to healing. Many medical centers have been working hard aiming to humanize healthcare. (Lane, 2006.) In the last two decades, the selection and presenting of appropriate art work in hospitals has merged into expertise. It is proven by research that patients and caregivers have happier and healthier experiences in a more beautiful, peaceful, and inspirational environment in contrast to a somber, mechanical and industrial environment. (State of the Field Committee, 2009; Admin, 2007.)

Creativity heals. Arts can bring great benefits for patients. (Meyer, 2012; Lane, 2005.) Art can always evoke human response. No matter how human react, like or dislike, it raises self-awareness by personal questioning. Art is a process of sense-making, a way to express. (Bout, 2014.) Imagination enables brain to circumvent negative thoughts (Bedding & Sadlo, 2008). Reliable evidence demonstrates the positive effect of music for various somatic and psychiatric disorders, including heightening the immune system (McCaffrey & Locsin, 2002). It is said that art has the power to mitigate certain emotional and physical symptoms (Hume, 2010). It is proven to decrease stress and anxiety, mitigate pain, regulate heart rate, blood pressure and respiration rate.



(Gebauer & Vuust, 2014; Hurdle, 2014; Leckey, 2011; Stuckey & Nobel, 2010; Mccaffrey & Locsin, 2002) For instance, research shows that art helps to relax patients in ICU reported with pain medication reduction (Lane, 2005). It can also bring auditory stimulus, cognitive distraction and release endogenous opioids. (Drori et al., 2014; Grahn et al., 2014.) It also gives access to relaxation empowerment, and self-expression (Hurdle, 2014; Gillam, 2013; Leckey, 2011; Rancour & Barret, 2011; Lane, 2005). Research also indicates that display of visual arts can improve patient's hospital experiences and shorten length of hospital stay (Lankston et al., 2010; Lane, 2006). Art can also build a community where patients could get social bonding and support. (Hurdle, 2014; Meyer, 2012.) The same benefits also apply to nurses and families by participating the artistic intervention together with the patient (Hurdle, 2014; Meyer, 2012; Lane, 2006).

Certain number of artistic interventions can produce similar effects compared to conventional medical practices. It leads to improvement of medical treatment and medication reduction, which is shown in many Sadler Award-winning projects. Meanwhile artistic intervention is safer and less costly while contributes more to the healing process. (State of the Field Committee, 2009; Admin, 2007.) It does not contradict the medical view, rather supplements the biomedical view to provide holistic care (Stuckey & Nobel, 2010; Lind, 2007).

### **3 Development of Artistic Intervention in Holistic Nursing Care**

'Nursing is the finest of the fine arts' (Nightingale, 1860). According to Carper (1978), four forms of nursing knowledge are needed, which are scientific, ethical, personal and artistic ones. The artistic skills are yet not so evident in practice (Goodman, 2006; Wright, 2006).

As development of evidence-based medicine is leading healthcare more and more into scientific ways, there is growing potential risk that nurses will become more of a technician instead of a person with a caring heart. The overall humanistic care is losing its attention. (Castledine, 2010; Phaneuf, 2009.) It often ends up into treating the illness rather than the patient. The quality of life is significant in healthcare. (Mccann, 2013.) Artists pointed out that they witness a human side of healthcare professional when cooperating in arts in healthcare programmes (Hurdle, 2014). Art in healthcare could best utilizes nurse's creative and empirical skills to improve patient's care (Castledine, 2010). Many international researchers suggested artistic intervention to improve holistic care in hospitals (Mccann, 2013; Meyer, 2012; State of the Field Committee, 2009). It provides a new perspective with most transformative healing approach for the care of patient (Lane, 2006). Art activities enable nurses to build a holistic connection with patients. It helps to achieve harmony to the body, mind, and soul. (Hurdle, 2014.) According to health futurists, strong healing of the body proceeds at the level of spirit (Lane 2006; Kaiser, 2003).

Florence Nightingale, in the early nursing care, had been using flute melodies to promote healing for injured soldiers in the Crimea to give a positive effect on soldiers with pain. She emphasized the importance for nurses to take responsibility to provide patients the best healing environment. (Lane, 2005; Mccaffrey & Locsin, 2002.) She addressed out that environment had great influence on healing. It is still highly relevant today (Meyer, 2012). She once wrote in *Notes on Nursing (1860)* 'The effect of beautiful objects, of variety of objects and especially brilliance of color is hardly at all appreciated. Little as we know about the way in which we are affected by form, by color and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients are actual means of recovery.' (Lankston et al., 2010.)

The healthcare environment may either enhance or restrain healing (Schweitzer et al., 2004). For instance, a short period of sensory deprivation might lead to boredom, which is a common experience during patient's stay in hospital (Rollins, 2011). Artistic intervention might be a solution to the negative emotions, even to patient's pain. It can distract and release patient's overwhelming feelings resulting from transitions. (Meyer, 2012.)

As nurses exert themselves to provide prominent care for patients and families, continuing efforts from nurses will lead ways to integrating art in patient care. Artistic interventions could grow to be an advanced nursing skill in clinical implementation. (Lane, 2006; Samuels & Lane, 2000.) Many nurses are still in doubt about the correlation between art and nursing science (Castledine, 2010). Nurses, by the virtue of their close contact with the patient, hold a crucial role in integrating artistic interventions into daily hospital life (Drori et al.,

2014; Lane, 2006). They are in the most suitable place with tremendous opportunities to promote creative improvement (Merrick, 2015; Lane 2005). They function as catalyst, as gateway, as guiders, who introduce and invite patients to experience and benefit from the world of art. (Hurdle, 2014; Lane 2006; Lane 2005.) On the other hand, artists said that they could also be either advocates (Lane, 2006) or hinderers for patients to get involved in art programmes (Hurdle, 2014). The nursing staff makes big difference towards the outcome of artistic implementation (Hume, 2010).

There are plenty of ways for nurses to bring arts to patient care individually or in a group, with or without cooperation with professional artists. (Gillam, 2013; Phaneuf, 2009; Lane 2005.) Nurses could start with assessing the patient's creative resources. This could be part of the regular step of nursing process. From nurses' initial contact with the patients, they could ask them about what creative activities they do in their daily life. For example, if they draw, write, compose, dance, or other forms of art. Or what creative activities could make them feel relaxed and relieved. (Lane, 2005.) Nurses can collect art supplies, such as image displays, music selections, or prepare an art cart with posters and paintings according to patient's needs and preference. They could carry out the art-making process together with the patient or invite families to join when there is chance. Nurses could also write prescriptions for arts as they do for administration of medication with access to Arts on Prescription programmes. (Lane, 2006.)

Evidence-based medicine is the developing trend of modern medicine. For artistic interventions to be integrated as part of healthcare, it must be supported to the same standards. (State of the Field Committee, 2009.) Vast researches and sufficient data are required to prove the benefit and healing power of art.

(Hurdle, 2014; Broderick, 2011.) Research so far are not enough to produce substantial forces to drive it forward (Mccann, 2013). It implies that it is difficult to obtain resources and break through institutional obstruction and professional isolation. Raising awareness of both patients and healthcare staff of creative modalities is significant. (Bungay & Clift, 2010.)

The evaluation is challenging due to the wide range of art forms and effect as there is no 'typical artistic intervention' defined (Ariane & Anke, 2013; Leckey, 2011). Nurses who do not have previous art-related experiences or interests may feel unconfident or confused to conduct art activities. Furthermore, little emphasis of creative intervention could be found in materials of nursing education. (Meyer, 2012.)

## **4 The Danish Context of Art in Healthcare**

Denmark, locates in Northern Europe, is well-known for its high quality of life. It ranks the top place in Europe in aspects of people's satisfaction with their lives in general and with healthcare services (EU, 2012). An orderly patient pathway is prioritized toward patient's experience, which at the same time guarantees an effective cooperation across the health sector. The average admission time of patient in Denmark is the shortest in the European Union, which is indicated to be 4.6 days in 2010. The Danish health care system is striving to improve quality of treatment to reduce length of hospital stay and times of readmissions. (Healthcare DENMARK, 2014.)

The development of art in healthcare in Denmark is still in rudimentary stage. Some successful projects have benefited service users of healthcare. For example, an award-winning project in 2007 has successfully mitigated patient's anxiety and distress by the use of a musical recording produced by physicians and musicians, which otherwise would require administration of sedatives. (Admin, 2007.) A specially-designed music called 'MusiCure' (music as medicine) gives nurses opportunity to help psychiatric patients by reduction of anxiety and distress in Horsens Hospital. (Sørensen, 2004.) Patients in long-term care could choose artworks themselves from well-selected collection to decorate their room in Odense University Hospital (Healthcare DENMARK & Sonovison ApS, 2015).

Perhaps the public and the authority have not fully recognized the important gaps in healthcare provision and there still exists much skepticism and prejudice towards the field. The acknowledgement and support from politics in Denmark is less than in Sweden and Norway. No referral of arts and health is stated in the 2013-2016 strategy from the Danish Ministry for Culture. Very few studies have been carried out aiming to investigate the association between participation in art activities and individual's health in Denmark compared to that in Sweden and Norway. Denmark is laggard to make use of arts to improve patient's care and promote public health in general. (Hejelms, 2016; Jensen et al., 2016; Jensen, 2013.)

## 5 Aim and Purpose

The aim of this study is to investigate the value and possibility of integrating artistic intervention into nursing care in acute clinical settings. The purpose of this study is to raise the awareness of healthcare professional, especially nursing staff, towards the benefits brought by art in healthcare and promote its application in holistic nursing care in acute settings.

## 6 Methodology

This research is a qualitative study. The goal of qualitative research is to understand a phenomenon by investigating and giving reasonable interrelationships between its structure and variables (Kananen, 2013). According to Trockin and Donnelly (2008), a qualitative research is suitable to get a more in-depth view on a phenomenon or to create new theories and hypothesis. As in this research, the author is aiming to get a deeper view of art in healthcare, especially in acute nursing care, and to further investigate the value and possibilities of its application in acute clinical settings.

Themed interview is used as data collection method. It helps researchers get deeper and richer data that cannot often be acquired by quantitative methods. Individualized interviews are conducted with registered nurses working in acute ward of Emergency Department.

## 6.1 Recruitment of Participants

Inclusion criteria for this study is a convenience sample. Participants were nurses who work in acute ward of Emergency Department. The nurses were recruited through the contacts from the educational institution and the hospital in Denmark. Participants volunteered for interviews of this study.

There were 5 participants: all female registered nurses from 20-60 years old from Denmark with different working experiences in both acute ward and other wards. All nurses have basic nursing education at least in bachelor's level. Contact was initially made with clinical supervisor. 3 nurses were ready to get interviewed in first contact, 2 other nurses participated in later contact. Private information of participants was strictly kept anonymous throughout this study.

## 6.2 Data Collection

Data was collected from 5 individualized interviews obtained from 5 registered nurses working in acute ward of Emergency Department in Danish university hospital. The whole process of interview was in English language. An introduction sheet of interview and research information (see Appendix 1) was given as official start of the interview. A semi-structured interview guide (see Appendix 2) was used, which included 55 structured questions and 3 open questions to get data in a more comprehensive perspective. 18 marked quintessential questions out of 55 structured questions were leading the interview. Other structured questions were discussed depending on the interview progress. All 3 open questions were asked at last part of the interview for further discussion and comments. Research question was investigated in two parts: a) The value of integrating artistic intervention as part of nursing care



and b) the possibility of provision of artistic intervention in nursing care acute settings. Fived themes were discussed in first part: 1) Back ground of subjects, 2) art therapy and artistic intervention, 3) current situation, 4) meaning, and 5) holistic care. Three themes were in the second part: 1) Acute settings, 2) pro-  
spection, and 3) realization.

Each participant was asked the research questions from the interview guide and was encouraged to speak openly about their experiences and opinions towards artistic intervention in nursing. Each interview took approximately from 30 to 45 minutes. All interviews were conducted during morning shift hours. Conversation was recorded with a digital recorder. Saved audio data was generically transcribed into text data for further analyzing and reporting. The transcribed data was repeated checked to ensure accuracy and rigor. Part of the quotes presented were rewritten into a correct written form to improve readability and to protect confidentiality.

### 6.3 Data Analysis

A strategy called Systematic Text Condensation(STC) (Malterud, 2013) is used to analyze the data collected of this qualitative study. STC is a strategy developed from traditional analytical methods of qualitative data. At the same time, it is developed to offer the novice researcher an intersubjective, reflexive, and feasible process while maintaining a responsible level of methodological quality. Only a limited number of participant are needed providing abundant and diverse empirical data is collected. The method presents a systematic instruction on how to apply data analysis, which makes the process relatively clearer in results producing. This descriptive approach demonstrates the experiences of the participant in the original expression form. The analysis process

consists of four main phases: Total impression, identifying and sorting meaning units, condensation, and synthesizing. Data analysis is proceeded strictly according to the given instructions of STC. The main analysis process is illustrated in Figure 1.

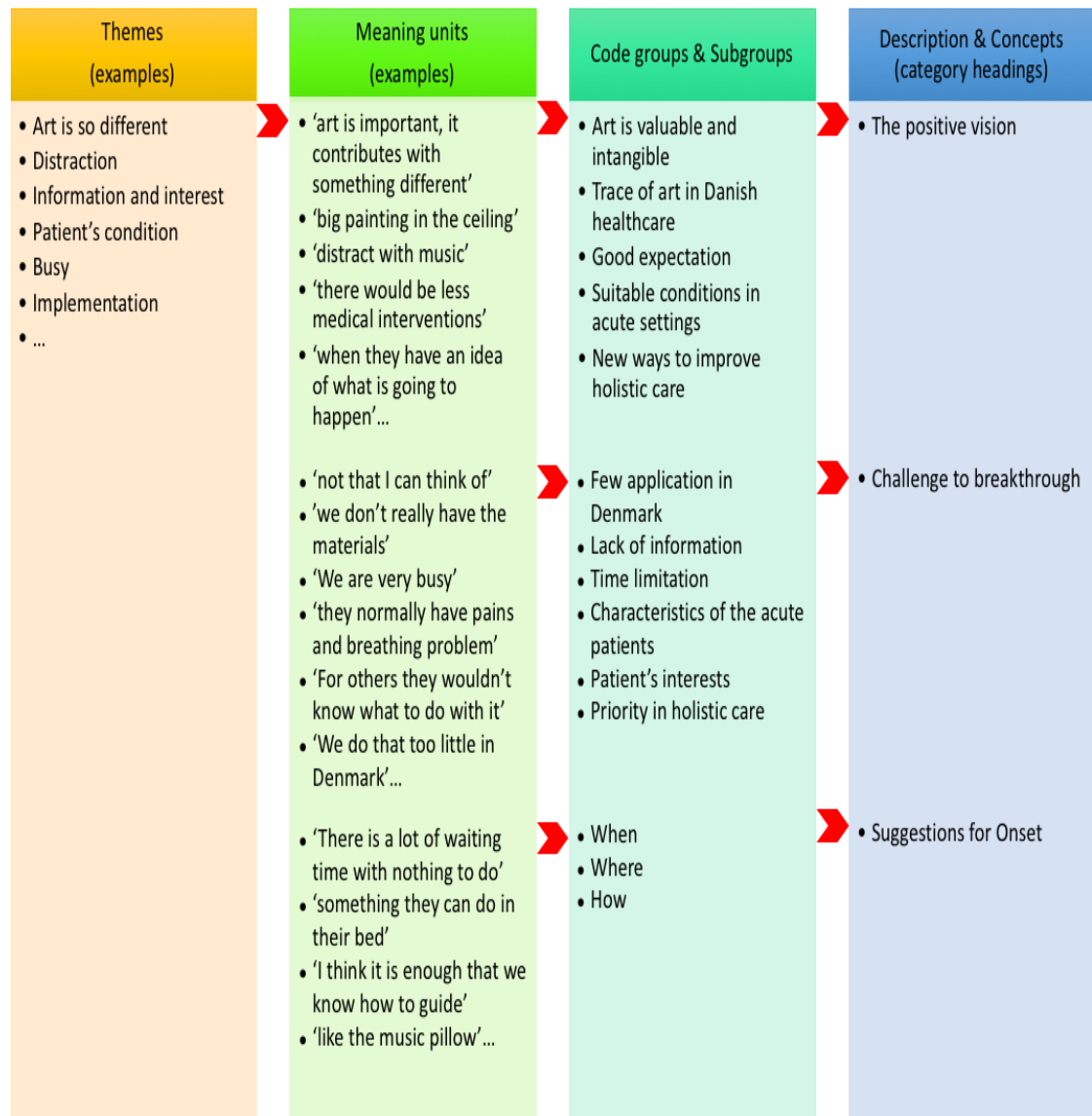


Figure 1. Analysis Procedure according to Systematic Text Condensation (STC) (Malterud, 2013).

According to STC, an overview of data is established in the first stage. The entire transcription is read to identify the preliminary themes related to nurse's

perspective towards integrating artistic intervention into nursing care in acute clinical settings. Any preconception or theory is left out at this stage. About six primary preliminary themes were identified in this step: 'Art is so different', 'Distraction', 'Information and interest', 'Patient's condition', 'Busy', and 'Implementation' (see first column of Figure 1).

In the second step, meaning units were identified, classified, and sorted into codes. The meaning units included are supposed to conceivably relate to the themes recognized in the previous stage. This phase involves decontextualization, which refers to temporarily put parts of the text from their initial context for cross-case synthesis. After finishing finding meaning units, they were coded into code groups where the connection is revealed. Establish of each code group was based on the tacit logic which was deliberated throughout the coding process (see second column of Figure 1).

The third step involved systematic abstraction of meaning units. Firstly, meaning units within each code group were sorted into different subgroups. Each subgroup was featured related to the study question and the interpretative perspectives. A few subgroups were prioritized according their focus based on their relevance and contribution to the investigation topic. The content of each subgroup was then condensed into 'an artificial quotation' that sustained the initial terminology from the interviewees as much as possible. The condensate remained in the first-person expression form to maintain the recognition of each participant. The authentic illustrative quotation was also identified that matches the previous condensate. Similar procedure was repeated to the analysis of each subgroup. Eventually, each code group would consist of different subgroup with diverse aspects of illustration and description (see third column of Figure 1).

In the final step, description and concepts are developed by reconceptualizing the data. Contents of the condensate were synthesized. Credible stories were developed presenting the most essential content and meaning. It was narrated again in third-person form. Subgroups contained analytic text were arranged into different paragraphs with illustrative quotations under category headings. The analytic text that was reconceptualized was examined back to the original text to validate if the final product still expressed the original context properly. The whole transcription was read again to search for data that could possibly challenge the results. The category headings were the final results, which were 'The Positive Vision', 'Challenge to Breakthrough', and 'Suggestions for Onset' (see fourth column of Figure 1).

## **7 Findings**

### **7.1 The Positive Vision**

Some nurses express that art an important part of life, which also contributes to the society. As the modern knowledge hierarchy is built on the development of research investigations, the value that art brings may sometimes be intangible, but its contribution is valuable and is seen in a differently way.

When talking about art in clinical settings in Denmark, even though not so much impression, still examples like decorative paintings on the wall and ceiling and mural were mentioned. There is still trace of art.

Nurses' general reaction toward integrating artistic intervention into nursing care is rather positive. They are interested and willing to try to provide patients with creative nursing care, if it is proven to be beneficial and in patient's actual needs. Some nurses mentioned the practical merits of artistic intervention or general arts to be distraction from music, paintings, or other attractive forms of art. It helps patients to temporarily get away from the current suffering condition, mitigate stress, calm down, and get social support. It is also believed that artistic intervention would be a side-effect-free intervention. They are not convinced that such intervention could replace the conventional interventions to have the same outcomes. But it can be seen to work together with pharmacological intervention, in some cases even enhance the effects or reduce the amount of medicine administered such as painkillers.

In the context of acute settings, they believe it could benefit patients in certain occasions. Patients who are hospitalized in acute ward come due to wide range of physical disorders. Many patients are in critical or rather severe conditions while others might get the symptoms alleviated earlier and be observed by doctors to proceed to another specialized ward or home. Nurses indicates that there is a lot of waiting time. Things may happen in very fast pace, but there are some periods of time where patients on their own are waiting for examinations, or the next clinical decisions, or just simply expecting the next nursing interventions. Some of these patients are more stable and not fully concentrated. Some patients get easily angry or impatient. They want things to happen. Many of them would read newspapers and watch TV or do nothing. Naturally, patients need to just rest in bed in a quiet environment. When they have energy for other things besides feeling pain in the body, it is also a good sign that they are getting better. It might be a good idea to facilitate a relaxing and healing environment with provision of artistic interventions. Something patients can do while in bed. Something releases nurses from

pressure from demanding patients. An offer that gives patients more options of things to do to pass time, at the same time, are beneficial for healing.

*...I think when you are just lying in bed, you are more or less bored. You are having pains and there's nobody to talk to. When you can only see the blue curtain and white ceiling, everything gets worse. If you could have something to do, you might forget that you are afraid or that you have so much pains...*

In aspect of holistic care, besides the conventional focus on medicine science, nurses believe that it could also help to achieve an improvement. For instance, it might help nurses to understand patient's feelings and need better:

*...Because you are with richer and wider set of patients...Especially when you think about expressing how you feel through drawing. Then maybe you could get more about the patient. It would be clearer what patients are thinking about the situation now. Because all we do now is talk...*

Nurses could see the importance to investigate such subject. It might lead nursing into a more mind-opening direction and a new area in the future. It is where nurses could use more of their strength and creative skills to better help their patient. It enables nurses to take care of the patient in another way and gives satisfaction to nurses.

*...There could come some new perspective. Sometimes you feel that the only thing you can do is to give them more medicine. We've always done it certain way and that's the only way. That's not very satisfying for our nurse. Because I think a lot of nurses want to do more things for the patient than just give them more morphine for example...*

Nurses also indicate that it is essential to cooperate with other professions as well to promote artistic intervention in healthcare. They could work with artists or art therapies to bring ideas on the future implementation.

## 7.2 Challenges to Breakthrough

Art in healthcare is not yet common in Denmark. Generally, very few impression of utilization of art in clinical settings was identified during the interview. Some mentioned in the ways of decorative environment, but none of its applications toward patient's healthcare such as art therapy or creative activities are mentioned.

Art and medicine are interpreted to be two totally distinct fields. Nurses unanimously expressed that it was difficult to discover the value of application from intersection of these two subjects in healthcare. One big challenge is the lack of information. The state of unsureness and ambiguity towards understanding of artistic intervention, or generally art in healthcare, often appears during the interview. Nurses indicate that there has not been adequate or reachable research that proves the value of artistic intervention in nursing care. It was the first time for some nurses to hear or think of using creative activities as nursing interventions. It is hard to see how it can work in practice. Some are not convinced that it has an effect or benefit. On the other hand, nurses find it difficult to commence because there is no guidance material or anything supportive to utilize. Hospitals are not prepared to get involved with the current facility and circumstance they have. For nurses themselves, perhaps basic trainings related to artistic intervention is necessary. Not every nurse is interested. Some also think that a positive outcome would be hard to reach without sufficient training. It is a big and different step to take. Effort and time are needed to promote such project.

As to integrate artistic intervention into nursing care in acute clinical settings, time limitation is another big challenge indicated by nurses. Everything hap-

pens fast in acute settings. Patients with unknown condition come for diagnoses and immediate treatment, once observed and stabilized, they proceed to another specialized ward or home. There is a mass of patient flow. Nurses are always working in constantly changing conditions. Adaptability and Capability of quick reaction are the key competences to work in acute wards. Patient's time to stay in acute ward is normally very short which is about 1-2 days on average. It gives very short time for nurses to properly get to know their patients.

*...We have shorter time to get to know the patients. Even though they may be in the ward for one day, half of the time they might be getting an examination and different scans...Also there's higher possibility that they get unstable...*

A high volume of workload seemingly always keeps nurses busy. It is hard for nurses to spare time for artistic interventions. Otherwise supposedly more nurses are needed to share the workload. Some consider it to be something additional rather than a part of the intervention within the nursing plan.

The characteristics of the acute patients can also make difficulties to implement artistic interventions. Patients are normally too focused on their diagnosis in the acute phase. Many are in great degree of anxiety, at the same time suffering from physical pain, nausea and vomiting, and breathing problems. It might not be realistic to offer artistic intervention as they are too occupied to concentrate on anything else. Patients come from so diverse background and conditions that it is challenging to point out a beneficiary group.

*We are way too busy. It's not even our focus here. What's important in the acute setting is that the patient get the medical treatment that they need now. Because they are in major crisis and they feel bad physically at the same time. Maybe they don't really want it.*



On the other hand, as for patients who have been less involved or interested in art might make light of or distrust the implementation of artistic interventions. They may be at loose end to do anything about it. Other patients may also find it disturbing and stressful to be close to an ongoing course.

In the consideration of holistic care in the Danish healthcare system, nurses indicate that the primary focus has always been the physical wellbeing of patients during their stay in hospital, especially in acute settings. Efficiency and efficacy are the features of work pattern in clinical settings. Patients generally have very short stay in Danish hospitals. Indeed, the healthcare professionals should prioritize the physical aspect of patient's health. However, it also makes them easily neglect the significance to guarantee the spiritual and psychological wellness of patients.

### 7.3 Suggestions for Onset

Based on the discussion with nurses, we have discovered several starting points where healthcare professionals could consider when implement artistic intervention in acute nursing care.

**When?** Nurses suggested that a proper timing would be essential, where patients get more stable after completion of major diagnosis. It is also suitable for people who come for day-patient treatment. That is where patients may have free time resting or otherwise looking for something to do. For example, some old ladies would sit down and knit when they are getting antibiotics. When nurses start to plan as well as implement the nursing care, they could consider using artistic intervention as part of the care plan.

Nurses can start or introduce already at this point as patient becomes more eased and open before they are transferred to another specialized ward or go home. Patients could continue with the intervention in the following days.

**Where?** Art at the bedside is thought to be ideal. Nurses could try to make a comfortable and relaxing healing environment based on the preference of the patients. Nobody enjoys staying in a place with dull colors and somber atmosphere. At the same time, nurses could always offer selection of paintings and music, with headphone provided, or a sketch book to draw and write. An art room might also be a good idea. Perhaps it does not need to only service the patients admitted to acute ward. It could be a place with easy access for patients in need. It is a place where they could sit and relax, listen to music or play piano, write a little story or simply enjoy art together with someone who shares the same interests.

**How?** Holistic care emphasizes the comprehensive way of treating the whole patient. It covers not only the physical well-being of the patients, but also at the emotional, social, and spiritual level. At the admission time, nurses could ask patients about their interests of creative activities. Patient might have done some art-related activities themselves to deal with pain or sorrow. With such information, nurse could utilize some tools to provide the possibility for patients to do similar things in hospital. Simply offering possibility would not take much time from nurse. It could be as easy as hand out a magazine or newspaper. Nurses could always inform patients about the availability of artistic intervention. Patients could also have the option to choose art as a supplementary intervention working together with the pharmacological treatment. For instance, to mitigate pain or stress in their body.

The implementation form of such modality can be individualized or in small groups depending on the patient's need and physical condition. Individualized intervention could offer more personal oriented care. While in small groups, patients may benefit more from the social support by sharing experiences and connecting themselves through art to other patients.

*...Some of our patients have the same symptoms and the same problems. We know that it helps to talk to somebody who has the same problems. It's easier to understand the other person...*

To carry out the intervention together with the patient would be optimal as the way of participation for nurses. Nurses could give certain guidance for patients to start the art-making process. Perhaps nurses need not to paint themselves, but they could accompany patient if time allows. Otherwise family or artists could also be there with the patients. It is essential and necessary to cooperate with other professionals. Nurses pointed out that there should be groups of specialist working as main force to promote artistic intervention in hospitals. It is also important to evaluate the outcome properly by observing patient's subjective feelings and objective indicators. Possibly development of new scales for evaluation is requisite.

## **8 Discussion**

### **8.1 Main Findings**

The main findings of this study have continued to prove some of the results from the previous researches (Jensen et al., 2016; Hejelms, 2016; Mccann, 2013 etc.). Certain advantages of artistic intervention can be identified from nurses' point of view. Limited level of recognition is identified. In the Danish context,

although it mainly stays in basic level, value of artistic intervention could still be seen and believed to be investigated forward. This makes a great start for its promotion to be possible. At the same time, the main findings provide deeper understanding of artistic intervention in nursing care in a more specific context which is the acute clinical settings. New perspective and more focused investigation referring to acute nursing care indicates more precise interpretation and guidance. Expectation and challenges toward artistic intervention in nursing care are discovered.

The findings of this study only apply to adulthood healthcare service, the criteria of pediatric nursing are not included. Also, the study is carried out in the context of Danish healthcare system, it may not be fully explanatory to interpret or apply in another healthcare system due to distinct variables. The finding could only be considered as elementary. Further researches are requisite for verification and investigation for more thorough and critical perspectives.

The concept of integrating art in healthcare is blooming all around the world. Art programs in healthcare are developing rapidly in many countries such as the United Kingdom, the United States, Canada, Australia, France, and Japan. United Kingdom and United States are taking the lead in the application and promotion of art in healthcare. A great number of innovative art and healing programs are integrated as part of British healthcare system, as well as American, with support of artists and healthcare professionals around the nation. (Rollins, 2011; Lankston et al., 2010; Lane, 2006.) With existence of prominent examples, perhaps healthcare professionals from other region could reflect and progress at the same time. As nurses, we always strive for advancing excellent nursing skills. This requires constant critical reflection and even innovative mind. We should notice the lopsided development of healthcare mostly

thriving rapidly in scientific direction. At the same time, we need to revive more humanized nursing care while open our mind in searching new perspectives. Artistic intervention holds essential role to promote holistic care. This creative nursing intervention can help hospitalized patients heal in spiritual level and achieve unique experiences. Effort needs not only from passionate individuals, but also from the public, art and health professionals, service users and authorities to make a significant change.

Such development does not contradict with scientific medicine. On the contrary, due to its unique quality, it may enhance the effect of or even replace medical treatment in certain cases to improve the physical well-being of the patient. Nursing practice is in great degree dependent on medical guidelines. Artistic intervention could provide a more independent and nurse-led intervention, that functions different from conventional interventions.

Above all, vast number of researches are still in need to provide scientific evidence as tangible facts to support art in healthcare to move forward. Art in healthcare is still incomprehensive to many people. There are still a lot of unknown aspects awaits to be discovered. The finding of this study and of future ones could be the driving force to accelerate the promotion of artistic intervention for nurses to benefit more and more patients.

## 8.2 Ethical Considerations

Ethical issues are covered throughout the whole research project process. 'Informed consent entails informing the research participants about the overall purpose of the investigation and the main features of the design, as well as of

any possible risks and benefits from participation in the research project.’ (Kvale & Brinkmann, 2015).

Permission was acquired from host organization and consent was informed to participants before the data collection. Nurses interviewed have given permission to have the interview conversation recorded and the report will not show detail of participants’ identity in any way. The nurses were aware of voluntarily participation and their right to withdraw from the interview at any time. They were also informed of the purpose and the procedures of this research study, which included confidentiality information, protection of integrity of published results, access and storage of the interview data, the researcher’s right to publish the interview-based content, and their access to the transcription and the data analysis. Ethical agreement is obtained with signed consent form (See Appendix 3).

Variable factors involved with interview situation, such as time limitation, unexpected interruption, stress during the interview and changes in self-understanding should be considered, also the researcher’s experiences and competence of utilizing interview in qualitative studies. (Kvale & Brinkmann, 2015.)

### 8.3 Reliability and Validity

‘Reliability pertains to the consistency and trustworthiness of research findings’ (Kvale & Brinkmann, 2015). The theoretical base reviewed from previous literature was collected from prominent databases of journal articles such as EBSCO, CINAHL, Cochrane Library, and SAGE. The time range of first resources searched was limited from 2007 to 2017 to obtain up-to-date infor-

mation. Part of the review was based on internet resources with official certificates. Small number of participants were involved in this study. This was related to the number of volunteer available. Nonetheless, the chosen analytic methods and diversity of data collected ensures the quality of the findings with limited number of participants required. Ambiguity and inadequacy of expression may happen due to the English competence of the participants, whose mother tongue are Danish. However, the author has adequate Danish language skills for the communication purpose during the interview. Native Danish speakers were consulted to interpret very few Danish expression from the conversation without confidentiality violated. Constant check and reflection of planning and implementation of interviewing, transcribing, analyzing and other research steps throughout the study progress improves of reproducibility of the findings. It can be testified in similar context.

According to Kvale and Brinkmann (2015) 'Validity refers in ordinary language to the truth, the correctness, and the strength of a statement. A valid inference is correctly derived from its premises. In a broader conception, validity pertains to the degree that a method investigates what it is intended to investigate'. The interview was conducted during morning working hours. This might give nurses pressure from return and completion of work. One of the participants had declared the need of soon returning. Nevertheless, all leading questions and open questions were covered during the discussion. The quality of data collected can be considered as valid. The chosen research method has successfully found out the answers to the research question. The interview was carefully designed and arranged. Required data has been collected. The analytic tool in this study enables presentation of the findings in the original expression form. The findings are written in literary style to improve efficiency. (Kvale & Brinkmann, 2015)

Documentations are kept throughout each phase of the study. All activities related to the study have been recorded in author's thesis diary. The selecting criteria of research method, data collection approach, and analysis tool is well stated. The main findings are produced with reliable knowledge and strict controls without personal bias and prejudice. Verification can be proceeded whenever necessary.

## **9 Conclusions and Recommendations**

Based on the finding of this study, nurses generally possess a positive vision toward integrating artistic intervention into nursing care in acute clinical settings. Some nurses are aware of the benefit of art in facilitating holistic care. It is also considered to be potential option as new method to implement nursing care. Nurses also have suggested primary ways of its realization in acute clinical setting. The value and possibility of artistic intervention in acute nursing have been proven and illustrated. Meanwhile challenges also indicates that more effort is needed to promote its development and to reflect its actual benefit in practice in a critical way.

Perhaps the healthcare promoters could offer optional artistic intervention training for nurses to get access and opportunity to step forward in nursing care. Nurses believe that there is bigger motivation for patients to cooperative if they can see their competence. The promotion could also start from student nurse education. It could be part of the elective study for students who are interested and help to produce new ideas. It also makes it easier to apply when nurses are equipped with knowledge from school and continue to practice in



hospitals. Above all, artistic intervention specialists are in essential need to conduct research and projects and give guidance and instructions to play as significant driving force in art in healthcare.

On the other hand, nurses believe that patient's reaction towards artistic intervention may vary. We need further focused researches to investigate in the patient's point of view, as are the eventually the receiver and beneficiary. More researches are also necessary to investigate the function of applying specific forms of art towards specific wards or patient groups.

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## Appendices

### Appendix 1. Introduction Sheet of Interview and Research Information

#### Make Art Part of Nursing Care

Art is directly connected with our daily life. We can see, hear, and possibly feel art everywhere all the time. From music to dancing, from writing to singing, from painting to films, many artistic activities have brought us significantly positive experiences with effective outcomes.

There has been great amount of research suggesting that art exerts powerful influence both in personal and in healthcare applications with great potential. It can benefit individuals with, for example, anxiety reduction and emotion expression. At the same time, it can also contribute to healing, empowerment, distraction, strengthening social support, etc. in mental, psychological and many other health related aspects.

The utilization of art in healthcare has been applied and started to spread not only in Denmark and Scandinavian area, but also many medical leading countries, such as United States and United Kingdom.

With belief of art brings powerful Inspiration, as art is inspirational itself, I am very motivated to start my thesis study focusing on combination artistic activities as part of nursing intervention and promotion of creative and innovative healthcare.

**This is a bachelor thesis study. The purpose of this study, is to investigate through interview, particularly from nurses' perspective, the value of and if/how can artistic intervention as creative activity to be integrated into nursing care in acute settings.**

The interview will last about 30-45 minutes with recording. It is an open discussion. All kinds of ideas, opinions, and suggestions are highly welcomed! All data acquired will only be used for research purpose with confidential agreement. Thank you very much with great appreciation for your participation!

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JAMK University of Applied Sciences, Finland

## Appendix 2. Interview Guide

### INTERVIEW QUESTIONS

(Leading Questions: No. 5,11,12,14,15,19,21,24,26,30,31,33,37,40,46,48,52,53)

<p>Research Question 1</p> <p><b>The value of integrating artistic intervention as part of nursing care</b></p>	<p>Theme I: background of subjects</p>	<ol style="list-style-type: none"> <li>1. Background: Age, gender, nationality, other profession</li> <li>2. What kind of nursing training do you have? How many years? What level?</li> <li>3. How long have you been working as a nurse in university hospital?</li> <li>4. Have you worked in other wards/hospitals before?</li> <li>5. What is art to you? What firstly come to your mind? Your impression/understanding of art?</li> <li>6. Are you interested in art? Do you do any kinds of art?</li> <li>7. Has art been existing throughout your life? when you grow up? In your family?</li> <li>8. Have you been patient before in hospital or your relatives/family, where you have seen, received or associated with artistic intervention? (examples)</li> </ol>
	<p>Theme II: art therapy &amp; artistic intervention</p>	<ol style="list-style-type: none"> <li>9. Have you heard of art therapy?</li> <li>10. If yes, what do you know about it, could you tell me more about it?</li> <li>11. If no, would you like to/ are you interested to know more about it?</li> <li>12. What do you think of artistic intervention? Try to define, give meanings or examples?</li> <li>13. What do you think of is the difference between artistic intervention &amp; art therapy?</li> </ol>
	<p>Theme III: current situation</p>	<ol style="list-style-type: none"> <li>14. Can you think of / Have you heard of any artistic activities already been using in hospitals? If yes, examples? (details: where, when, forms of art, which part of healthcare, how...)</li> <li>15. If no, would you like to/ are you interested to know more about it?</li> </ol>
	<p>Theme IV: meaning</p>	<ol style="list-style-type: none"> <li>16. What is your opinion about (the motivation/action of) integrating artistic intervention as part of nursing care?</li> <li>17. What do you think of the meaning/point/value of using art as part of nursing care?</li> <li>18. Pro and cons?</li> </ol>

		<p>19. Should we include artistic intervention as part of nursing care? (e.g. would it be: yes/can give it a try/maybe will not work so well/absolutely no...?)</p> <p>20. If yes, explain why (e.g. advantages)?</p> <p>21. If no, what are the reasons?</p> <p>22. (in both nurses' and patients' point of view) Do you know/believe if patient could benefit from art-making process?</p> <p>23. If yes, what benefit?</p> <p>24. If no, what are the reasons? bad effects?</p> <p>25. The relationship towards pharmacological care/existed nursing process? (e.g. alternative or cooperative, enhance effect or negative effects?)</p> <p>26. How do you think we can evaluate the effects/outcome after given artistic intervention? (how often, which aspects, scales)?</p>
	Theme V: holistic care	<p>27. What do you think of the relationship between artistic intervention and holistic care?</p> <p>28. What do you think are the key issues/factor affect good hospital stay?</p> <p>29. Do you think artistic intervention would improve patients' stay in hospital?</p> <p>30. If yes, reasons and how?</p> <p>31. If no, reasons?</p>
<p>Research Question 2</p> <p><b>The possibility of provision of artistic intervention in nursing care acute settings</b></p>	With focus on given forms of art	Input: Music and films, output: painting and writing
	Theme I: acute settings	<p>32. How would you describe/define acute settings? Examples?</p> <p>33. What are the meaning of acute clinical settings?</p> <p>34. What is the highlight? What differentiate this ward from other acute clinical settings?</p>
	Theme II: prospection	<p>35. Do you think we can use artistic interventions in nursing care?</p> <p>36. What is your opinion as a nurse to provide this kind of care (if it will soon happen)?</p> <p>37. How would you expect it to happen/grow? (time and space)</p> <p>38. What kind of patient do you think need/is more suitable to have art as part of nursing care?</p> <p>39. How do you think the patient will react?</p> <p>40. Do patients in this ward need artistic nursing care? (If yes/no reasons)</p>

	Theme III: Realization	<p>41. Do you see the possibilities of integrating artistic intervention into nursing care?</p> <p>42. If yes, how possible/positive reasons?</p> <p>43. If no, what are the difficulties/barriers?</p> <p>44. What is the advantage and limitation of nurse's role to conduct artistic intervention?</p> <p>45. How can nurse provide this kind of care/make it come true? Specific examples?</p> <p>46. Ideal suggestions? (forms of arts, ways of doing...)</p> <p>47. Individualized or group/socialized intervention? give reasons?</p> <p>48. Art-making room?</p> <p>49. Some existing resource/facility/equipment we can utilized from hospital or healthcare?</p> <p>50. How much time or effort do you think nurses should/could contribute to this?</p> <p>51. How artistic do you think nurse need to be to provide artistic intervention? (essential knowledge to give guidance/advice or self-participation to do art)</p> <p>52. What ways of art-making process would you like to join?</p> <p>53. Would you like to join optional artistic training sessions to use in nursing care?</p> <p>54. Multi-professionalism? Should this be something with cooperation of other health care professionals? (e.g. with therapist or other ideal suggestions)</p> <p>55. Should artistic intervention be part of student nursing education?</p>
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### FURTHER DISCUSSION AND COMMENTS

1. What do you think of the topic?
2. What do you think of the material given before the interview?
3. Do you have more comments or other questions?



## Appendix 3. Consent Form

### **Declaration of consent in connection with thesis study/projects at the Bachelor of Science in Nursing Programme**

**Thesis study/project:**

Value and Possibility of Integrating Artistic Intervention into Nursing Care in Acute Clinical Settings:  
Interview from Nurses' Perspective

**Made by:**

Li, Qingyu. student of JAMK University of Applied Sciences, Finland

**Purpose of thesis study/project:**

The purpose of this study is to investigate, through interview from nurses' perspective, if/how can artistic intervention as creative activity to be part of nursing care in acute settings.

**Research question of thesis study/project:**

Value of integrating artistic intervention as part of nursing care; Possibility of provision of artistic intervention in acute settings

I hereby give my consent to participate in the above thesis/project. In this connection my information etc. can be used by the student who make the thesis study/project.

I have been informed that:

1. Participation is voluntary and that it has no consequences to decline participation.
2. I can withdraw from the interview at any time.
3. No information is passed on in a form where my identity can be revealed.
4. Confidential information is deleted/shredded after the thesis study/project is finished.
5. There are no risks involved in participation in the project.

Name:

Signature:

Date: