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J Holist Nurs published online 31 October 2013
DOI: 10.1177/0898010113508005

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A Transpersonal Approach to Care

A Qualitative Study of Performers' Experiences With DooR to DooR, a Hospital-Based Arts Program

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Journal of Holistic Nursing
American Holistic Nurses Association
Volume XX Number X
Month XXXX xx-xx
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10.1177/0898010113508005
<http://jhn.sagepub.com>

The arts have a history of relaxing and calming patients in the hospital setting, yet research is limited on how arts may aid in the healing process. DooR to DooR was established to bring comfort, respite, and healing to hospitalized patients, family members, and health care staff. DooR to DooR is located in the University of North Carolina Hospitals at Chapel Hill, North Carolina; professional performing artists visit there, spending 5 to 10 minutes with each patient, family member, and health care staff. The purpose of this qualitative study is to understand performers' experiences and of how arts-based programs can facilitate improved patient outcomes in the hospitalized setting to help nurses better use the arts in their care of patients and families. Three overarching themes were identified: (a) the arts are therapeutic for all involved, (b) the arts transforms the hospital environment, and (c) nurses and the other medical staff play an important role. The significance of this study for nursing practice is that the arts are a plausible intervention for the hospital because they may help improve patient outcomes by reducing pain and depression and by relieving stress among staff and family members. More research is needed to determine the level of arts-as-an-intervention knowledge among nurses.

Keywords: *arts; hospital-based arts programs; nursing interventions; art of nursing; Watson's theory of transpersonal caring*

For thousands of years, the arts have been used as a way to soothe and comfort the sick and dying (Baron, 1996). However, as medicine evolved into a scientific field, the arts were left behind, being considered antiquated by many medical minds (Olson, 1998). In recent years, there has been a movement to bring the focus back to the personal, artistic side of health care (Lane, 2006; Olson, 1998; Staricoff, 2006). Unfortunately, research on the subject of hospital-based arts programs is limited. The aim of this qualitative study is to gain a deeper understanding of hospital-based arts programs, the artists involved in them, and any potential benefits these programs may offer.

In Watson's theory of transpersonal caring, the caring process relies heavily on the artistry that nurses uniquely bring to the transpersonal caring relationship (Alligood & Tomey, 2010). According to Watson (2012), this relationship goes beyond the

physical and is a soul-to-soul connection of the care provider and the patient, helping bring harmony to the body, mind, and soul. To effect this relationship, nurses must practice loving kindness to instill hope into their patients. Nurses must also help create a "healing environment," which allows the patient to accept positive and negative feelings therapeutically (Watson, 2012). In this way, nursing provides an

Authors' Note: The authors would like to thank the editor Dr. Richard Cowling and the two anonymous reviewers. Additionally, they would like to thank Kathy Spicciati and Barbara Hurdle, MEd, for their careful attention to the article. The authors are indebted to Joy Javits and the DooR to DooR artists interviewed for this article. Please address correspondence to Margaret M. Quinlan, Department of Communication Studies, Health Communication PhD program University of North Carolina at Charlotte, Colvard Hall 5003, 9201 University City Boulevard, Charlotte, NC 28223, USA; e-mail: mquinla1@uncc.edu.

ideal context for the use of arts in the hospital environment and the development of artistic interventions (see also Cowling, 2012).

One such hospital-based arts program is DooR to DooR (D2D) of University of North Carolina (UNC) Health Care. D2D was established in 1993 by Joy Javits and strives to bring comfort, respite, and facilitating healing¹ to hospitalized patients, their family members, and the health care staff. It is located in the UNC Hospital in Chapel Hill, North Carolina. In this program, local professional performing artists visit the hospital three times a week, spending 5 to 10 minutes with each patient, family member, and health care staff in order to share their particular form of art with them. Approximately 250 artists comprise the D2D program each year, and 5,000 individuals in the hospitals will hear music, watch dance, interact with magicians, create visual art or write poetry, and so on. For example, poets generally visit 10 individuals in the hospitals per visit, whereas musicians can see around 100.

Programs like D2D exist around the country and the world (Lane, 2006). The purpose of this exploratory qualitative study is to acquire a better understanding of performers' experiences with the D2D program and of how arts-based programs, such as the D2D program, can facilitate improved patient outcomes in the hospitalized setting, and to help nurses better understand how to use the arts in their care of patients and families.

Literature Review

Recently several systematic reviews of the literature have been performed regarding how different forms of art can be incorporated into the health care setting (Camic, 2008; Collie, Backos, Malchiodi, & Spiegel, 2006; Daykin, Byrne, Soteriou, & O'Connor, 2008; Daykin, Orme, et al., 2008; Hensel et al., 2012; Olson, 1998). Camic (2008) found that the many different forms of art can be used "to heal emotional injuries, increase understanding of self and others, develop a capacity for self-reflection, reduce symptoms, change behavior, alter thinking patterns, inhibit maladaptive responses and encourage adaptive ones" (p. 295; see also Kelly, Cudney, & Weinert, 2012; Lamb, 2009). Daykin, Orme, et al. (2008) found that performing arts helped reduce risk-taking behavior (i.e., unprotected sex and alcohol and drug consumption) in adolescents. Collie, Backos, et al.

(2006), Daykin, Byrne, et al. (2008), and Olson (1998) argued that the arts were able to improve patient outcomes by reducing depression and anxiety through facilitating the expression of emotions.

Music was the most widely studied art form. In multiple studies, music was shown to benefit a variety of patients by helping reduce depression, anxiety, and pain levels while also being cost-effective (Chan, Wong, Onishi, & Thayala, 2011; Erkkila et al., 2011; Kneafsey, 1997; Mathur, Duda, & Kamat, 2008; Nauert & Johnson, 2011; Olson, 1998; Silverman, 2011; Wang, Wang, & Zhang, 2011). Kneafsey (1997) focused on music therapy and the elderly with debilitating illnesses such as Parkinson's disease and dementia and reported, "Music acts to stimulate the senses, evoking feelings and emotions it causes physiological and mental responses and energizes the body and mind" (p. 345).

In 2011, four different randomized control trials focused on music therapy (Chan et al., 2011; Erkkila et al., 2011; Silverman, 2011; Wang et al., 2011). These studies focused on different age-groups (elderly and adults age 18-50 years) in different settings (i.e., college campus, inpatient detoxification unit, and outpatient settings). In all of these studies there was a statistically significant reduction in depression levels when music therapy was added to the standard of care (Chan et al., 2011; Erkkila et al., 2011; Silverman, 2011; Wang et al., 2011).

Three studies were found involving visual art (Collie, Bottorff, & Long, 2006; Eisen, Ulrich, Shepley, Varni, & Sherman, 2008; Trevisani et al., 2010). Collie, Bottorff, et al. (2006) qualitatively examined the use of visual art by women with breast cancer. They found that visual art and "art making" allowed women with breast cancer to maintain a sense of value and to experience meaningfulness. Two quantitative studies focused on photographs and paintings displayed in the hospital setting. Eisen et al. (2008) concluded that paintings did not have a direct stress-reducing effect on hospitalized pediatric patients (see also Salmon, 1993), whereas Trevisani et al. (2010) furthered that 72% of patients age 19 to 89 years found that photographs displayed in the unit made their hospital stay more pleasant.

Lane (2006) performed a metasynthesis and review of a current hospital-based arts program called Arts in Medicine, located in Florida. This was the only study of a hospital-based arts program found in current literature. This review showed that arts programs shorten hospital stays and reduce

patients' need for pain medication (Lane, 2006). Lane also noted that nurses help "patients and family embrace creative expression. Nursing is a caring and powerfully interactive process, which can and needs to include the creative arts" (p. 75). In this way nurses acted as a catalyst for the Arts in Medicine program (Lane, 2006).

In health communication, research focused on D2D has explored the storytelling capacities of arts programming in the health care contexts (Harter, Quinlan, & Ruhl, 2013; Quinlan, Harter, & Okamoto, in press). Often health communication scholarship reflects a linguistic bias that privileges the verbal or written but does not generate research that extends to those that are otherwise embodied (e.g., dancing, acting, singing, playing an instrument).

This review of literature revealed several gaps in knowledge. Limited research exists on hospital-based arts programs as a whole or the artists that help to make them successful. To address these gaps in knowledge, the following research questions were developed:

Research Question 1: How do performers describe their experiences with the D2D program?

Research Question 2: Do they find it valuable? If so, in what ways?

Research Question 3: In what ways can hospital-based arts programs benefit patients, families, and staff?

Research Question 4: From an artist's perspective, what do nurses need to know about arts in the hospital, and how can nurses use this information to better serve their patients?

Method

Design and Participants

This qualitative study used individual in-depth interviews with professional performing artists. Inclusion criteria for this study was a convenience sample and came from artists who had performed with the D2D program. There were 12 participants: five men and seven women. The artists interviewed were singer/songwriters, musicians, actors, poets, and a magician; no visual artist was available for interview. Artists interviewed gave permission to have their first names, not pseudonyms, included in the study.

Data Collection

Contact information and written informed consent were obtained from participants when they volunteered for the study. Data for this study were collected from individual in-depth interviews. Each participant was asked the research questions and was allowed to speak openly about his or her experiences with D2D. Interviews took approximately from 1 to 1.5 hours. These interviews were digitally recorded and transcribed verbatim. The transcribed interviews were audit-checked to ensure accuracy and rigor.

Data Analysis

A constant comparative method was used to analyze the data of this study (Strauss & Corbin, 1990). Emergent themes and categories within the themes were identified based on common and recurring responses (Asmussen & Creswell, 1995). These themes were then reviewed and interpreted by the researchers (Strauss & Corbin, 1990). The authors met together to discuss interpretations of the data. The second author conducted follow-up interviews and member checking with interviewees.

Findings

Through careful and thorough analysis of the artists' interviews, three overarching themes were identified: (a) the arts are therapeutic for all involved, (b) the arts transforms the hospital environment, and (c) nurses and medical staff play an important role to play. Each overarching theme also had two subthemes emerge through analysis. These subthemes help better explain and support the three main themes as a whole.

The Arts Are Therapeutic for All Involved

In this overarching theme, artists focused on two main ways that the arts are therapeutic. The first way is "the arts provide respite for patients, families, and nurses." The second way is "the power of arts to facilitate healing."

The Arts Provide Respite for Patients, Families, and Nurses. A number of the interviewed artists noted that patients, families, and nurses receive respite from the daily stress of being in a hospital

environment through the arts provided by D2D. Particularly, artists felt that art helped distract patients, families, and nurses from the monotony and the emotional turmoil of being hospitalized. This echoes the findings of Collie, Bottorff, et al. (2006), who claimed that “art making” offered women with breast cancer a reprieve from the overwhelming emotions of dealing with breast cancer; this particular phenomenon was fittingly called creating a “haven” from the “cancer storm.” Dawn, a singer and piano player with D2D, noted that the arts, particularly music, not only helps provide rest through distraction but also allows patients and families to vent and embrace their emotions:

Part of it is the ability to allow the patients and the visitors [a rest]; they are patients in a sense. When you are sitting with somebody week after week or day after day for chemo and radiation it is very draining. It is the ability to be distracted from the current moment or conversely and/or the ability to embrace the situation and be able to vent or to express [themselves].

She also felt that music was beneficial not only to patients and families but also to nurses:

It has to be challenging for the health care workers. Even though they will put on a good face coming in, their day is emotional but also a little routine. But if they get to hear music that they enjoy then that lifts their spirits as well.

This sentiment was reflected in the findings of Lane (2006), who noted that hospital-based arts programs benefit nurses by acting as a stress relief intervention through “introducing beauty, momentary escape, and joy into an often stressful working environment” (p. 71).

For many D2D artists, the arts brought the familiar into the unknown that is the hospital environment. Artists felt that this familiarity made the hospital a more therapeutic place to be for patients and families. This coincides directly with what was found in literature: that the arts make the hospital feel more friendly and sympathetic to the human experience (Lane, 2006; Olson, 1998; Staricoff, 2006). Harvey, a blues singer, said,

Music is so powerful especially if it is something that [patients] are familiar with. There is probably

nothing there in the hospital they are familiar with, and if they have this song . . . it gives them some sense of normalcy, familiarity . . . It can bring joy to a dismal place.

All of the artists interviewed spoke of how the arts can be therapeutic by helping the patients, families, and medical staff such as nurses forget a painful or trying situation. The artists explained this process of forgetting in many different words all with the same ultimate meaning. For example, some said arts helps patients, families, and nurses “transcend” or “be transported” from their situation, whereas others spoke about how arts can “take them away” from the moment or to a “different place.” For Callie, a singer/songwriter, the transcendental property of the arts is the main purpose of the D2D program:

There was this African American woman who had been burnt from head to toe and she had these fingers that came out and all the rest of her was bandaged with gauze everywhere all over her head . . . I started singing “Amazing Grace.” Her hands and her arms started to move . . . and then all of a sudden these tears started coming out, and her mouth, the expression on her face, if I could have photographed that woman right there it would have been the poster for what that program does. It was so powerful; I cry every time I talk about it. It was one of those moments when I was like, this woman is completely and totally forgetting the [current] moment, so that these 3 minutes, or 5 minutes time, or this 10-minute period she has forgotten her Hell, and she has been transported to wherever it is, to memories, to along that sentimental journey, to her church, to her community, to God, to whatever is on her radar, and she is there. I have seen [this] time and time again.

For the artists of D2D, the arts break down patients’, families’, and nurses’ personal walls to touch their lives in a therapeutic way, either by providing rest from daily routines and emotional stress, bringing the familiar to the unknown, or by simply allowing one to transcend suffering. D2D artists also note that the arts can be therapeutic through their power to facilitate healing in the hospital environment.

The Power of the Arts to Facilitate Healing. The second focus of the artists when talking about the therapeutic nature of the arts was as a powerful

means to facilitate healing in patients. Artists felt that the arts are a medium that can change a patient's mood and help reduce pain and stress, allowing the patient to heal more effectively (Lassetter, 2006). Collie, Backos, et al. (2006) also noted this concept, stating that arts provide an opportunity to alter mood and level of consciousness by creating a relaxed state in a patient. Peter, a singer and guitarist, said that arts, especially music, is "therapeutic, but it is not therapy. It is supposed to improve your outlook and your mood." Helen, who plays the hammer dulcimer, also spoke of the healing property of musical art:

I'm here to provide music for a healing environment, and we distinguish healing from curing. I'm not going to take away the illness, but I can work with you, integrating other things. A lot of the time what happens when someone is sick is that they become the illness, and even medical personnel will refer to them as "the cancer in room 12." . . . I'm on a battle against that. I would tell people it's something to bring into your day . . . you may find it relaxing and it may release pain. One of the greatest compliments I have received was when a patient told me after I played for her "I'm constantly in pain but the hour you played for me, I felt no pain at all."

The concept of the arts facilitating healing verses curing is found throughout research.

Lane (2006) noted that a patient's involvement in the arts changes health care's focus from that of "cure to care," wherein the patient is helped to feel better without being physically cured of his or her illness. Olson (1998) also argued that music can improve the healing process even when a cure is not possible. Kim, a singer, songwriter, and poet, said that the arts are a language that speaks to the soul of humanity and helps to bring comfort and healing, even to the dying:

I believe in energy and how healing is increased when happy feelings are present. I believe that illness and sickness, have a lot to do with trauma and lack of forgiveness . . . we hold onto trauma and it shows up as illness if we don't move through it . . . I believe everything can be healed and when I say that, I mean healed even if it's just accepting mortality . . . going into remission . . . accepting whatever your fate is and reminding you of who you are helps that process.

For Richard, a singer and musician, "music is therapy" in that it allows for an emotional release:

There was a guy sitting in the bed who was really close to the end. His aunt was next to him; his niece was on the other side of him. I knew he was in pain. In fact, the doctor came in and said, here is the button you can press for the pain. I don't remember what song I played and sang, but it allowed his aunt to cry, and it gave the whole room a feeling of release, acceptance. Tears are that way.

The emotional release that arts brings was also mentioned by Kneafsey (1997) who said that music "penetrates both the mind and the body," stimulating the senses and bringing forth an emotional response. Collie, Backos, et al. (2006) said that the arts gives the patient a sense of control that helps him or her express emotions in a way that is not overwhelming to the patient. Camic (2008) reported that health is not the absence of illness, pain, and grief from life but is the ability to move through these challenges. The arts were noted to help heal the emotional wounds in a way that medicine was unable to do (Camic, 2008).

The Arts Transforms the Hospital Environment

D2D artists found that the arts have a way of transforming the hospital environment from that of a somber place of science and medicine to a place of uplifting healing, community, and self-expression. Artists believe that the arts enable this transformation in two main ways: the arts build community" and "the arts humanize nurses and medical staff."

The Arts Build Community. Artists felt that the medium of the arts act as a unifying force in the hospital environment. Specifically, the artist felt that D2D helped those involved connect to each other and support each other in a nonconventional way. Nauert and Johnson (2011) described the arts as providing social support and peer encouragement, which helped participants share their emotions with peers, reducing isolation and loneliness. According to Lulu, D2D creates a community of care:

It means a lot to the doctors and the nurses that also work there or administrative people because they see

you coming in . . . it builds a community of care at UNC Chapel Hill. That is a close-knit community, and it's a very special community for those who work there or go to school there or are patients there. So, a community of care—it really adds to that momentum that you want your community to have.

This community of caring was mentioned by several other artists involved with the D2D program. For Kim, the community that the arts build in the hospital was so unique because the patients barely knew each other and yet through the arts of D2D, they came together to support one another:

The thing that is really wonderful is that they encourage each other . . . how long have these people known each other—probably not long. But there is community that grows . . . An instant, pop-up community that grows and allows them to really support one another. That's powerful. I always leave with that really glowy, good feeling inside.

D2D artists noted that arts help build and build on the community of care in the hospital environment. The arts act as a unifying force between people who would otherwise not meet or interact. This unifying force helps patients and staff to further support and relate to each other. In this way the arts help transform the hospital environment. Artists also noted that arts help humanize nurses and the other medical staff, which also can transform the hospital environment.

The Arts Humanize Nurses and the Other Medical Staff. Artists with D2D reported that the arts transform the hospital environment through revealing a different side of the nurses and the other medical staff. Artists unanimously said that when nurses and the other medical staff participate in the arts, they show a human side of themselves to the patients. According to Staricoff (2006), arts can equip the health care provider to cross cultural barriers and respond to patients with increased empathy. Teresa, a singer of Cuban and Latin songs, noted,

[Art gives nurses and doctors] a break . . . In their mind they remember . . . we are not robots we are human beings.

Kim also noted that by participating with artists, nurses and the other medical staff show a different side of themselves, a human side:

There are some nurses that will sometimes sing with me when I am playing or they will dance . . . people will start laughing when they are doing it. The [patients] get a kick out of seeing the nurses being animated . . . then that gives the patients [a view of the] personal side of a nurse.

By revealing their human side, nurses and other medical staff are able to connect to patients and families in a holistic way. Olson (1998) spoke of how music can “bring a profound humanness” to the hospital environment. This humanness helps nurses and the other medical staff connect to patients (Olson, 1998). This connection facilitates the therapeutic relationship that is so crucial in the care of patients. Matthew, a medical student and magician, explains this idea:

As a third-year medical student you are, sort of, a voyeur to the medical process. You don't really get to participate that much, but you are a fly on the wall all the time. Because you are not weighed down with the logistics of medical care, you pay more attention to the kind of more interpersonal relationships. Doing things like performing, performing magic or performing music acts as like this great human moment where those preconceived social constructs just fall away, and when you can forget that, or just make people forget that have a moment where one person is caring for another person on equal ground, that's just really powerful . . . and allows for an honest connection.

Kim also gave a good example of this honest connection between patient and nurse that can be improved by the arts:

It's not just about the patients; it's also about the nurse. There was this one particular nurse . . . She stopped what she was doing, and sat down. It wasn't just about her sitting down and sharing her experience, but I could feel from the other people, the other patients who were there, that she was really there and a supporter for them. I love nurses; nurses are the backbone. They're amazing. Her sitting down and doing that just built such a rapport between her and the patients.

This human side of care was noted not only by D2D artist but also by Lane (2006), who noted that by incorporating the arts into patient care the hospital environment is “literally” being changed. As

nurses and the other medical staff participate in arts with patients, they allow patients to see them as actual human beings. The ability to see nurses and the other medical staff as people they can relate to helps to facilitate the crucial therapeutic relationship between caregiver and patient. Olson (1998) noted that the arts help bring “health care provider and patient to something much richer—a strengthening of the human-to-human connection” (p. 569), which leads to the formation of a “healing community.”

Nurses and the Other Medical Staff Play an Important Role

The final overarching theme focused on how nurses and the other medical staff fit into the picture of arts in the hospital setting. Artists unanimously felt that nurses and other medical staff play an important role to play when bringing the arts into the hospital setting.

Nurses Are Gatekeepers. This subtheme spoke to the very nature of nurses as advocates for their patients. Lane (2006) explains that hospital-based arts programs provided nurses an opportunity to act as holistic advocates for their patients. Olson (1998) noted, “when nurses enter the patient’s room or extend a hand of care, they profoundly help or hinder the balancing force” (p. 572). D2D artists noted that by stopping artists from entering a unit, the nurse prevents the artistic encounter from ever happening. Alan found that it is often a gamble whether or not he will be allowed on a unit:

Right across the hall they were working on redoing some rooms . . . I just knocked on the door and found out it was a psychiatric kind of holding area . . . [The nurses] said what do you do, and I said I was just playing music and singing songs. I sang the song to the staff and they said you can go in and I said fine, ok, I will. It’s kind of like the old run the flag up the flagpole and see if anybody salutes.

For Leslie, a cellist, the concern of interfering with nurses was another potential barrier to the artistic encounter:

We always checked in with the nursing staff first, and a lot of them didn’t seem to know about [D2D],

and they were interested . . . One issue at UNC is the nursing staff and the administrative staff; they had to answer a lot of phone calls . . . they want the patient and the staff and everyone to experience music, but you don’t want to interfere with their job, so you really have to be careful about not making their job more difficult.

However, many artists noted that nurses are advocates for their patients. Specifically, artists spoke to how nurses will identify to the artist patients who will most benefit from the kind of therapeutic intervention the arts can bring. Lane (2006) also noted that as advocates for patients, nurses must be the ones who create space for the arts in the hospital and give patients and families the opportunity to be involved with the artist. Harvey remembered,

I have actually seen nurses say Mr. such and such could probably use it and they and so we knock and Joy [Javits] politely explains who we are. This is DooR to DooR and we are going around singing songs for people who might want to hear one. Are you interested?

For D2D artists to be successful in the hospital setting, they rely heavily on the cooperation and support of nurses. The artists noted that nurses who are advocates for their patients hold the key to facilitating the artistic encounter. Lane (2006) noted that art provides an

opportunity for nurses to choose creative art interventions in responding to the patients’ needs. The holistic nurse is the facilitator and is an advocate for the patient in this process, recognizing how art can create a shift in the patient’s experience as well as their own experience. (p. 74).

Nurses and the Medical Community Need Education on the Arts as a Therapeutic Modality. In this subtheme, artists spoke about how undervalued the arts are in the hospital. They felt that the nurses and other medical staff needed to be educated about the benefits that the arts can uniquely bring to their patients. This correlates directly to what was found by Olson (1998), who noticed that nurses must be aware of where arts are needed and assess who will most benefit from these types of interventions. Lulu, an actress, dancer,

musician, and singer, said that nurses and the other medical staff need to understand that

[D2D is] a very professional program. That all the artists go through a training process—confidentiality and all of it—HIPPA—they go through all of that in order to be there. I'm hoping that they will understand the professionalism and the inspiration for them to be there... I'm hoping that they appreciate what the artists go through to be there and why they want to be there. If nothing else, that the doctors and nurses understand that it's not just entertainment. It's actually a therapeutic processing for artist and patient. That would be really lovely.

As Leslie mentioned in an earlier quotation, many UNC Hospital staff members did not even know about the D2D program. However, a study by Mathur et al. (2008) found that there is an awareness of music therapy among pediatric practitioners. Although these practitioners are aware of arts programs, the implementation of these artistic interventions is poor (Mathur et al., 2008). They reported that the lack of implementation by the practitioners relates to limited education related to music therapy. Harvey felt that the lack of awareness might also stem from the pace of the hospital environment. He said,

There is so much else going on, [the medical staff] probably don't see it. I would go up after 5 p.m., and I don't know if there is a prime time in a hospital or not but, there didn't seem to be a lot of doctors around, mostly nurses and then the nurses' stations and things. I don't know that they see it. As with anything you have some special doctors that are into the fact of how powerful music is. But I would think that they probably need to be made more aware of it. My gut feeling is that some of them don't even know it exists and don't think much about it. But it is more important than they would realize.

Many artists felt that if the staff were to understand the benefits the arts can uniquely bring to the hospital environment, then the other medical staff might take them seriously. This alludes to what was said by Lane (2006), who found that nurses are key in facilitating arts in the hospital environment. By recommending the arts programs to patients, nurses act as a bridge between the artist and a patient (Lane, 2006). According to Richard, "With improvement, I

believe this point will come from the medical/political worlds that this is valuable work. We value this work." Dawn also commented:

We can't quantify that and that is a challenge . . . Seeing it in the moment shows [medical staff] that okay, [patients] didn't spend the entire day depressed or worried or under anxiety, and that positive moment can lead to another positive moment.

However, for Matthew, a medical student and magician, before the arts will be taken seriously in the hospital the research will have to support it:

The average physician perceives [arts] like, yeah being in a hospital is boring, it's terrible, like it's great [that] people have something to entertain them every once in a while. It's a good way to break up the monotony. But if you start trying to make the argument that art in the hospital brings in better outcomes or increases the rate of healing then, you are going to have to bring in some pretty hard core data to back it up to convince people.

Mathur et al. (2008) found that many pediatric practitioners were interested and willing to use music therapy with more education on when and how to implement it. The practitioners would even like to see music therapy included in their school curricula (Mathur et al., 2008).

Discussion and Conclusions

As the arts become a recognized part of the hospital environment and artists become part of the health care team, it is important to understand the artist's perspective. This study sought to add a key piece of the picture of arts in the hospital environment to the research by answering the questions: (a) How do performers describe their experiences with the D2D program? (b) Do they find it valuable? If so, in what ways? (c) In what ways can hospital-based arts programs benefit patients, families, and staff? and finally (d) From an artist's perspective, what do nurses need to know about arts in the hospital, and how can nurses use this information to better serve their patients?

The findings of this study reveal that the 12 artists interviewed found the D2D program to be a valuable intervention for the hospital environment

in that it is beneficial to patients, families, and health care staff. In the first two overarching themes, identified in the artists' interviews, the arts were shown to benefit patients, families, and nurses (and other medical staff) by (a) providing respite and distraction from the hospital environment; (b) facilitating healing through bringing comfort, hope, and acceptance to a difficult situation; (c) building a unique community of care and support; and (d) revealing the human side of medical staff and enabling the therapeutic relationship.

The study also helped provide nurses with key information about using arts in the hospital setting. Artists reported that nurses have a crucial role in bringing the arts into the hospital environment. As patient and family advocates, nurses are gatekeepers and "stand guard" over their patients, protecting them from outside harm and ensuring that they are provided with the best care possible. Because of this, nurses have a unique opportunity to give their patients an empowering and therapeutic experience through artistic intervention. Artists see nurses as having two options when it comes to the artistic encounter: (a) as advocates and facilitators of the artistic encounter, identifying their patients who would most benefit from arts and allowing them to be involved in this therapeutic event, or (b) as hinderers of the artistic encounter, preventing artists from reaching patients and families in need of their unique skills.

Watson's (2012) theory of transpersonal caring encourages nurses to find creative ways in which to break through to patients and families in order to show support and establish the transpersonal caring relationship. An example of a creative nursing intervention is the use of the arts. The D2D program offers a plausible way by which to implement Watson's theory in nursing practice. By providing arts to patients and families, the nurse acts as an advocate for the spiritual health of those being cared for. In turn, the use of the arts also helps relieve the stress and emotional turmoil that the nurse may be dealing with. According to Chantal (2003),

Watson is one of the few nursing theorists who consider not only the cared-for but also the caregiver. Promoting and applying these caring values in our practice is not only essential to our own health, as nurses, but its significance is also fundamentally tributary to finding meaning in our work. (p. 51)

In this way the arts can not only provide nurses with rest but also make nursing work more satisfying by helping to facilitate the deeper connection with patients and families that is essential to the transpersonal caring relationship.

The findings of this study support the data from previous qualitative and quantitative studies regarding art in health care. The majority of studies agree that the arts, in particular the performing arts, can be used as a therapeutic modality to bring comfort, hope, and healing to patients, families, and health care staff. This study also provides a new perspective about how artists experience and understand the purpose and benefit of hospital-based arts programs.

The limitations of this study are that all artists interviewed were involved with the hospital-based arts program D2D. This meant that the artists were likely biased in favor of this type of program. All artists felt that these programs should be implemented in other hospitals. Also, the artists may favor these types of programs because they may provide employment in the future. However, the majority of artists interviewed volunteer or choose not to receive monetary compensation for their time. Another possible limitation of the study is that the majority of artists interviewed were musicians and singers. Although the D2D program uses all forms of arts, only performing artists were available to be interviewed for this study. This may limit how the results of the study can be used in future research.

Although this study adds to current understanding of hospital-based arts programs, more research is needed in order to help nurses and the other medical staff use the arts as an intervention. As the artists specified, the medical community needs to be educated regarding the benefit that artistic interventions can bring their patients. Research on nurses' and the other medical staffs' knowledge of arts interventions must be established, as well as measurable outcomes for these artistic encounters. Future qualitative studies should focus on interviewing nurses (and other medical staff), family members, hospital administrators, and patients about their role and about their perceptions of programs similar to D2D.

As nurses continue to strive to provide excellent care for their patients and families, it is worthwhile to consider the arts as an intervention. Nurses should continue to search out ways to incorporate and advocate for hospital-based arts programs as they practice the art of nursing.

Note

1. Throughout the article we clarify in the context of D2D that healing does not mean curing.

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