

Arts in Health at FMC

STAKEHOLDER PERCEPTIONS REPORT

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I see healing and art as one. They are two sides of the split between the rational and the intuitive...I see healing and art as an expanding sphere...for both the healer and the artist, art heals in the same way images held in the brain stimulates the hypothalamus and the autonomic nervous system...art changes our nervous system, our brain waves, our immune state, and the neurotransmitters.

Dr Michael Samuels, Arts in Healthcare Symposium

Study the science of art. Study the art of science. Develop your senses – especially learn how to see. Realize that everything connects to everything else.

Leonardo da Vinci

Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery.

Florence Nightingale

Great art is, by its very nature, complex, and not readily reduced to a well-being questionnaire.

Jules Evans

ACRONYMS

AIH	Arts in Health at Flinders Medical Centre
FMC	Flinders Medical Centre
FU	Flinders University
RAH	Royal Adelaide Hospital
SA	South Australia
SALHN	South Australian Local Health Network
The Foundation	Flinders Medical Centre Foundation Inc.
The program	Arts in Health at FMC

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1. ABSTRACT

This research looked at key stakeholders' perceptions of the Arts in Health at Flinders Medical Centre. It was designed to broadly understand the ways in which a cross-section of hospital staff and partners viewed arts in health as a discipline, and identify gaps and opportunities for funding and expanding the service. The qualitative and quantitative research involved interviews with key stakeholders, a focus group and an online survey.

The study found participants were highly supportive of the service, and wanted to see it extended more widely across the hospital and Southern Area Local Health Network (SALHN). It also showed a high degree of support for increased staff financial and hands-on engagement in the program, subject to planning and availability of resources and time.

Participants considered key constraints are funding and issues around clinical evidence. They provided a raft of suggestions in support of Arts in Health at FMC, which are reflected in the body and recommendations of this report.

2. INTRODUCTION

The Arts in Health department at Flinders Medical Centre is an anomaly.

It is the smallest department at Flinders Medical Centre, with just 1.7 FTE positions split between eight part-time and casual staff.

Yet its reach is enormous. Concerts, live music, an art trolley, art therapist, ward musicians, a poet, harpists, meditation and sound relaxation musician perform in hospital corridors, wards and courtyards each week to an estimated 1000 targeted patients, family members and FMC staff members. Its Promenade Gallery's 18 annual exhibitions are viewed by 250,000 people each year.

The Department's total operating budget is just \$120,000. The balance of \$49,000 for artists and musicians is sourced by the coordinator from donations, fund raising, government grants, sponsorship and gallery sales.

The service has been in existence for nearly two decades, is embraced by staff and is recognised nationally and overseas for its excellence.

Yet it is still perceived as relatively 'new' initiative by many staff members.

It is a sought-after work experience destination for university students from a wide variety of disciplines, and is elective subject for medical students, yet the link between arts and health is not fully recognised by some FMC clinicians.

As demand for Arts in Health at FMC services continues to grow, the program has reached and exceeded its capacity. Additional funding is needed.

At the same time, the Australian Government's cut backs to health spending and growing demands on FMC services are placing unprecedented strain on hospital resources.

It is from within this context that this research was undertaken to gather insights from FMC staff and partners about opportunities and constraints for program funding and growth with questions about strategic drivers and support, promotion, funding and staff engagement.

Results uncovered a reserve of willing supporters armed with ideas and enthusiasm to back the service.

It also pointed to issues around the legitimacy of art in health, and the potential of creative currency.

3. BACKGROUND

Flinders Medical Centre is a major public teaching and research hospital in Adelaide, South Australia which operates as part of the Southern Adelaide Local Health Network.

It is one of the state's two major trauma centres, provides extensive medical services, and is serviced by more than 3500 staff and 600 volunteers at the Bedford Park hospital in Adelaide, and services across South Australia and Northern Territory.

The medical centre's Arts in Health Program was established in 1996 and delivers a range of arts initiatives in support of health and wellness outcomes for patients, visitors and staff, while enhancing the physical, social and cultural environment of the hospital.

Today, the service has grown to become South Australia's largest hospital-based arts in health program.

It meets the needs of patients, families and staff throughout FMC's Paediatrics, Neonatal, Aged Care, Social Work, Occupational Therapy, Corporate Communications, Education, Stroke, Cardiac Critical Care, Dialysis, Chaplin's and Oncology Units.

Qualitative studies, including a significant body of work by Dr Christine Putland on behalf of FMC, point to strong links between art and wellbeing, with widespread support for the program based on the experiences of participating patients and practitioners.

The *Arts in Health at FMC Stakeholder Perceptions Report* was prepared by Wendy Fowler on behalf of Flinders Medical Centre as a postgraduate practicum for the Centre for Communication for Social Change at the University of Queensland.

It was designed to understand program constraints and opportunities from the perspective of staff members of Flinders Medical Centre.

4. METHODOLOGY

4.1 Research objective

To understand stakeholder perceptions of the value, inhibitors and enablers of the Arts in Health at FMC program, including strategic support and drivers, promotion, staff involvement and funding.

4.2 Approach

The research employed a mix of qualitative and quantitative techniques including key stakeholder interviews, a focus group and an online survey. It was based on detailed briefings with the program coordinator between August - September 2014, in which it was agreed to approach staff members about their views of the Arts in Health at FMC. The proposal was developed in conjunction with the University of Queensland's Communication for Social Change Department.

The project was challenged by difficulties in terms of gaining access to staff and partners in the busy hospital environment given the hospital's need to manage its high volume of email correspondence between management and the workforce. Two groups were therefore identified who would be in a position to participate in the program – key stakeholders (senior staff and partners), and program supporters. Preliminary research included a literature review and observations of Arts in Health at FMC staff at work in the hospital.

4.3 Research techniques

4.3.1 Literature review

The literature review included:

- Arts in Health at FMC website, publications, research reports, promotional material and videos.
- FMC website and publications
- SALHN website
- SA Health website
- SA Government health agency websites and media coverage

- Online local, national and international arts and wellbeing websites and reports
- Online national and international arts and wellbeing websites and reports

4.3.2 Arts in Health at FMC ward observations

In total, the evaluator accompanied five artists during their work with patients on wards, on three separate occasions. These included a guitarist/poet, a harpist, sound therapist, and visual artist (the 'art trolley'). This provided the chance to observe how the program worked, and the way artists interacted with patients and staff. In addition, observations were made of the Arts in Health at FMC poet, exhibitions and a Courtyard concert.

4.3.3 Discussions with program coordinator

The evaluator engaged with the program coordinator through numerous one-on-one meetings, phone calls, emails and a questionnaire.

4.3.4 One-on-one interviews with key stakeholders

Interviewees for this research were selected by the Arts in Health at FMC program coordinator and in total, 14 phone interviews were conducted with senior executive staff across communications, allied health, social work, oncology, nursing and governance of FMC; and senior executive staff of SALHN, Southern Mental Health and Flinders Foundation and an independent researcher.

The interviews took place in October 2014, and ranged from between 30 minutes and 1.5 hours in duration. Questions looked at executive, strategic and budget support for Arts in Health at FMC, promotion, funding and staff participation.

4.3.5 Focus group

A group of 11 people took part in a one-hour focus group session in October 2014.

The group included clinical services coordinators, psychologists, medical students, a paediatrician diversional therapist and Arts in Health artist. Discussion was based on a list of questions was circulated to participants at the outset of the focus group session. The questions looked awareness and promotion of Arts in Health at FMC, funding implications and opportunities for staff participation.

4.3.6 Online staff survey

The online survey was distributed to staff through the online Monkey Survey website. This free resource was limited in the number questions which could be included in the survey form, and the nature of interpretations which could be generated about the findings. Questions focussed on specific ways staff could potentially participate in fundraising for Arts in Health at FMC, as well as opportunities for involvement in arts activities with patients. Free coffee vouchers provided as incentives to staff.

5. KEY STAKEHOLDER INTERVIEW FINDINGS - OVERVIEW

The key stakeholders who took part in these interviews were predominately senior FMC senior staff and partners who provided support to the Arts in Health Department as communicators, researchers, supporters, managers, program users, support committee members and funders.

Interviewees considered the program worthy in terms of its profile within the hospital and wider community, and for its wellbeing outcomes for staff and patients, with some saying the availability and promotion of clinical evidence would further boost the standing of the service.

Half the interviewees considered Arts in Health at FMC was a core hospital service. Others saw it as a support service. Some considered holistic health was important but had become subsumed by economic imperatives.

Inhibitors of the program were cited as funding, perceptions of individual staff members, ward culture and additional quantitative evidence.

Numerous potential program opportunities were suggested by participants. These included expansion of the service across the hospital and SAHLN, driving opportunity through relationships, taking a more focussed approach to funding bids, branding Arts in Health, auditing hospital signage, and playing Arts in Health promotional DVDs on television screens in public areas of the hospitals.

Potential hospital-based philanthropy was considered a significant and untapped source of funding.

Generally, participants considered the Arts in Health Department to be very well supported by FMC executive management. However, some considered this support should be backed by more funding. Support was considered by one person to be driven from the top down.

Most participants said Arts in Health was not well represented in FMC and SALHN strategic plans, with several people pointing to lack of good, long-term

health planning in general, as well as prioritization of major projects like the Royal Adelaide Hospital development.

The idea of having Arts in Health at FMC champions was well-received. Former Health Minister John Hill was touted by several people as an ideal external champion, with others suggesting high profile celebrities and identities as the face of the service. Internally, a senior clinical consultant would help promote the service to other clinicians as well as general staff. One interviewee suggested a festival or conference to promote arts in health in Adelaide.

Promotion of Arts in Health at FMC was considered to be quite adequate internally, but less apparent externally. Flyers and newspaper articles bought awareness but not always attendance, while lack of parking and the inability of nurses to leave their wards were seen as inhibitors.

Facebook, Twitter and the Arts in Health website were raised as excellent potential forums for Arts in Health at FMC; however, they were barred by SA Health policies around social media. It was suggested that Arts in Health at FMC be included on FMC management clinical governance and quality frameworks, with more advocacy at senior level considered important to the success of the program.

Interviewees all agreed that FMC staff could be involved in provision of arts activities to patients, so long as it was optional, planned, resourced, funded and supported by Arts in Health at FMC.

Arts in Health awareness training was similarly supported by interviewees, depending on duration of the training program and availability of staff time. It was considered arts in health awareness training could be incorporated into staff inductions, and made available as a training option for clinicians.

Comments about the funding sources of Arts in Health were piecemeal, but collectively wove the tapestry of the funding reality. A few interviewees expressed concern about the paucity of the Arts in Health Department budget, and considered it should be funded by the organisation. Others pointed to

acute care priorities, difficult economic climate and reduction in grant monies as causing additional pressures on the hospital's budget.

Staff fundraising options were met with various levels of interest. The most popular proposal was the Arts in Health membership scheme, to which interviewees added suggestions for activities, tax deductions, community-wide membership, preparatory research and a proposal.

Ward fund raisers and the Bay City Fun Run were also generally but less well supported. One person suggested developing the program through workplace giving, rather than a campaign, and another pointed to the '*missing link*' between arts and health as a fundraising constraint.

The staff payroll deduction scheme received differing responses, mostly supportive or neutral, with just one person against it. One person suggested introducing the scheme to staff as part of their work induction at the hospital.

Other ideas for funding the service included accessing potential FMC philanthropists, the FMC Foundation and FMC Volunteer Service. It was suggested that Arts in Health needed more evidence and a higher public profile in order to receive stronger budgetary support. One person suggested projection studies to understand future links and demands for arts in health services for aging and dementia patients.

Final suggestions about Arts in Health at FMC included promotions and evidence. One person said the program would be more clearly understood if its purpose was more clearly defined.

5.1.1 KEY STAKEHOLDER INTERVIEW FINDINGS: STRATEGIC SUPPORT AND DRIVERS

5.1.1.1 What is your working relationship with Arts in Health at FMC?

This group of key FMC stakeholders interact with Arts in Health at FMC in a variety of ways. It manages, supports, funds, utilises, promotes and partners with Arts in Health in their working relationship with the program.

These linkages provide a glimpse into the wide range of relationships which Arts in Health at FMC forges with other staff and services within the hospital.

They also allude to the tremendous capacity and reach of the smallest, lowest funded department in the hospital.

Relationships

- *Arts in Health sits under Allied Health and Sally reports to me ...*
- *have a relationship in terms of clients, making referrals ... and debriefing with some artists ...*
- *we promote their activities and events ...*
- *part of steering committee for Arts in Health at FMC ...*
- *been involved since it was first begun ...*
- *evaluating a number of projects and writing a model of practise for it ...*
- *academic supervisor for medical students ...*
- *referring patients for any kind of help Arts in Health can provide ...*
- *the Arts team applies to us for funds to continue activities ...*
- *connectivity with (Arts in ... Health) in terms of projects they've run and within my mental health services ...*
- *partnership during World Mental Health week ...*
- *lot of exposure through artists coming up to the ward and doing various displays ...*
- *providing the transparent and public support to the program ...*
- *advertising and promoting their events and services internally to staff and externally to public ...*

5.1.1.2 How valuable do you consider Arts in Health at FMC?

There was very strong, positive support for the program by all interviewees, who used words in their responses like ... *'distraction, engagement, long term patients, holistic, relief, colourful, diversion, take part, meditation, exhibitions, stress relief, staff, patients, family, visitors, wellbeing, holistic health'*.

They considered it a very valuable and positive focus within the hospital for staff, clients and visitors. Interviewees said AIH enabled stress release and enjoyment for busy staff, while providing relaxing diversions, creative outlets and recovery aid for patients.

The issue of *'value'* was linked to *'evidence'* by several interviewees.

Valuable

- *I consider it to be very valuable. Their presence is felt throughout the hospital*
- *The feedback we get from patients and families ... is always very positive.*
- *It's important a really beneficial service for the patients.*
- *It's very valuable, for both staff and for patients.*
- *The walls would be pretty boring without it, the corridors would be even longer.*
- *It's absolutely invaluable, we couldn't do without it.*
- *They seem to be running on quite a shoe string budget and doing an absolutely amazing job.*
- *It's very valuable for the hospital and the staff and for the people who are both patients and visitors.*
- *It's a wonderful program ...*
- *It's less clinical ...*
- *Arts in Health is an important focus within the hospital.*
- *I believe in arts therapy.*
- *The program they operate is really, really valuable.*
- *You get a positive sense from staff .. they feel engaged and find it valuable.*
- *It's extremely valuable ... (and) wouldn't still be going after 18 years, if not valuable.*

- *Over time, there are more people who engage with the program than those who don't.*
- *I see the Arts in Health department providing a huge value to our inpatient care.*

Benefits:

- *The therapeutic environment for patients is improved by having the Arts in Health program.*
- *It helps them not to think about their disease so much.*
- *It's a way of impacting in a psychosocial sense to try to maintain people's wellbeing.*
- *It's useful in aiding recovery of patients, particularly those who've been with us for a long time.*
- *the display of paintings ... it's a fantastic venture. It gives some sort of serenity...*
- *it's a really beneficial service for the patients ...*
- *Some people spend quite an amount of time here, and being able to give them ... something they can express their frustration, boredom as well as their normal creativity ... is really valuable.*
- *It provides a unique and interesting point of difference ... a holistic view.*

Evidence

- *I'm not sure I see things like measureable benefits realisation – things like length of stay.*
- *I probably don't have the evidence behind me to say how valuable it is...*
- *I don't think there's any evidence base for people's enjoyment of arts on display*
- *I suspect it's not valued as highly as it should be...*
- *... one only has to be there at different times to hear both patients on trollies and people who are visiting say how wonderful it is.*
- *.. the benefits in terms of de-stressing patients and visitors has been well-documented.*
- *(The evidence of psychosocial impacts on people's wellbeing are) ... practical, not airy-fairy things. Like reduction in rates of depression and the isogenic effects of being isolated.*
- *Arts in Mental Health has a very clear evidence base and helps consumers to express their thoughts, feelings and beliefs in a different form of media.*

5.1.1.3 Do you consider Arts in Health at FMC is a core hospital service?

There was a fairly even balance of people who considered Arts in Health at FMC either is, should or shouldn't be a core service. However, the scale tipped towards Arts in Health being located overall, in the support service area.

There were several suggestions that Arts in Health is a core service status due to its contribution to the holistic care of patients. However, others said Arts in Health was not a mainstream priority in the context of fiscal constraints, and the dominant 'medicalized' model of healthcare which prioritised acute and emergency care.

Importantly however, the responses reinforced the perceived, implicit value of the program and high level of regard with which it is held by stakeholders.

Program loyalty and management support for Arts in Health were seen to confer significant leverage potential which warrants further exploration.

Core service

- *Very much so ... if the service was to be diminished or withdrawn, there would probably be more patient and public concern than if a particular clinical service was to be withdrawn.*
- *Certainly, in my mind it is.*
- *I would like to think it's a core service, it's part of the holistic care approach of patients.*
- *Yes I do (but) I don't actually think it's positioned as a core (service).*
- *Looking at core business and what are key priorities for our organisations, then it's hard to say how and where the arts could and should fit in.*
- *.. they've negotiated a very strong position with leaders in FMC that would augur well for that (core status) happening.*
- *If not core, it would be very close, the next level down.*
- *Not yet.*
- *It's more in support services ... it assists the organisation to function and deliver its core services.*
- *I would see this as a service adding value to the care.*

- *If you look at it in the greater context of what's core .. then probably not.*
- *(It's) seen as a periphery or support service at times, because we're not providing front line care.*
- *Taking a hard line on that, I'd probably say 'no'.*

Prioritisation and funding

- *We're being ... shaped to have principles around acute emergency services delivery and not necessarily on health promotion and maintenance.*
- *..from a strategic and financial perspective, it's very difficult to prioritise over clinical intervention.*

Holism

- *Arts in Health should be seen as part of the model of practice ... treating people as a whole human being.*
- *... from a whole of system... it shouldn't just be about the fiscal needs, it should be around the emotional, spiritual and psychological intelligence.*
- *It allows you to look at the psycho-social delivery of care, not just the medicalized model.*
- *There's a lot of literature, a lot of evidence now that is showing the very profound way it supports a holistic model of care.*

5.1.1.4 What are the inhibitors of the program?

Lack of funding was considered the main inhibitor of Arts in Health at FMC expanding more widely throughout the hospital and across the southern health network.

Hospital pressures and associated lack of staff time to engage with the program were also considered inhibitors to the program, which in turn could be linked to resource limitations.

Staff perceptions and awareness of Arts in Health was also seen as a significant inhibitor of the program. Participants pointed to cultural differences between wards, discipline biases and personal preferences as impacting on the program.

Resourcing

- *Accessibility to funding. Arts funding is not becoming easier.*
- *Money*
- *Funding is an obvious inhibitor*
- *The only inhibitor would be the level of resourcing*
- *Funding to execute all their projects and ideas*
- *...funding in being able to broaden the program more*
- *Finance would probably be the main thing*
- *Obviously, there's a limited resource .. so you can't spread yourself too thinly*
- *It's a resource thing, like where do you get the money?*
- *People power, getting enough people on the ground*
- *It would be good if they had resources to work across all wards*
- *Would love to see program expanded to the southern network ..*

Time and space

- *(office) space might be an issue*
- *(Because concert) initiatives are at a central location, it's really limited who can attend.*
- *if people had a little bit more freedom, more time ... they're more likely to spend more time engaging with the program*
- *It's a busy hospital. Arts in Health relies on referrals of nursing staff picking up that their patients could benefit from the service ..*
- *Staff time and their ability to engage more regularly*

Attitudes and priorities

- *Some people like arts, some don't. I think that's another inhibitor, trying to define the staff likes and dislikes more ...*
- *Perceptions of how valuable the service is ...*
- *... acceptance by people who are supposed ... to utilise the service ...*
- *General perception or lack of awareness of what (or how) things are*
- *everywhere you work in the hospital has quite a different culture ... different environment and therefore .. different constraints*
- *narrow clinical focus on treatment of acute illnesses that means the arts are not always regarded as central*

5.1.1.5 What are the opportunities of the program?

This topic elicited an enthusiastic response from respondents whose chief interest was the expansion of Arts in Health program within Flinders Medical Centre and across the southern network.

Two stakeholders made the following paradoxical comments: '*Opportunities are endless,*' and '*Opportunities are limited.*' Both hinged on funds.

A handful of people interpreted 'opportunity' in terms of relationships required to drive the development of the program. Their suggestions included working more closely with Flinders Foundation, staff philanthropy and taking a less scattergun '*arts across everything*' approach.

One person said the program had been initiated with the help of a single staff member's financial generosity, but that philanthropy was no longer popular among hospital consultants '*with lots of money.*'

Interviewees' suggestions for closing the gap and actualising the expansion of the service, touched on understanding motivators (what do people want?) as well as inhibitors (where's the evidence) and strategically marketing Arts in Health at FMC to funders and change makers (management, the Foundation and philanthropists).

Expansion:

- *A fulltime service.*
- *Stronger connections between social work and Arts in Health*
- *Integrated into the mainstream*
- *To see that sort of thing around more*
- *A place where people could go and do arts work, painting portraits, or listening to music performed.*
- *Make it available 24/7 ... at least on call*
- *Make the program widely available to the outpatients area*
- *Develop similar relationships in other wards so that ... patients across the hospital have access*
- *Working more broadly across the network*
- *To see it explored across the network*

- *For the program to rolled out over the network*
- *Spreading it out more across the network*
- *Integrating more into ... primary health space .. or mental health settings .. in the community*

Arts in Health marketing:

- *Presenting it (Arts in Health agenda) more regularly (to) senior management groups.*
- *Delivering evidence ... to suggest the benefits of the Arts in Health program*
- *I'm not sure we're providing the concert or performance people are looking for*
- *Consider use of television screens ... you could certainly have an Arts in Health element*
- *Signage is a bit messy at Flinders, and whether you could do ... a site audit and ... provide information about Arts in Health*
- *Branding .. to have distinct branding within the hospital ... a particular uniform or colour.*
- *Looking at key programs (annual health promotion events such as Nurses and Cancer Awareness Weeks) so that it raises the arts in a wide variety of clinical areas.*
- *Here, a lot (of) things start from the top .. so really getting that support from management .. and clinical directors .. that kind of feeds down*

Funding:

- *A lot of people give lip service to the program but never show the colour of their money.*
- *Working more closely with the Foundation*
- *Do a particular program within a particular area because ... people often want to give (money) to a specific cause and not ... 'arts across everything'*
- *There are lots of consultants who ... could be good philanthropists but they don't believe ... in Arts in Health .. on the basis there's no evidence..*
- *For patients as well as staff to donate*

5.1.1.6 Does SALHN Executive Management support Arts in Health at FMC?

All interviewees considered SALHN executive management and in particular the Chief Executive Officer (CEO), to be very supportive of Arts in Health at FMC, using words like '*certainly, definitely, champions, fans, merit, supportive*'.

One recipient attributed the endurance of the program to management backing, while others gave examples of practical support by the CEO such as approving and launching exhibitions, and hanging paintings in her office. However, the issue of funding was again raised with references to lack of financial support by management. This was attributed specifically to fiscal constraints and more loosely to lack of management will.

Affirmative

- *I think so.*
- *Definitely.*
- *There have been a number of supportive champions of the program, and that's why it is where it is.*
- *I believe the present CEO is very supportive.*
- *I know the CEO does, she's launched a couple of exhibitions this year.*
- *My understanding is that they do ... even the Minister of Health makes appearances every now and again.*
- *I'd say they do, definitely.*
- *Yes, I believe we do. I'd say the CEO is a big fan of the program.*
- *I get the impression they're very supportive and see merit in what they do*
- *Yes, I think it's supported, certainly the CEO's supportive*

Opportunities

- *I'd like to see a few more dollars thrown their way, that's how you show support rather than just telling them what a great program they've got*
- *I think there could be greater capacity for financial support.*
- *Support in terms of assisting with ... executive backing but they're probably not going to put a lot more dollars towards it*

Constraints

- *From a financial perspective they're challenged .. they've got to prioritise the funding resource*

5.1.1.7 Is Arts in Health at FMC adequately represented in State and hospital strategic and operational plans?

The contradictory nature of responses to this question reveals confusion about both Arts in Health's strategic representation by FMC and SALHN, and about hospital planning in general.

Participants variously said they thought the program *was* represented in planning, *wasn't represented* in plans, *might be*, or else *they didn't know*.

Some interviewees pointed to the deprioritization of Arts in Health (with one calling Arts in Health a 'poor cousin') in lieu of '*getting views of consumers*' and major projects like the Royal Adelaide Hospital expansion.

There were various comments about the '*lack of good, solid strategic planning*' and the '*moving feast*' of planning.

A number of people considered Arts in Health could be more adequately represented in the strategic planning process, but one person said that active investment of resources by 'services' was needed to make that happen.

Participants also alluded to a Catch 22, in which more resources would facilitate program advocacy leading to increased management buy-in resulting in more resourcing to grow the program.

The Arts in Health coordinator's '*passion*' was seen to '*make the program what it is*', in part by '*going out and getting special funding*'. One person said, '*You'd need to have her duplicated in different areas, to keep that momentum going, to keep raising the profile, to keep chipping away, to keep looking at different ways you can bring art into the clinical arena.*'

Affirmative

- *At Flinders, yes. I haven't seen this outside in any other hospital*
- *It has been incorporated into management plans in the hospital*

Negative

- *It actually doesn't factor, the strategic plan is more around the overarching vision rather than components of service delivery*
- *No. Easy answer*
- *No. That's a short answer*
- *No, I think it ought to be much more prominent*
- *Probably not.*
- *Probably not, it probably hasn't been a focus*

Uncertain

- *It is probably under-represented*
- *It probably could be more represented*
- *I can't answer that one*
- *can't answer that adequately*

Constraints

- *Strategic and operational plans are a bit of a moving feast really. They tend to be made on the run .. and Arts in Health doesn't feature.*
- *There's not a lot of really good, solid planning which is why we're struggling a bit.*
- *We probably don't have operational plans is one reason*
- *In planning now we're so focused on getting the views of consumers and getting input for planning and redesign and probably aren't considering Arts in Health as much as we should be*
- *Allied Health only gets a cursory look in really. It's about some of the bigger decisions*
- *It comes back to ... what's a core focus and Arts in Health probably does get left out*
- *I don't think any allied health is adequately represented .. Arts in Health is seen ... maybe even as a poor cousin*

Opportunities

- *There's an opportunity for it to be more included in the plans*
- *There'd certainly be great buy-in, but ... it's about services wishing to invest resources to enable that to take place.*
- *You've really got to have a key lead... We're very fortunate to have Sally, you'd need to have her duplicated ...*
- *There's a certain amount of promotion and this could come from Sally briefing management more often*

5.1.2 KEY STAKEHOLDER INTERVIEW FINDINGS - PROMOTION

5.1.2.1 Could the Arts in Health at FMC agenda be championed by notable people inside and outside the hospital?

All participants bar two were supportive of the idea of having internal and external champions for Arts in Health at FMC. Only one person advised against an external champion, saying the community probably *'doesn't know Arts in Health exists or that they can donate'*. Instead they suggested introducing community sponsorship packs and a research program attached to funding showing *'the positive impacts it's having for their patients and their recovery.'*

Internally, several prominent staff members were suggested including Michael Kidd, Belinda Moyle, Ross Kalucy and geriatricians and paediatricians in general. Two interviewees said they personally already promote the service, while another suggested a clinical champion who could strategically promote Arts in Health to other clinicians. It was suggested key staff could be *'more active'* in *'talking it up'*. In general however, participants agreed the service needed backers.

Externally, former Arts Minister and SALA chair John Hill was a popular choice of champion due to his connections and an enthusiasm worth *'bottling'*. Other broad suggestions included corporates, celebrities and artists with an interest in health.

One person said that Arts in Health could be championed by a community group responsible for driving a conference, convention or festival in South Australia.

Internal

- *I'm an advocate of the program, I do talk about it especially in the lead up to Mental Health Week*
- *Within, there are a number of supporters. I'd put myself as one of those.*
- *The Chief Executive for the Flinders Foundation could potentially be more active in that space*
- *Some of the persons who could talk it up more, possible don't*
- *You can't look any higher than the top, and our CEO is Belinda Moyles*

- *The rehabilitation and geriatrician specialists feel strongly the program has benefits for their patients and ... I think would be more than happy to be more promotional*
- *Ross Kalucy (head psychiatrist) has been quite a big advocate of the service*
- *Michael Kidd ... he's a supporter*
- *I'm sure there are (FMC) clinicians .. already on your supporter base ... who could provide an advocacy role (in clinical engagement)*
- *You need to get buy-in with everybody's interest in every area of the hospital*

External

- *Someone within the arts field and within the health field. I know John Hill's been raised .. and I think that would be appropriate.*
- *John Hill was and is a great believer in Arts in Health*
- *You wish you could bottle that (the previous Minister's enthusiasm for Arts in Health at FMC)*
- *John (Hill) ... a southern suburbs resident, he's a big support of the arts and ... being chair of the SALA Festival would be beneficial*
- *If you look at the work .. Ita Buttrose has done for Alzheimers Australia or Maggie Beer .. for the Dignity and Care program .. there is a real place for that*
- *Perhaps if they could get corporate sponsorship ... celebrities ... or even the premier getting up and championing it*
- *Outside the hospital .. it's probably more about the consumers ... having them champion the beauty of the service*
- *Margaret Worth is an outside artist*
- *The Central School of Art*
- *A group that could support arts-related-to-health places ... a conference, or convention or even a festival*
- *I don't think external lobbying or championing is required, other than in terms of fundraising*
- *I don't think the wider community knows Arts in Health exists ... or that they can donate to help continue that*
- *(Arts in Health) almost needs a research program attached to funding ...to show...the positive impacts its having for their patients and their recovery*

5.1.2.2 Is the Arts in Health at FMC program adequately promoted?

This question also generated considerable interest, with interviewees providing a numerous responses and suggestions around 'promotion'. However, these were piecemeal and fragmented and long term issues around uptake and resources were not addressed.

Internal promotion of Arts in Health at FMC was considered adequate by the majority of interviewees who variously described it as, '*positive, visible, well done, and solid, in touch.*' Performances and exhibition were seen as self-promoting, while emails, FMC newsletters and launches were cited as examples of program promotion. One person said SALHN has a good communication strategy and Media and Communications department, while several people attributed the success of Arts in Health at FMC to the passion of its coordinator.

Only three people mentioned external communications. Of these, one considered Arts in Health had a profile which extended beyond the hospital, while two considered external communications was either non-existent or could be increased. However, one person said the program is regarded very highly nationally - '*a leader in its field.*' This indicates external promotion is working effectively within the arts and wellness circle.

There was a suggestion that some events weren't promoted sufficiently and that there was room for more promotion, while two people said promotion is sound, but uptake is poor. Possible barriers included parking shortages, competing staff pressures, information overload, and inadequate resources to '*create a buzz*' externally. Several people considered the best way for people to learn about the program was through personal experience at events or program tours.

SA Health communication policies were seen by several participants to restrain FMC's corporate identity, and to restrict access to potential participants and audiences through social media.

It was suggested that Arts in Health be included as standing items on FMC management's clinical governance and quality frameworks, and raised in executive governance forums. This would help lift the profile of Arts in Health

with organisational powerbrokers, focus attention and promote action among those key opinion makers with access to power and resources.

The program coordinator was seen by two participants to be an excellent and popular presenter, with strong program support from the previous Minister for Health John Hill. Lobbying and advocacy could be incorporated into a targeted, strategic public advocacy program to improve the recognition and funding opportunities of the program.

Adequate, internally

- *Promoted fairly solidly within hospital*
- *It's certainly promoted positively*
- *I'm attracted to the Arts in Health program because it's always so positive*
- *For the most part, activities get in touch with representation*
- *Internally yes*
- *Across Flinders, it's adequately promoted*
- *There's lots of emails come out and it's very visible*
- *SALHN has a good communication strategy and Media and Communications*
- *The projects are often in the SALHN newsletter*
- *We promote it well enough*
- *It's reasonably well promoted.*
- *It's used a variety of strategies, the launches are done well*
- *It's adequately promoted with FMC*
- *From what I see around the hospital, it's promoted*

Adequate, externally

- *Externally, no*
- *Externally hardly ever*
- *We have a profile beyond FMC in southern Adelaide*
- *Promote more within the local community*

Inadequate

- *Some of their events aren't promoted sufficiently*
- *There's room for more promotion*

Low uptake

- *Why don't staff pick up on it? It's not the promotion, it's something they do well*
- *Very few people respond*
- *People give it tacit recognition but looking at pictures for their enjoyment is where it stops*

Barriers

- *There may be barriers such as parking*
- *think it's purposely restrained due to lack of resources*
- *No point advertising and winning the hearts and minds and not being able to deliver the service*
- *I think Sally does a great deal of promotion within the time that she has*
- *If Sally had more resources, she could do a lot more*
- *It takes time and people and money to raise more awareness*
- *Need more discretionary funding to organise outside events with a 'buzz'.*
- *How do you get people enthusiastic with so many competing agendas?*
- *It's difficult with the pure load of what has to be communicated on this campus*
- *People don't necessarily understand by reading a sign or flyer*
- *Doctors and nurses don't receive electronic information very well*
- *We're not able to set up our own social media site*
- *Facebook would be a wonderful tool for Arts in Health but we don't have permission*
- *Not allowed to set up Twitter ... use Youtube, has to be via SA Health Channel*
- *Websites are being decommissioned and (replaced by) one SA Health website*
- *We're restrained with the design of the website if it's a SA Health thing*
- *We can't get too creative unfortunately. SA Health makes those decision*

Opportunities

- *The best way is for people to actually see it and hear it and .. get an understanding*
- *Take people on tours and show them what happens*
- *It would be good to have it raised in some sort of executive governance forums*
- *It would be good for there to be a standing item about Arts in Health on the clinical governance or quality framework*
- *Could have a public advocacy program*
- *The previous Minister for Health ..was so impressed he never stopped talking about it*
- *Sally is very good at talking about the program in a passionate way*
- *People are always inviting Sally to ... speak*

5.1.3 KEY STAKEHOLDER INTERVIEW FINDINGS - STAFF INVOLVEMENT

5.1.3.1 Would you be supportive of ward staff involvement in arts-based activities for patients?

All participants supported this concept.

They considered it would facilitate health care options for patients, and in particular long-term, paediatric and eating disorder patients. It was also touted as an avenue to improve nurse-patient relationships by helping to build trust and engagement. One interviewee said a mix of social workers, nurses and occupational therapists already participated in arts projects with patients Eating Disorder and Acute Inpatient Service with.

However, the concept would need to be *'well thought out'* to ensure it was made available in appropriate wards and services.

The major concern was pressure on wards and ensuring a balanced approach in which already busy staff were not overburdened, and basic health care needs were prioritised.

One person said it should be a service of choice by staff and not mandated, while others said staff would need to be guided by Arts in Health at FMC to ensure they provided appropriate arts and health activities, and not just *'things to colour in.'*

Another participant suggested incorporating *'up-skilling in arts'* in the FMC's upcoming staff reward and recognition scheme.

Affirmative:

- *Yes, very supportive*
- *Yes very much*
- *Absolutely ...within our mental health service, we already do this type of work ... it's a fabulous way of engaging them in a therapeutic relationship.*

Optional:

- *Yes, they don't necessarily have to take up that offer but it could make it a better place to work*

Conditional:

- *I'd have to .. make sure we wouldn't end up having staff involved in something that results in injury but in other words, yes.*
- *Yes .. (Staff) would need to learn .. to engage with the (Arts in Health) program*

Challenges:

- *Many would say ... they didn't have time*
- *It would be a lot more challenging in a general ward or general admission unit.*
- *We've got to put the patients' care first .. so it's probably just getting that balance right.*
- *It would certainly need a lot of thinking through, not just a space with a table and things to colour in.*
- *So long as it doesn't come at the expense of the basic care needs of patients*
- *I would, but I believe they're already understaffed, so I think it's unrealistic.*
- *Yes, but will it happen? I don't think so.*

Opportunities:

- *Yes .. in the recovery stage .. and there'd be opportunities in our paediatric services.*
- *It would be very valuable where longer stays are involved and relationships are formed with staff.*
- *If a doctor or nurse can connect with me in some way, through sport or arts or whatever, then I'm going to have a better experience as a patient.*
- *(As a reward and recognition for staff) ... up-skilling in an arts way ... might complement their work as a clinician*

5.1.3.2 Would you support arts in health awareness training for staff?

Participants were in favour of Arts in Health awareness training. It was seen as a positive way of supporting patients, promoting the program among staff, and providing a new skill set for clinicians.

Others gave in principle support to the idea, saying it would depend on the duration of the training, and existing commitments of staff who were already under pressure to attend mandatory training programs. Another concern was the range of *'critical awareness or promotion programs we don't run within FMC due to resourcing implications'*.

According to one interviewee, Arts in Health training would need to be targeted, and not a *'free-for-all'*. Another suggested incorporating Arts in Health at FMC training modules into induction training for new staff because, *'it's kind of hard to capture someone's attention once they've been working here for a while.'*

Affirmative

- *Yes*
- *Anything that will get the message out there.*
- *Yes .. a great opportunity if you're looking at clinical development*

Conditional:

- *It depends on time commitment*
- *In principle yes, but the deployment .. would really need to be understood*
- *Yes in principle. Making staff aware of what it is, what it means, what services can be accessed would be valuable*
- *Absolutely (but) having the awareness of what we're doing, rather than a free-for-all*

Negative

- *We've already have a range of critical awareness or promotion programs we don't run within FMC due to resourcing implications*

Opportunities:

- *If we could have an orientation and standards of care and ...interventions and look at positive impacts it can have on physical wellbeing*
- *Depending on how much training's involved .. it's hard enough to get them to do the mandatory training programs*
- *Presentations .. to new staff (as part of induction programs) .. we probably don't use Arts in Health enough (as a selling point to new staff) because it's unique but it's something we take for granted*

5.1.4 KEY STAKEHOLDER INTERVIEW FINDINGS - FUNDING

5.14.1 How do you think Arts in Health at FMC is funded?

Most participants were unsure how exactly the program was funded, variously suggesting the hospital budget, grants, donations, gallery sales and fundraisers.

One person said they didn't know how the program was funded, two people said '*executive*', and another thought it was funded through external grants. Several people who worked closely with the program were familiar with its funding configuration of FMC, grants, sales and donations.

Concern was expressed about the piecemeal funding of the Arts in Health program, with one person saying, '*It needs to be recognised as important as a person's position in nursing, that is a full time position.*'

Another pointed to '*slashed*' SA Arts funding, which was previously '*pretty reliable.*'

Unknown:

- I don't have a clue

Funding sources:

- I would say from executive budget
- People just assume it's funded by executive
- *A small amount of money from the central budget, anything on top is generated from grants with themes with a salary and development component to it.*
- *We fund part of it, and ... through the Commonwealth and application of State grants*
- *Public money from the purse that funds the hospital, whether there's volunteer money .. I'm sure there are lots of grants*
- *I donate to Arts in Health, they're part-funded from donations but there is some operational money ..*
- *By FMC and direct deductions through payroll*
- *A salary component .. from within the hospital budget ... an operating fund ... sales from the gallery .. the actual projects have to be funded by external grants*

- *The coordinator role, and the assistant role funded operationally, and then the remainder .. is from grants (and gallery sales)*
- *Through external grants primarily*

Opportunities:

- *It needs to be recognised as important as a person's position in nursing, that is a full time position with a need for some part time ...support.*

Constraints:

- *Sally consistently applies for project funding ... they've been slashed so it's much harder to do now*

5.1.4.2 Are you supportive of funding raising initiatives involving staff?

(The questions around opportunities for staff fundraising were asked as a block, and participants answered some parts of the question and not others. The responses are summarised below each subheading.)

- **For example, an Arts in Health membership with benefits?**

This fund raising idea raised the most enthusiasm among participants, with some people indicating they would personally like to be involved with such an initiative.

Perceived opportunities included tax deductions, links with the FMC Foundation invitations to openings, special functions and networking with artists. It was considered that the membership could be made available to the broader community, *‘especially people who have been a patient here or a visitor’*.

At a wider level, an Arts in Health membership with benefits was considered a good way of connecting people across South Australia through arts events.

Only one person was disinterested, saying it would be, *‘a hard one to push in this environment.’*

Several people discussed funding transparency. It was suggested the membership be integrated into regular workplace giving rather than being rolled out a different campaign. Another said it was important to ensure the hospital didn’t appear to be drawing staff into *‘commercial type’* arrangements. Another participant supported the idea, so long as Arts in Health at FMC services in general didn’t become user-pays *‘like a gym’*.

There were two calls for more research and one for a proposal.

Affirmative

- *A great idea, these are all very good ideas*
- *I’d be supportive of that*
- *People would love to be engaged*
- *Yes*
- *Yes!*
- *Don’t have any concerns*

Conditional

- *In principle, we'd need to be careful staff don't feel we're canvassing them into .. commercial type arrangements.*
- *Need to see if these types of things have been tried elsewhere and found to be effective*
- *It would need more work and a proposal.*
- *It would be a hard one to push in this environment*

Opportunities

- *It would connect the people in the arts community throughout the state*
- *A membership would be good if it was set at a reasonable price .. a tax deduction if it was to go through the FMC Foundation*
- *If it was known to people they could make donations, pre-tax, 12 months, invitations to openings, special functions ... networking with artists .. I really think it would be a good thing to do*
- *It could be integrated with the regular workplace giving rather than rolling out a different campaign*
- *(make available to community) especially people who have been a patient here or a visitor to a very sick patient and have had benefit*

- For example, ward fund-raisers and Bay-City fun runs for Arts in Health?

The notion of ward fund-raisers and fun runs were supported in general, with one participant commenting that, *'if a program can make itself self-sustaining, then it's got a future.'*

However, ward fund-raisers were a less popular option due to their perceived propensity to impact on staff time, and the ineffectiveness of activities such as raffles to raise money.

One person queried the potential for competition between different organisational fundraising initiatives, saying fundraisers would need to be carefully managed across Arts in Health at FMC, Flinders Volunteer Service and Flinders Foundation.

Affirmative

- *Yes (fun run)*
- *Anything like that would be great*
- *Yes .. a lot of people on staff .. enjoy those kinds of things*
- *A great idea if they'd like to be involved*
- *People might get a team for a fun run*
- *If a program can make itself self-sustaining, then it's got a future*

Conditional:

- *We've got the Foundation and .. the Volunteer Service ...it would have to be raised carefully, so we're not getting too competitive internally*
- *If people have a choice, it's ok*
- *If there is not much funding coming through, yes*
- *I don't have objections to trialling those sorts of things .. it's about keeping it in check how many fundraising events go on around the place*

Negative

- *Not an effective way of fund-raising .. there are better ways (than ward fund raisers)*
- *A lot of energy for little return*

5.1.4.3 Are you aware /supportive of the staff payroll deduction scheme?

There was a mix of responses to this question about the staff payroll deduction scheme which ranged from, *'great idea'* to *'an optional thing'* to *'it doesn't seem right'*. It was suggested the best time to engage employees was when they began working at FMC, via their new employees information pack.

The single response against the scheme related to removal of money from the *'source'*. It was considered staff would prefer being in control of their own financial contributions to Arts in Health at FMC, rather than having them debited on a recurring basis *'like taking without my knowledge'*.

Affirmative

- *A great idea*
- *Yes*
- *Yes*

Conditional

- *Yes ... as an optional thing*
- *Yes.. you're never going to get a massive uptake*
- *Ideal time to sign up to a payroll deduction is when they enter the workforce .. it could be in the package that all new employees get*

Noncommittal

- *I don't hold a strong position on that*

Negative

- *I'm not sure if it's been taken up ... it doesn't seem right, it's like taking without my own knowledge .. although I sign it off initially*

5.1.4.4 Do you have any suggestions for how it might be funded?

This question generated a diverse array of ideas and reflections about funding issues vis a vis Arts in Health at FMC, with words such as, *'mainstream funding, commitment, long-term support, come on board, opportunity'*.

The hospital itself was seen to be the appropriate key source of funding for the program, through avenues such as the organisational budget, staff philanthropy, the FMC Foundation and FMC Volunteer Service.

Some participants expressed frustration at the perceived lack of organisational and philanthropic support for the Arts in Health program, saying *'(Arts in Health) shouldn't have to do fund raising'* and *'funding is the ultimate sign of commitment of an organisation'*.

One participant considered philanthropy among FMC medical consultants was necessary but not forthcoming.

Grants funding was suggested by several interviewees and other random suggestions included art sales, bequests, councils and politicians' discretionary funds.

Evidence linking arts and health was seen as the *'missing link'* between program funding and philanthropy by medical consultants with *'plenty of money'*.

Another commented that allied health funding was being *'continually cut back'*, while *'doctors are never asked to be accountable'*.

It was suggested further research and projection studies linking allied health and conditions such as dementia.

The politicisation of healthcare was also touted, with a senior executive noting that Arts in Health at FMC needed a considerably higher and wider national profile in order to receive funding through mainstream avenues.

Opportunities

- *They shouldn't have to do fund raising and it should be part of hospital mainstream funding*
- *We should look at the hospital actually funding it, because that's the ultimate sign of a commitment of an organisation*
- *This is a program that requires ongoing, long-term support*

- *The senior consultants, the money people, the private practise people, privateers ... those guys need to come on board*
- *External, philanthropic organisations*
- *If the Foundation was less focussed on exclusively or mainly research, then there might be an opportunity there*
- *When it comes to the State health budget, a piece of equipment in terms of surgical or pure health, is always going to be chosen over what could be seen as a nice add-on rather than critical care.*
- *The Volunteer Service*
- *Get someone to leave an extraordinary amount of money in their will*
- *The grants is probably an avenue*
- *Councils often provide grants*
- *Lobby local MPs who have external funding*
- *A contribution from artwork sold .., optional contribution by the patient or staff .. fundraising and funding from SA Health*
- *Who are going to be the people using the system in five years? It's going to be the older people with cognitive impairment and dementia .. not your sexy people that need high class surgeons. We could do some good, solid stuff as part of the Dementia Plan .. as some of these surgical services contract over the decades. They're probably going to .. need a different kind of service that .. includes allied health.*

Constraints

- *The missing link .. is the establishment that arts and health go together ..*
- *Unless Arts in Health has featured prominently across Australia for the last five years, it's unlikely that what it would cost to deliver the Arts in Health program would be included in what we get paid to undertake patient activities*
- *Doctors are never asked to be accountable and allied health are, they keep cutting us back and cutting us back*
- *It's very difficult in our current environment, we've taken fairly significant funding cuts.*

5.2.4.5 Would you support increasing the scope of the program?

Participants were in favour of expanding the Arts in Health program at FMC, on condition adequate resources were made available to ensure staff and services were not spread too thinly across the organisation. The need for larger office space for Arts in Health at FMC and expanding the service across the SAHLN were also suggested.

Affirmative

- Yes definitely
- Yes absolutely
- Yes
- Yes
- Yes
- Yes

Conditional

- Only if there were more resources available
- Depend on staff availability and need
- It's a matter of making sure we have sufficient funding to expand it
- Yes but that's all dependant on funding and people and a bigger office
- So long as we weren't being asked to fund it

Opportunities

- *I could see it becoming more network wide*

5.1.4.6 Do you have any other comments about At FMC?

In the final interview question, participants reaffirmed their support for Arts in Health at FMC with comments like, *'It has a positive impact'*, *'I'm a big advocate'* and *'it's unique'*. They also reiterated their desire to see the program expanded, and provided suggestions for using local media and radio to promote the service.

One interviewee talked about whether or not the program has flat-lined, and if so, how best to reach audiences with more targeted activities and use of, for example, celebrities to boost its profile and credibility. They identified the need for Arts in Health to be clear about its *raison d'être* – to hone its purpose, and deliver messaging that would clearly articulate what it was about to audiences.

Affirmative

- *It has a positive impact on the patients' journey here.*
- *They offer so much*
- *I've always been a big advocate of Arts in Health*
- *I'm a great supporter of it*
- *It's fairly unique to South Australia .. the Commonwealth views it fairly positively and other states have adopted similar programs*

Opportunities

- *Everyone knows it's fun and that it makes you feel better but in this environment it needs some hard-nosed outcomes*
- *The thing we're based on is the number of people who come into our Emergency Department and it represents 90 percent of our budget. If you had people queuing up on the ramps for the arts service and it was in the news ..*
- *We should have referrals coming from other hospitals to this service*
- *There are other great opportunities that are being missed with other local media*
- *What is Arts in Health delivering and what's the relevance behind that and what is the importance for people to want to contribute to make a difference .. We need to hit home with that message .. We need to find our hooks .. We need to be clear about our messaging .. We need the stories to be identified.*

5.2.1 FOCUS GROUP FINDINGS – OVERVIEW

This research revealed a slightly different perspective to the key stakeholder interviews. Participants included middle level managers, general staff, medical students and an Arts in Health musician, whose work gave them direct contact with patients and allowed them to view and experience Arts in Health first hand.

Many of their comments alluded to the network of relationships and influences operating on wards, and provided a birds-eye view into communication grids and clusters within the hospital.

Participants were supportive of Arts in Health at FMC. They tended to provide practical and insightful suggestions for how to promote the program from the unique perspective of seeing how wards tick, and the impact of the arts on patients. Their suggestions stressed relational and experiential communications and promotions, with a ‘can do’ attitude of - *job well done, now how do we tell others?*

Internal promotion was considered more visible than external communication, in particular the Promenade Gallery and courtyard performances. There was confusion about whether or not participants had received emails about the program. Arts in Health was considered a very approachable and easily accessible service.

Clinical Service Coordinators (CSCs) were seen as connective ward players, while patient referrals were said to activate ward relationships with Arts in Health at FMC. The accessibility and approachability of the service was reinforced.

The question of whether or not Arts in Health was ‘entrenched’ within the organisation was interpreted in terms of existing and potential relationships such as the staff Directions Forum and communication networks. Experiential learning about Arts in Health at FMC was lauded as the best way to understand its benefits. One participant said nurses are unable to leave wards to attend centralised events.

The service was seen credible and multilayered by participants, but subject to ‘*differences of opinion*.’ People needed to see it, to understand it, and ongoing exposure would lead to acceptance.

Participants discussed sources of ‘*evidence*’ and promotion instead of the questions about Arts in Health awareness training. One person considered that support for Arts in Health at FMC was driven from the floor. Nurses were considered better informed about Arts in Health than doctors, and CSCs and the Directions Forum were again touted as effective hospital information hubs. Arts in Health research would engender buy-in by medical staff.

All group members were supportive of Arts in Health at FMC. It was suggested the program had proven itself. There was confusion about the Clown Doctors, and whether or not they were part of Arts in Health at FMC.

There was also strong agreement the hospital would be ‘*awful*’ without Arts in Health at FMC.

While it was not considered a core service, group members said it was an important and defining feature of Flinders Medical Centre, something that set the hospital apart from others. It was suggested program could be a draw card in attracting new staff.

Performing arts students were considered a cost-effective potential resource for the program, which could be expanded if resources were available.

The question of ‘what is the most important thing about the service’ drew limited responses and these related to patient experience.

Most participants considered staff could provide art activities to patients through something immediate, such as an arts box, while others said this would place additional pressure on staff.

They were unsure how the program was funded but provided a variety of accurate suggestion that collectively summed up its budget sources.

The Arts in Health membership concept was well received, with comments about cost, tax deductions and a trial period.

Meanwhile, the staff payroll deduction created confusion when one person proposed it as a funding opportunity, without realising it already existed. Other fund raising suggestions included philanthropy, commissions and donations.

Final comments related to the lack of email correspondence from Arts in Health compared to other departments, and promotional ideas including patient information pamphlets, Facebook, high profile supporters, local media and Westfield information booths.

Participating medical students said their Arts in Health elective enabled them experience Arts in Health, and that other health providers would also be convinced if they saw it firsthand.

5.2.2 FOCUS GROUP FINDINGS - QUESTIONS

5.2.2.1 Do you think Arts in Health at FMC activities are promoted to staff adequately?

Promotional activities cited by focus group members centred mainly around internal communication vehicles such as flyers, arts displays and courtyard music and presentations. The approachability and availability of the service was also touted by a participant.

Two people said they received (organisational) emails, which one described as '*prolific*'. One participant said information about the program was unlikely to be reaching Flinders University medical students beyond the small groups of students who take the Arts in Health elective each semester.

External communication was less evident to participants; only one person provided an example of external promotion, and another said they didn't know if it was promoted well externally.

The question about how to 'improve promotion of the service' failed to generate many responses. Participants nonetheless offered numerous, unprompted suggestions on the same topic later in the session.

Internal

- *I don't know whether it's promoted well externally, but internally it is.*
- *They are prolific with their emailing system*
- *There's evidence of regular attendance in the courtyard of music and presentations*
- *Emails .. flyers .. the Promenade is prominently displayed with art*
- *As students, we're specifically aware of it because of the elective .. I don't think a lot of students know about it.*
- *The office is very approachable. Their program is quite readily available to patients.*

External

- *Stories in the Messenger Press .. about Arts in Health*

5.2.2.2 Do you see it as an entrenched part of FMC?

Responses to this question focussed on relational issues. Words like, *'people in charge, strong connection, open and supportive, relationships, tap into'* underscored participants' perceived importance of interpersonal hospital networks in the delivery of messages around the hospital. The program was considered by group members to be entrenched via *'very strong relationships'* with *'certain wards'* and a *'presence in intensive care.'*

Other people such as those *'in charge of the ward'* and social workers were seen as valuable nexus between Arts in Health at FMC and other hospital staff. In a similar ilk, the FMC Directions Forum was touted as a good opportunity for the Arts in Health Department to tap into *'a lot of nurses, midwives.'* An emphasis was also placed on the importance of experiencing Arts in Health first hand in *'sealing it for a lot of people.'* Suggestions included watching arts shows and observing patients respond to the program itself. It was observed that many nurses are not in a position to leave wards to visit the gallery or other arts events during their shifts.

Opportunities and relationships

- *Certain wards they have very strong relationships with them
Making sure at least people in charge of the ward know exactly what services there are .. would be a good way to go.*
- *A strong connection through the social worker .. can assist with promoting the program*
- *A lot of the social workers are very open and appreciative and supportive of the Arts in Health program
In intensive care, there is some presence of Arts in Health*
- *There is the (fortnightly) Directions Forum .. that Arts in Health could tap into .. a lot of nurses, midwives, anyone can go*

Constraints

- *A lot of nurses aren't in a position to leave the ward and pop down to the gallery or do other things.*

Affirmative

- *Appreciating performance or whatever's going on – but seeing patients enjoy that – really seals that for a lot of people.*

5.2.2.3 Do you think Arts in Health at FMC is perceived as a diversion or a credible health service?

In response to this question, participants commented on *'differences of opinion'* and *'a relatively new concept'*, saying Arts in Health at FMC is *'very very multi-layered'* and promotion *'needs to be ongoing'*.

Some said that Arts in Health is a *'relatively new concept'* despite being *'around for a number of years'*, but that acceptance of the service came with time. *'The more she (musician) came, the more they looked forward to her being there.'*

Positive

- *Arts in Health for us was very multi-layered and had some depth to it.*
- *My staff initially felt .. really uncomfortable .. because Heather would wander off down the corridor .. playing her bowls and singing. But the more she came, the more they looked forward to her being there*
- *There were tangible changes in the women who were actually relaxing and probably wouldn't have moved up a level of pain relief as quickly because they thought, 'This is really nice'*
- *The music was really nice for me in my office too. It was really lovely*

Opportunities

- *Has to be an ongoing, raising the profile with the staff*

Negative

- *There's going to be differences in opinion .. where arts are concerned*
- *For a lot of people, I think it's still a relatively new concept, even though it's been around for a number of years.*

5.2.2.4 What do you think of Arts in Health awareness training for staff?

In this question, participants commented on promotion and acceptance of the Arts in Health Department's artists, art therapy, art trolley and art work groups in the eating disorder unit.

Direction Forum and CSCs were reinforced as potential networking opportunities, together with people who *'are going to be onto their CSCs'* and nurses who *'are a lot more aware of Arts in Health'* (than doctors).

One participant said support was likely to *'be driven by the people on the floor'*. The idea contrasts with an earlier suggestion that change *'starts at the top'* at FMC and feeds down, and hints at different currents of power and influence within the organisation that could be further explored, understood and utilised.

One group member raised the need for research and clinical evidence as a way of engaging medical staff, while another person pointed to likely availability of data already generated through previous Arts in Health researchs.

Opportunities

- *We .. have Helen come with the art trolley, and there are eating disorder patients and work groups with Arts in Health and art therapy with Bindi.*
- *With this Direction Forum, you'd still get a group of people who are then going to spread the word to other people. They're the ones that are going to be onto their CSCs*
- *I think the nurses are a lot more aware of Arts in Health (than doctors)*
- *It's probably going to be driven more by the people on the floor. In terms of getting the medical staff involved.. would it be possible – to have some research done into the effects of the music on the patients?*
- *Christine Putland has .. been involved in Arts in Health and researchs right from the beginning so she would have a lot of data.*

5.2.2.5 Do you think Arts in Health at FMC is a valuable health service?

Participants considered the service was ‘*very*’ valuable and had ‘*proved*’ itself. Examples included artwork, music and its ‘*invaluable*’ and ‘*multilayered*’ benefits.

One person said Arts in Health provided value for staff and flow-on effects for patients and families – suggesting the high value they attached to the program as a staff member.

There was some confusion about whether or not the Clown Doctors were part of the Arts in Health Department.

Positive

- Very much so. On many levels .. the value for staff and flow-on effects for patients and families is enormous
- I think they’ve proved themselves and with the multi-layers, the artwork on walls, with the music.
- I don’t know if the clown doctors are part of Arts in Health – I see them walking around
- When you’re in this difficult situation of being unwell .. it’s invaluable really

Opportunities

- *obviously the evidence is there, it’s a matter of people of being informed of the evidence around the benefits*

5.2.2.6 Can you imagine the hospital without the Arts in Health service?

Group members considered hospital would be '*awful*' without the Arts in Health at FMC service. The arts were seen to provide '*positive*' experiences for people in a '*difficult situation*', who had nothing to talk about but could '*stop and look at the art or play the piano*'. These comments indicated an emotional attachment to the program by staff, patients and families.

Affirmative

- *It'd be awful.*
- *Yes that's right.*
- *Yes, it'd be awful.*
- *Yes*
- *Patients with relatives (who) have nothing to talk about because it's a difficult situation .. stop and look and look at the art or play the piano .. and it's just really positive*
- *Hear from people in mothers' and children's wards who are visiting .. and it's usually positive.*

5.2.2.7 Is it a core FMC service?

From a holistic perspective, Arts in Health was considered a core service, but from the '*purely medical treatment of the patient*' it was not seen as critical.

However, group members variously '*couldn't imagine being without it*', felt it '*should be*' a core service because it has '*flow on effects*', but surmised that the hospital would go on without it.

Another two group members observed that while not a core service, Arts in Health at FMC was a defining feature of the hospital, one which '*makes Flinders different to other hospitals*.'

Core Service

- In that broader sense I'd say it was a core service. But if you're looking at the purely medical treatment of the patient, I'd probably say 'no'.
- I can't imagine not having that service here, but if we didn't have it, we'd still be Flinders.
- I don't think it's a core service, but it's certainly a defining feature of Flinders

Opportunities

- Where you have the ability to implement it, it really should be because it really does have flow on effects.
- It is what makes Flinders different to other hospitals
- I agree.

5.2.2.8 Would you like to see the service continued and expanded?

Group members supported the notion of expanding the services of the Arts in Health Department, with one person querying funding. Another suggested an *'art room on every level'* so *'it's not such a clinical place'*.

University students, such as dance and drama students, were seen as a source as cost-effective support to the program. *'It would be a positive elective for them, everybody benefits.'*

Constraints

- *It could be expanded but where does the funding come from?*

Opportunities

- *I'd really like to see the involvement of .. dance students, drama students .. it would be a positive elective for them. I think they pay the dancers that come in, but there are a lot of students who could use that as a project or something. Everybody benefits*
- *A great idea.*
- *We had school of Arts students through before we had refurbishment and they worked over time on a project, lead lighting windows and the kids just loved it*
- *I would like to see and art room on every level .. get patients out of their space for a moment so it's not such a clinical place*

5.2.2.9 What is the most important thing about the service?

This question elicited few responses and these were broad. One person said *'there are a few (important things) really'*. Others backed each other up with more general references to the service's capacity to promote *'social interaction'*, *'validation'* of patients and an *'alternative focus'* for long term clients.

- *I guess there are a few really.*
- *It's good for long term patients to have a different focus*
- *The harp itself intrigues people. Men want to know what it's made of, and how it works .. people want to know about the harp and music and my background in it. So it's not only the sound they're getting attuned to, it's the social interaction as well.*
- *Yes.*
- *Yes. I think that's what they like – the social interaction and something different.*
- *Patients having the opportunity to talk about their own experiences .. and be validated*

5.2.2.9.1 What do you think about staff contributing to patient arts in health activities?

Two people initially considered time and resources were too limited for staff to be involved in additional hands-on arts in health activities, with one saying, *'there's not enough time now .. it would be us running it'*

Others argued that those staff who chose to be involved in arts activities could use simplified activities such as an *'appropriate'* art kit, which would be *'immediate'* and provide beneficial diversions for dementia, paediatric and long-term antenatal clients. Hands-on activities involving staff and patients were also considered a mechanism for building trust and rapport between them. A student in the group discussed having seen patients *'making art for nurses'* and reflected that it was, *'really nice to see that relationship between them.'*

Opportunities

- *I think there could something be in kit form, which is what they were talking about yesterday – because it's something that's immediate*
- *We would contact Arts in Health for that.*
- *But if we had a resource on the ward, say a box of art (activities)*
- *We've had kits on the ward, and not everyone hands them out when people are bored*
- *I use it for the dementia patients - they do have their purposes, it stops them from wandering too.*
- *They need to be more appropriate*
- *patients were making art for nurses and it was really nice to see that relationship between them*
- *Long term antenatal women who are separated from their families .. will spend weeks here and we get Arts in Health involved early.*
- *Very much an opener for staff going into the room: 'What are you doing? Show me what you're doing. This is fantastic, what other colours have you got' .. it builds up a rapport with patients .*
- *In paediatrics as well, it builds up a trust.*

Constraints

- *There's not enough time now to give care they wanted, as opposed to doing extra.*
- *It would be us running it and reminding people constantly that that was available. So I think it's a great idea, I just don't think it's feasible.*

5.2.2.9.2 How do you think Arts in Health at FMC is funded?

Responses to this question were random and based largely on a variety of one-word conjectures such as '*Government? Health? Money? Budget? Bequeathers? Grants? Donations?*'

Other suggestions included '*Flinders' budget*', '*Sally's budget*', '*Arts SA*' and even a supportive former '*Health Minister*'.

Collectively, the suggestions went part way to describing the reality of the multiplicity of Arts in Health Department funding sources required to maintain the health service.

Uncertain

- *Government?*
- *It comes out of the health money?*
- *Budget?*
- *Bequeathers?*
- *Donations?*
- *Does it have to generate its own funding?*
- *Do they apply for grants?*
- *I may be wrong, but I would have assumed Flinders budget or Sally's budget contributes.*
- *The previous Health Minister was really supportive of arts, there was a line there, the Arts Council...?*

5.2.2.9.3 Do you think staff should be asked to support the program through direct financial contributions?

Two items dominated responses to this question – the Arts in Health membership and payroll deduction scheme proposals.

Both ideas were considered favourable, in particular the membership which attracted a range of suggestions and comments. It was seen to be interesting and potentially attractive to the wider community and artists, enhanced by the opportunity for tax deductions.

Participants used words like, *'really good'*, *'good avenue'*, *'lot of interest'*, *'interesting'*, *'carrot'* and *'attractive'*.

One participant suggested offering a membership to wards, rather than individuals. Two others raised the issues of cost and competition, saying it would *'depend on cost'* and could compete against other potential hospital donations.

The suggestion of a six month trial was considered reasonable.

In terms of the payroll deduction scheme, one group member suggested the concept of *'mini benefactors'*, without realising it was already in existence. This caused confusion for staff; several weren't aware of the Arts in Health payroll deduction scheme, and one recalled it from an earlier email.

Other fundraising suggestions included gallery sales, FMC consultant philanthropists and donations.

Arts in Health membership

- *Speakers, cocktail evenings up in the theatre area, that's really good.*
- *Membership to the (whole wider) community is a good avenue*
- *You'd probably get a lot of interest from the arts community.*
- *A program of speakers, a membership, that would be an interesting – even if they trialled it for six*
- *Could it (membership) be tax deductible? It would be a bit of a carrot.*
- *If it (membership) was tax deductible, it would certainly make it a lot more attractive.*
- *It would depend on cost*
- *You could have a ward-based thing, your ward's the subscriber*
- *Competing against other potential donations that benefit the hospital.*

Payroll deduction

- *We .. have a payroll deduction (scheme) .. for the Nurses Educational Research Fund .. and that's really well subscribed*
- *Propose a payroll deduction so people could become mini benefactors*
- *Already have an Arts in Health payroll deduction scheme.*

- *I do remember getting one email about it – so I suppose some follow up?*
- *They're actually revisiting it from presentation yesterday's*

Commissions, philanthropy, donations

- *Charge for the gallery space downstairs*
- *Historically, there have been some consultants in Flinders who've been very arts focussed.*
- *Reasonable to invite staff to contribute donations*

5.2.2.9.4 How could the service be better promoted?

Only three people addressed this question, and of these, only one person provided a suggestion for improving the service.

The Clinical Service Coordinators (CSC) were considered pivotal conduits for information between Arts in Health and ward staff.

The service was seen as very accessible. It was also observed that relationships between different hospital wards and Arts in Health are driven by patient needs, and this further highlights the responsiveness of the service to the demands of the hospital and its clients.

Relationships

- *Different wards would have different relationships with Arts in Health and depending on what their patients' needs are.*
- *Talking to the CSCs about how Arts in Health could be utilised in their area.*

Access:

- *Sally and her team ring us specifically and say, 'Would you like to have someone up today or tomorrow?'*

5.2.2.9.5 As students going into the future, do you see yourself accessing arts in health services?

This question specifically sought the views of the four medical students in the group, who will be among the next wave of practising hospital clinicians in future.

The students considered both their elective, and the Arts in Health at FMC program to be very valuable. The experience of the elective had allowed them to ‘see the results’ and ‘tangible effects’ of the program. Two people said they wouldn’t have felt as strongly about it, in the absence of doing the elective. One person had actively sought to undertake the elective and said if, ‘health providers are in there watching and seeing the health benefits, they come out a lot more convinced.’

Affirmative

- We can see the results and see it working whereas everyone in the past wouldn’t have had that*
- If I hadn’t been on this elective, I don’t think I would have felt as strongly about it.*
- I chose this elective because I feel strongly about it*

Opportunities

- It seems very obvious to me that the people involved see the tangible effects*
- If people actually experience it, (if) health providers are in there watching and seeing the health benefits, they come out a lot more convinced*

Constraints

- They don’t see a space for arts at this point, which doesn’t set them up well for thinking about it in future which is sad*
- There were only three spots (for this elective for students). But I had a staff member ask me, ‘Oh, did they fill the four spots?’*

5.2.2.96 Do you have other comments?

Participants took the opportunity for final comments to provide suggestions about promoting Arts in Health at FMC.

One person suggested a pamphlet to promote the service to patients, while another participant said promotional information could be incorporated in existing patient material about visiting hours.

Contradictions around staff email protocol were apparent, with some people saying they received many emails but few from the Arts in Health Department.

Other anecdotal suggestions included good news stories in local print media, an information booth at Westfield, promoting the service through Facebook, and attracting high profile supporters.

Constraints

- *I've only been here a short time, a lot of people or patients haven't known about the program.*
- *Most staff have heard of Arts in Health, but the patients have not ...*
- *I don't get many emails about what's going on with Arts in Health.*
- *I don't see any emails from Arts in Health anymore, promoting what's going on*
- *We get millions about all sorts of things but we don't get any from Arts in Health*
- *People are swamped by their emails but on the other hand, we're used to it now so ...*

Opportunities

- *The staff could promote it more with the patients ..*
- *There is a pamphlet we've had to give out to patients*
- *If (the artists) took some pamphlets with (them), they could certainly promote it.*
- *We have a patient information leaflet about visiting hours .. it could be included in that?.*
- *Contact the local rag and do a story about Arts in Health .. call for donations.*

- *Does Arts in Health have a Facebook page?*
- *A high profile like John Swan that does Royal Adelaide's Arts in Health.*
- *I think that's a good idea. And then you get the profile outside .. and they like good luck stories.*
- *The former CEO was very supportive of Arts in Health*
- *If you wrote to Jackie Hansen, she'd put something out. She's the acting CEO at the moment.*
- *I think you have to go outside. The average person, they'll think: 'I remember playing the guitar, let's put some money towards it.'*
- *Even down at Westfield, having a booth or stand just to say: 'This is the sort of work that we do'*
- *You might get more volunteers or people with skills.*
- *It just puts more focus in the community awareness that we have the program here.*

5.3 ONLINE STAFF SURVEY FINDINGS - OVERVIEW

The data obtained from the online staff survey indicated that participants were strongly in favour of supporting Arts in Health at FMC through a variety of fundraising activities.

They provided a quick snapshot of staff perceptions and their strong support for Arts in Health at FMC and willingness to support it through a range of fund raising initiatives.

Importantly, it indicated that uptake of the staff payroll deduction scheme could be potentially be increased with additional ongoing promotion. This was a significant finding given the very high return potential of this initiative.

Overall, activities with which staff 'agreed' and 'strongly agreed' fell into the following ranking:

- Ward raffle – 92 percent
- Arts in Health at FMC membership – 72 percent
- Sausage sizzle – 64 percent
- Bay City Fun Run – 52 percent
- Staff payroll scheme – 50 percent
- Meet the Artist – 50 percent
- Staff arts-patient activities – 48 percent

Nearly all respondents, or 88 percent, said Arts in Health at FMC provides a valuable service to patients. Another eight percent provided a 'neutral' response. Only one person strongly disagreed, however this person had scored other services highly, indicating this rating may have been wrongly entered.

More than three quarters of respondents said the program could be supported by staff financial contributions or fundraisers, while one fifth of participants were neutral four percent disagreed strongly. Results of the subsequent questions supported this finding across most of the other questions.

Direct financial contributions through the FMC staff payroll deduction scheme were agreed or strongly agreed to by exactly half of the participants, while 41 percent were neutral. This seems to indicate that the poor response to the scheme in reality may be due to other factors such as low awareness or inadequate promotion. Only 8.4 percent disagreed or strongly disagreed to the scheme.

A higher percentage of 72 percent of participants were in favour of an Arts in Health at FMC membership and this correlates with findings of the Key Stakeholder Interviews and Focus Groups. It indicates that respondents preferred to contribute in a way that allowed them to participate in the arts experience. Of the other responses, 16 percent were neutral and 12 percent either agreed or disagreed.

The Bay-City Fun Run was less popular, but not without supporters. Half of the participants said they would take part in a Fun Run to help raise money for Arts in Health at FMC, while 30 percent of respondents were neutral and 13 percent either disagreed or strongly disagreed. Considering the Bay City Fun Run would require a high level of personal effort by participants, this result is relatively favourable.

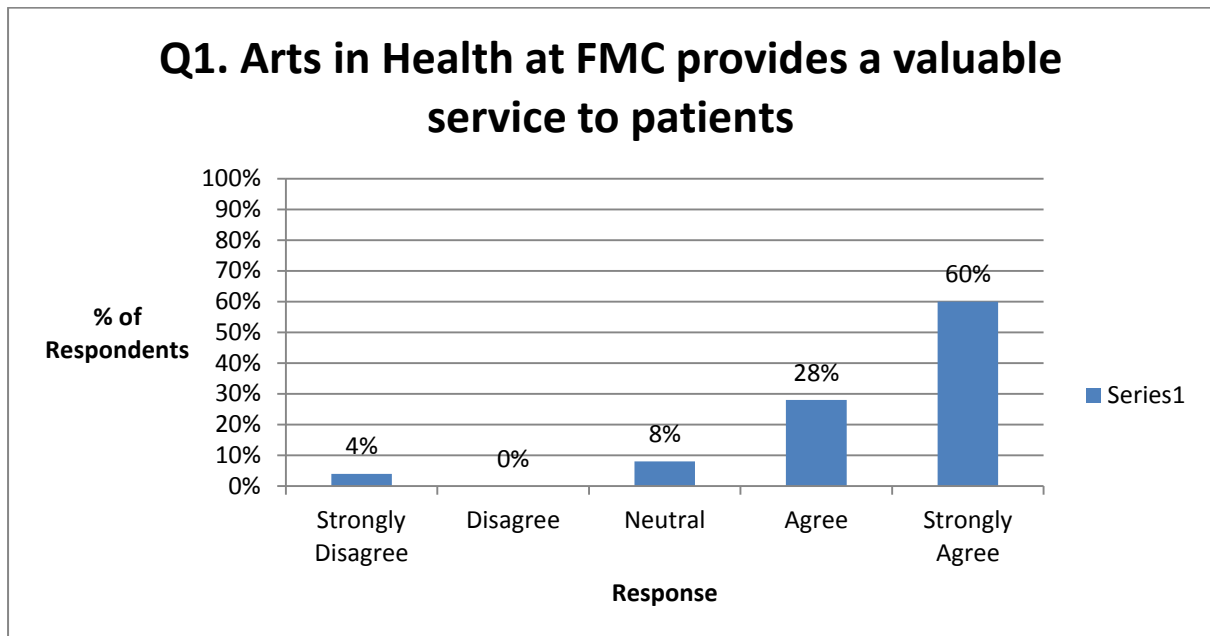
By comparison, a ward raffle was supported by 92 percent of respondents, indicating a preference for a simple activity. Eight percent either disagreed or strongly disagreed.

A 'Meet the Artists' event was supported by 50 percent of respondents, while 25 percent were neutral, and 25 percent either disagreed or strongly disagreed. In total, 64 percent of respondents would take part in a sausage sizzle, while 12 percent were neutral and 24 percent indicated they would not participate.

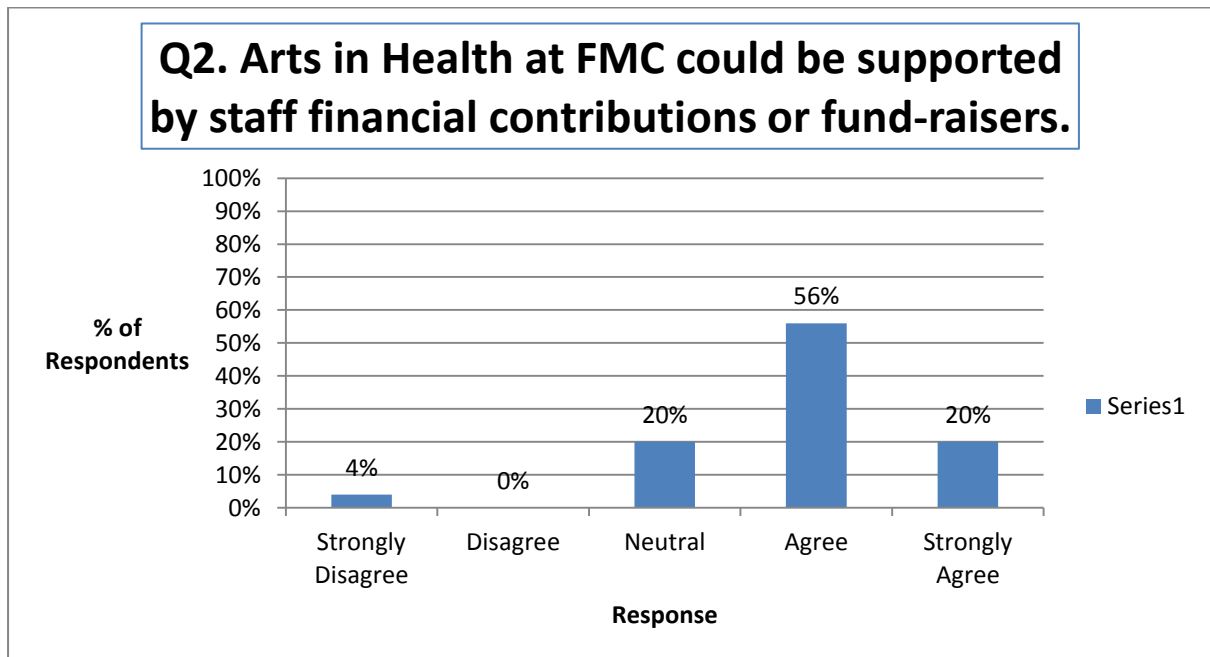
Respondents were generally in favour of staff providing arts activities to patients, with nearly 48 percent indicating agreement and strong agreement. A solid 44 percent gave a 'neutral' response, while eight percent disagreed or strong disagreed.

The majority of people, 75 percent wanted to know more about Arts in Health at FMC, 21 percent were neutral and four percent strongly disagreeing. These findings require further investigation into the scope and nature of these types of activities, weighing effort against return.

5.3.2 ONLINE STAFF SURVEY TABLES

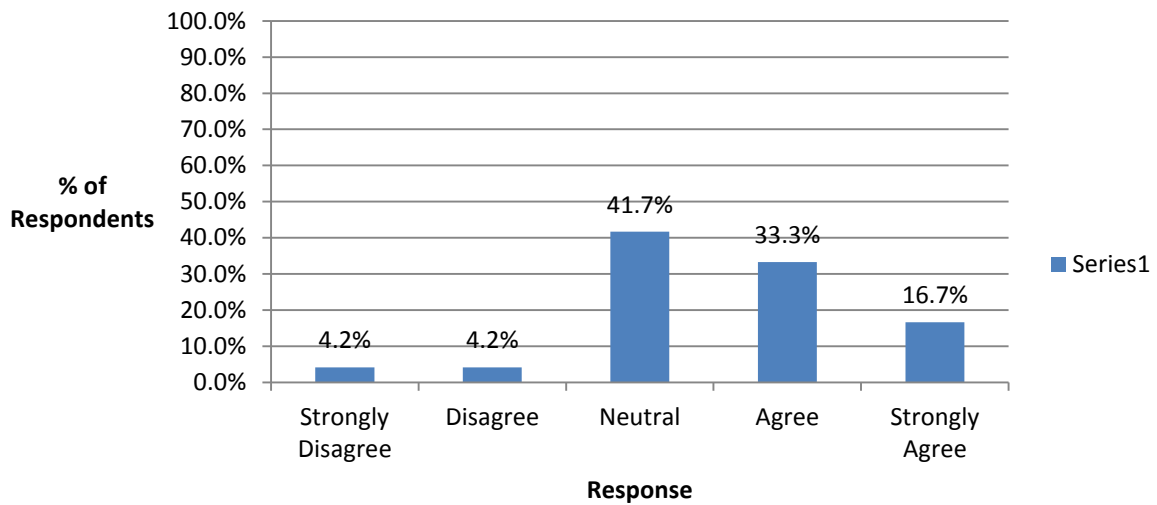


Question 1 showed that the large majority of respondents, or 88 percent, considers Arts in Health at FMC provides a valuable service to patients. Only eight percent provided a ‘neutral’ response. One person strongly disagreed.



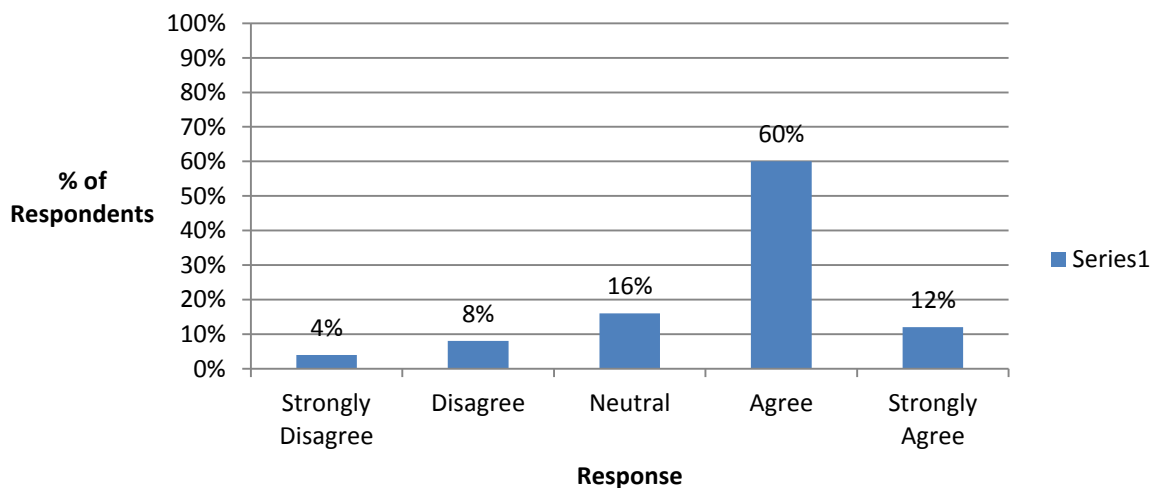
Question 2 revealed that 76 percent of those interviewed either strongly agree, or agree that Arts in Health at FMC could be supported by staff financial contributions or fundraisers, while 20 percent were neutral. This proposal was strongly disagreed to by 4 percent of respondents.

Q3. I support the concept of the Arts in Health at FMC staff payroll deduction scheme.



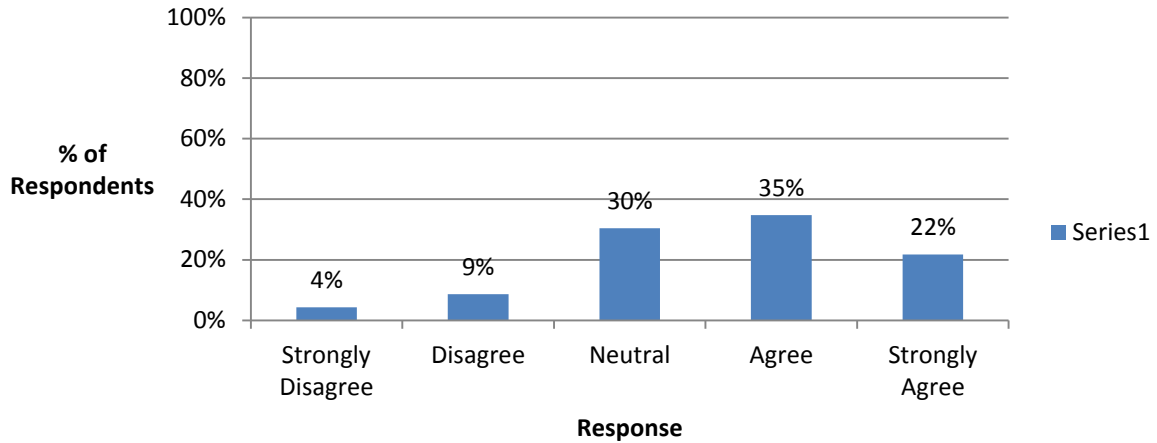
Question 3 highlighted a broader spread of responses than the previous two questions with 50 percent of respondents either strongly supporting, or agreeing to the Arts in Health at FMC staff payroll deduction scheme. The majority of respondents, or 41.7 percent were neutral, while 8.4 either disagreed or strongly disagreed.

Q4. I would support an Arts in Health at FMC membership with free arts and social benefits



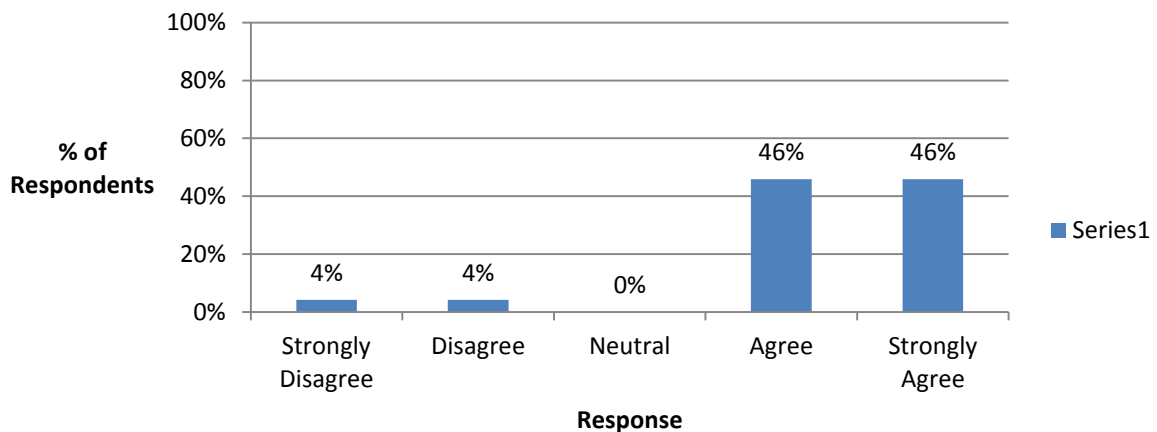
Question 4 indicated strong support of 72 percent for the Arts in Health at FMC membership, while 16 percent were neutral and 12 percent either agreed or disagreed.

Q5. I would support a fund raiser such as the Bay-City Fun Run to help raise money for Arts in Health at FMC.



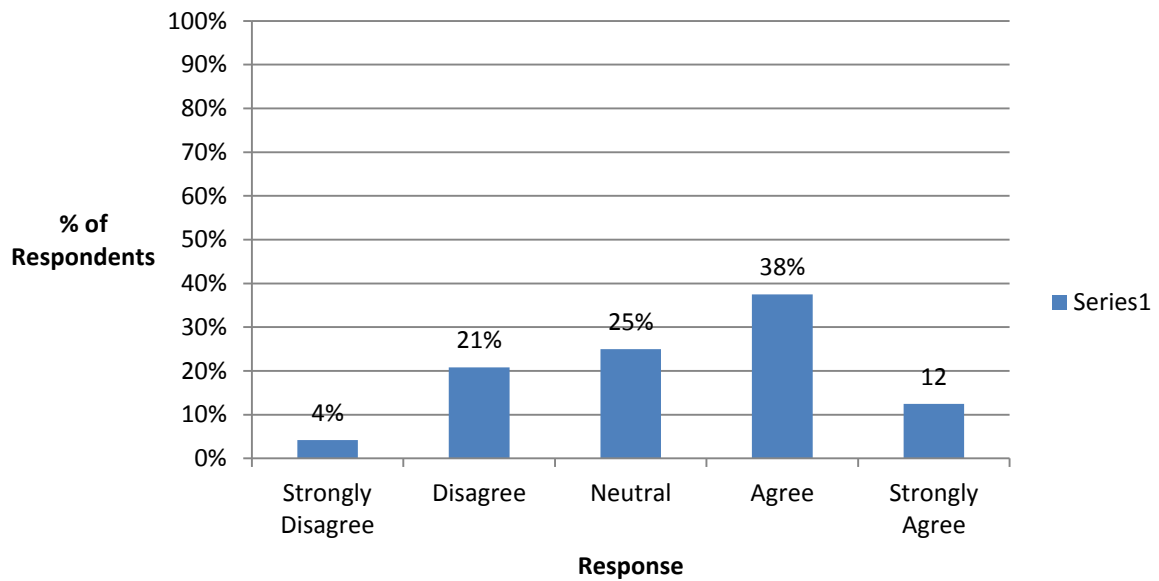
Question 5 delivered a more evenly spread response with just over 50 percent saying they would support a fund raiser such as the Bay-City Fun Run to help raise money for Arts in Health at FMC. In total, 30 percent of respondents were neutral and 13 percent either disagreed or strongly disagreed.

Q6. I would support a raffle to help raise funds for Arts in Health at FMC.



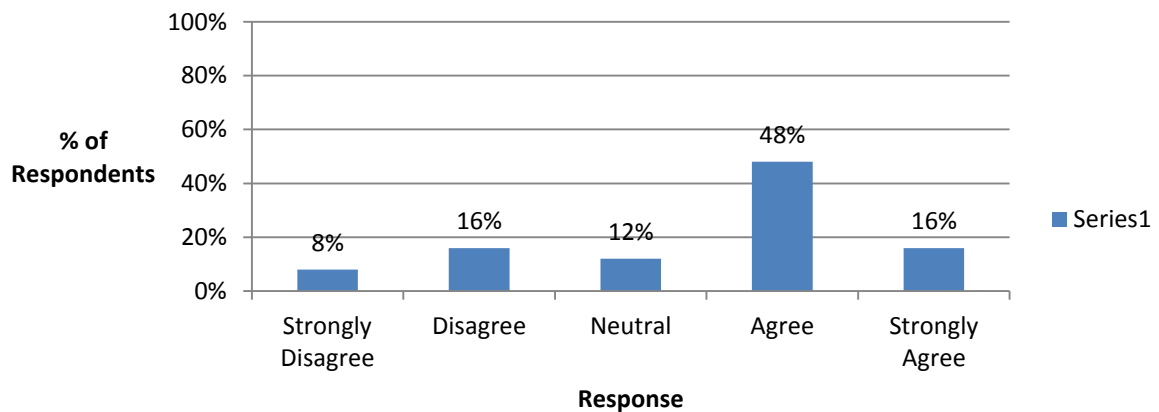
Question 6 showed a very strong response to the idea of supporting a raffle to help raise money for Arts in Health, with 92 percent either agreeing or strongly agreeing to the concept. Only eight percent either disagreed or strongly disagreed.

Q7. I would attend a 'Meet the Artists' event that raise funds for Arts in Health at FMC.



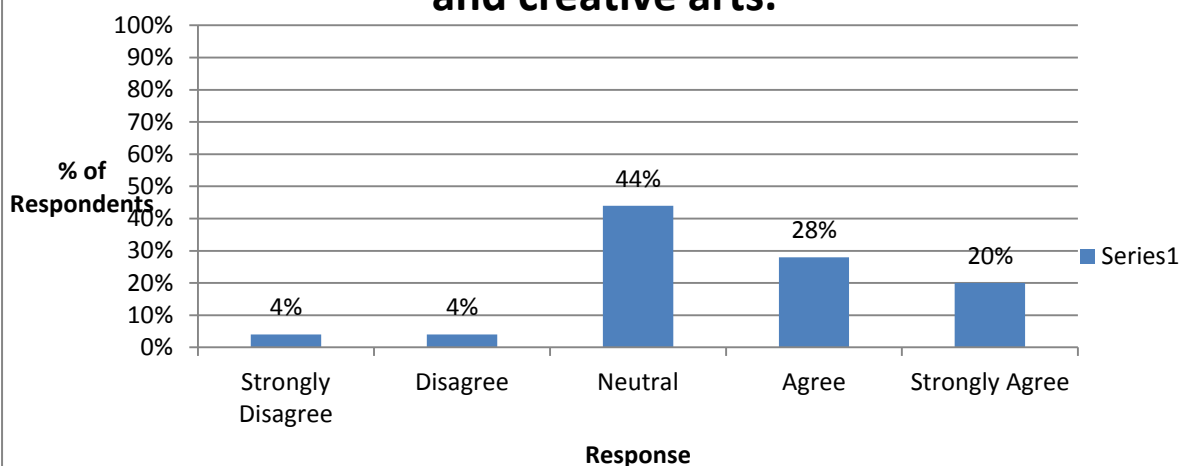
Question 7 indicates sound support of 50 percent for a 'Meet the Artists' event to raise funds for Arts in Health at FMC. One quarter of respondents was neutral, and the other 25 percent either disagreed or strongly disagreed.

Q.8 I would participate in Arts in Health fund raisers such as sausage sizzles.



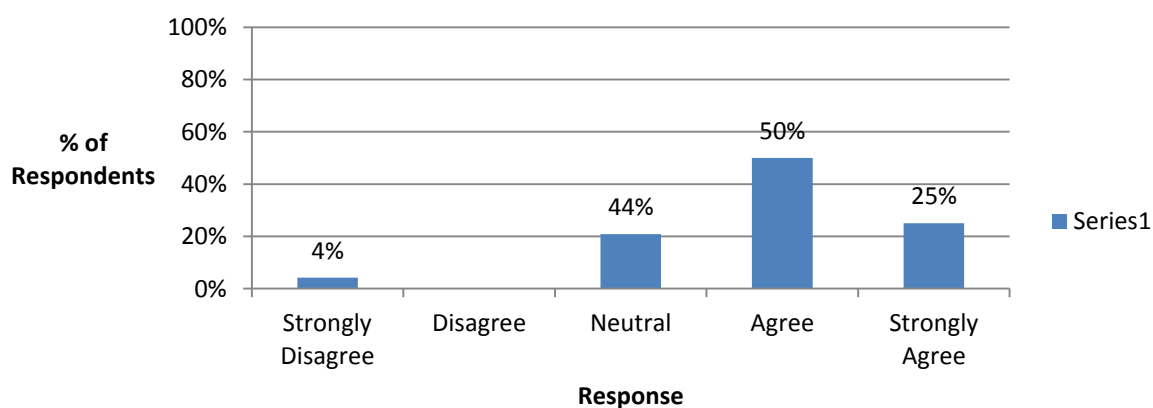
Question 8 found that 64 percent of respondents would take part in fund raisers such as sausage sizzle, while 12 percent were neutral and 24 percent indicated they would not participate.

Q9. Ward staff could be more involved with provision of activities to patients, such as music and creative arts.



Question 9 respondents were generally in favour of staff providing arts activities to patients, with nearly 48% indicating agreement and strong agreement. A solid 44 percent gave a ‘neutral’ response, while eight percent disagreed or strong disagreed.

Q10. I would be interested in knowing more about Arts in Health at FMC.



Question 10 respondents were largely in favour of knowing more about Arts in Health at FMC with 75 percent either agreeing or agreeing strongly. Of the remainder, 21 percent were neutral and four percent strongly disagreeing.

6. CONCLUSION

Arts in Health at FMC is a *'fantastic venture'*.

The program is valued, trusted, has a high rate of referrals, provides a valuable in-patients service, and makes staff and patients feel good about being part of it.

'The office is very approachable,' 'It is always so positive, that's why I'm so attracted to it.'

Its value is esteemed by staff and patients at the frontline who experience Arts in Health first hand.

Nurses, social workers, mental health workers, occupational therapists, paediatric and geriatric staff and medical students – all vouch for its verity and efficacy. It brings peace, pleasure, connection and calm to patients and staff, enabling *'therapeutic expression'* and release *'without words'*.

The program gives life to ideals of *dignity, respect, responsiveness, diversity and compassion* embedded in the values of the hospital. It's *'what makes Flinders different to other hospitals,' 'it's what sets Flinders apart.'*

'It's unique but we take it for granted.'

The program's hard-earned reputation reverberates beyond the hospital and is recognised in Adelaide, Australia and overseas, giving it a competitive edge and currency.

Great reputations lift organisational recognition, facilitate collaborations, attract investment, entice quality staff, and improve workforce retention.

'We need to look at points of difference in our organisation and say, 'Come and work here, we've got an Arts in Health program.'

But the service has reached a cross-road.

Demand is growing, and an injection of funding is needed to unleash more opportunities for growth.

A full time management position will buy time to create strategies and secure relationships to help fund the program.

'A full time service in the hospital is something that people would agree is needed.'

In a climate of dwindling resources, investment in a full time management position will deliver multiplier effects with more certainty for the program and its unique brand of healthcare.

It will buy time to raise awareness and funds, to promote education and knowledge exchange, and build collaborations that influence public policy and allocation of funding.

'It takes time, and people and money to raise more awareness.'

Having steered the development of arts and health in South Australia for nearly two decades, FMC's experience and know-how will provide traction to help drive it further.

Within the hospital, a groundswell of *'fans, champions, supporters and believers'* provides momentum for program.

'If the service was to be diminished or withdrawn, there would probably be more patient and public concern than if a particular clinical service was to be withdrawn.'

It's a sign of *'a wonderful program'*.

'They've negotiated a very strong position with leaders in FMC that would augur well (for Arts in Health).'

Despite being a tiny outfit, the program has a big friendship base of staff willing to go to extraordinary lengths to support it with personal donations of money and time.

This is a vote of confidence for the hospital, to be bold and invest in a fantastic venture.

RECOMMENDATIONS

7.1 Consolidation

Full time manager: Flinders Medical Centre creates a full-time management position for its Arts in Health Department. This small injection of funds (.2FTE) will demonstrate organisational confidence in its long-standing and reputable arts in health service and apply a multiplier effect that releases opportunities for research and further funding to expand the program

Service consolidation: Flinders Medical Centre takes steps to formalise the integration of its arts and health services within the Arts and Health Department and as part of this, enter discussions with Flinders Foundation to relocate administrative responsibility for the Clown Doctors to within the Arts and Health Department. This will mitigate confusion around who does what, tighten the identity and purpose of the service and contribute to a logical integration of arts and health services within the hospital.

7.2 Research

Arts in Health at FMC funding: Flinders Medical Centre Executive Management and FMC Foundation Board support funding for research into links between arts and health at Flinders Medical Centre. This research will contribute empirical knowledge to the body of evidence underpinning arts and health, while demonstrating management confidence and support for the service.

Australian Research Council: FMC Arts in Health Department approaches Flinders University Schools of Health Science and Medicine to seek joint research funding through the Australian Research Council and other sources to address links between arts and health.

7.3 Partnerships

Mapping influence and opportunity: FMC Arts in Health Department engages social science students to undertake social network mapping of influence and communication within the hospital, local health sector and broader arts and health environment. This will provide an excellent basis for understanding and tapping into social clusters and sources of opportunity for the service.

Leadership: FMC Executive Management provides leadership support for Arts in Health at FMC by raising the profile of arts and health to patients, visitors and staff through: statements, strategic planning and documentation, organisational policies and standing items on Executive Management meeting agendas.

Representation: FMC Executive Management promotes arts in health to SALHN, SA Health and other government departments and other stakeholders by supporting the evidence base for arts and health, and articulating the long-term practical examples of its own arts in health program at FMC. This includes lobbying for the incorporation of arts and health into the South Australian Strategic Plan, SA Health strategic health care plans, and allied health groups and committees.

Advocacy: FMC Executive Management, the Arts in Health, and FMC Media and Communications Department work with the Institute of Creative Health, and Arts and Health Australia to help drive a high level advocacy program that effectively positions arts and health on the political, public and health agendas in South Australia. The arts and health advocacy strategy should include targeted contributions to South Australia and national media and public policy submissions. It should actively promote arts in health agenda to national and international levels by hosting the international Art of Good Health and Wellbeing Conference in South Australia.

Collaboration: Arts in Health spearheads the establishment of a consortium of representatives of hospital-based arts in health programs in South Australia to consider partnerships and funding that will contribute to SA Health objectives.

Champions: Arts in Health Department invites former Health Minister John Hill to champion its cause in political arenas and to become the patron of the Arts in Health at FMC Support Committee. Further, that Arts in Health at FMC identifies an enigmatic internal champion from among its clinical specialists to join the Committee and support and espouse its objectives to hospital peers and staff.

7.4 Education

Curriculum: FMC approaches South Australian universities and the Department of Education and Child Development with view to incorporating arts and health into secondary and tertiary curriculum in South Australia.

Awareness training: Arts in Health Department researches and develops a proposal for Arts in Health at FMC awareness training for existing staff including clinicians, and induction training for new staff.

7.5 Policies

Policies: Flinders Medical Centre introduces policies and procedures which support the recognition, acceptance and development of arts and health within the hospital.

Electronic media: FMC Media and Communication Department investigates the application of hospital email policies to ensure parity between users, and further introduce policy changes enabling email flexibility in critical areas such as research.

Social media: FMC Media and Communication Department and Arts in Health Department develop proposals to both SA Health Media and Communication Branch and the South Australian Government Strategic Communication Unit to lift sanctions around social media for Arts in Health at FMC, allowing it to engage and compete more equitably.

7.6 Resources

Arts in Health membership: The Arts in Health Department researches and develops a proposal to trial an Arts in Health at FMC membership. Research should address the costs and benefits of the membership, administration, program activities, community membership, tax deductions, marketing and evaluation.

Staff payroll deduction: FMC Arts in Health Department relaunches the staff payroll deduction scheme with targeted marketing to maximize participation in the scheme.

Philanthropy: FMC Arts in Health Department investigates and develops an engagement strategy for hospital-based philanthropy based on research into perceptions and attitudes of potential philanthropists, current behaviours, barriers and enablers to uptake, and preferred information sources.

7.7 Marketing and communications

Strategy: FMC Media and Communications, and Arts and Health Departments work with FMC to develop a marketing and communication strategy for Arts in Health at FMC.

8. LIMITATIONS OF THE RESEARCH

Research was limited to senior executive staff and program supporters by FMC policy restricting email access to the wider workforce. This means research does not fully reflect the views of the wider FMC workforce. Subsequent research would be better served by a more flexible internal communication policy enabling representation of a cross-section of the organisation.

Time constraints limited opportunities for a more participatory approach to research because staff members were unable to convene for significant lengths of time. A longer lead-in time and after hours options may improve opportunities for more participatory research in future.

The scope of this research was wider than the available time within which to complete it. This limited that chance to drill into the broad range of issues arising and surrounding this research topic. The research findings highlight a range of issues requiring further exploration.

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11. APPENDICES



FLINDERS MEDICAL CENTRE



ARTS IN HEALTH AT FMC STAKEHOLDER PERCEPTIONS REPORT KEY STAKEHOLDER INTERVIEW QUESTIONS, OCTOBER 2014

- What is your working relationship with the Arts in Health at FMC program?

STRATEGIC SUPPORT & DRIVERS

- How valuable do you consider the Arts in Health program at FMC? / What is the ward's/department's/hospital's position on the Arts in Health at FMC program?
- Do you think it a core FMC service?
- What are the inhibitors of the program?
- What are opportunities?
- Do SALHN Executive Management Team support Arts in Health at FMC?
- Is Arts in Health at FMC adequately represented in State and hospital strategic and operational plans?

PROMOTION

- Could the Arts in Health at FMC m
- be championed by notable people inside and outside the hospital? If so, who?
- Is the Arts in Health program adequately promoted? Who/Why not? Eg website?

STAFF INVOLVEMENT / FUNDING

- Would you be supportive of Ward staff involvement in arts-based activities for patients?
- Would you support Arts in Health awareness training for staff?
- How do you think Arts in Health at FMC is funded?
- Are you supportive of funding raising initiatives involving staff? For example:
 - An Arts in Health membership with benefits?
 - ward fund-raisers?
 - Bay-City fun runs for Arts in Health?
 - Are you aware /supportive of the staff payroll deduction scheme?
- Do you have any suggestions for how it might be funded?
- Would you support increasing the scope of the program?
- Do you have any other comments about the Arts in Health program?

ARTS IN HEALTH AT FMC STAFF PERCEPTIONS RESEARCH AGENDA, OCTOBER 2014

1. Welcome

Refreshments

2. Purpose of Focus Group

To understand constraints and opportunities for engaging staff in financial support of FMC's Arts in Health Program.

3. Outline of activities.

Explain – set of quick questions that will be recorded and transcribed then fed into confidential report.

4. Questions

- What do you know about the Arts in Health at FMC program at FMC?
- Do you think its activities are promoted to staff adequately? Why / Why not?
- How could it be better promoted?
- Do you think it's a valuable health service? Why / why not?
- Is it a core FMC service?
- Would you like to see the service continued and expanded?
- Would you like to be more involved in the program?
- If so, what type of involvement would you like to have?
- What's the most important thing about the service?
- How do you think Arts in Health is funded?
- Do you think staff could be asked to support the program through direct financial contributions – eg pay deductions and donations?
- Could staff support fund raising efforts in other ways such as –
 - Bay City Fun Run?
 - Ward raffles?
 - A hospital club membership with benefits?
- What other ways can you suggest?
- Other?

5. Thank you and close

ARTS IN HEALTH AT FMC ONLINE SURVEY OCTOBER 2014

Thank you for participating in this confidential survey.

The survey is part of an ongoing process of exploring support, including new sources of income, for the Arts in Health at Flinders Medical Centre program.

At present, funding for this valuable program is sourced from fundraising, donations, government grants and sponsorship. However, increasing demands on the programs' services means that new sources of income need to be identified.

The first 25 participants will receive a FREE coffee voucher for the FMC Volunteer café. To redeem your voucher, simply visit the Arts in Health at FMC office between Mondays – Wednesdays.

Please indicate how strongly you agree with these statements

1. The Arts In Health at FMC Program provides a valuable service to patients

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

2. The Arts in Health at FMC program could be supported by staff financial contributions or fundraisers

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

3. I support the concept of the Arts in Health at FMC staff payroll deduction scheme

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree

- Agree
- Strongly Agree

4. I would support an Arts in Health at FMC club membership with free arts / social benefits

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

5. I would support a fund raiser such as the Bay-City Fun Run to help raise money for Arts in Health at FMC

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

6. I would support a raffle to help raise funds for Arts in Health at FMC

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

7. I would attend Meet the Artist events that raise funds for Arts in Health at FMC

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

8. I would participate in Arts in Health at FMC fundraisers, such as sausage sizzles

- Strongly Disagree

- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

9. Ward staff could be more involved with provision of arts to patients, such as music and creative activities

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree

10. I would be interested in knowing more about Arts in Health at FMC

- Strongly Disagree
- Disagree
- Neutral / Neither agree nor disagree
- Agree
- Strongly Agree