3Ts Arts Strategy:
CONCEPTUAL FRAMEWORK

1. INTRODUCTION

This paper describes a conceptual approach to the use of art in healthcare settings. It therefore provides a framework for the development of an Arts Strategy for 3Ts. The Arts Strategy is to be produced via an external arts consultancy appointed by tender. An arts co-ordinator or team will then be procured to deliver the agreed Arts Strategy, under the governance of the Arts Sub-Committee of the 3Ts Core Team. The tender responses should outline how the consultant would develop the Arts Strategy in the context of this conceptual framework.

This framework refers to the "arts" in line with the following definition:

> "The "arts" is a broad subdivision of culture, composed of many expressive disciplines. It is a broader term than "art", which as a description of a field usually means only the visual arts (comprising fine art, decorative art, architecture and crafts). The arts encompasses visual arts, literature and the performing arts- music, drama, film, dance."[1]

2. RESEARCH EVIDENCE

There is a considerable evidence base for the connection between the use of the arts and a positive impact on health. Dr Rosalia Staricoff's review of the medical literature in 2004 on behalf of Arts Council England cited nearly 400 papers that showed the beneficial impact of the arts on a wide range of health outcomes[2]. A study by Ulrich & Zimring found nearly 700 peer-reviewed research studies demonstrating the beneficial impact of the environment on health outcomes[3].

Use of the arts and humanities in a healthcare setting has been shown to:

- Induce positive physiological and psychological changes in clinical outcomes
- Reduce drug consumption
- Shorten length of stay
- Increase job satisfaction amongst staff
- Promote better doctor-patient relationships
- Develop health practitioners' empathy

As well as impacting clinical outcomes, incorporating the arts into the healthcare setting:

- assists in humanising the hospital environment
- introduces welcome distractions for anxious patients, carers and staff
- provides a sense of calm that can make an institutional building feel more 'like home'
- can also assist with way finding
- provides links with the local community and fosters a sense of civic pride
- engages public interest and participation during design development and throughout the lifetime of the building.

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[1] http://en.wikipedia.org/wiki/The_arts

[2] "Arts in Health: A review of the medical literature" Dr Rosalia Lelchuk Staricoff (Sept 2004) http://www.artscouncil.org.uk/publication_archive/arts-in-health-a-review-of-the-medical-literature/

[3] Ulrich, R & Zimring, C. (2004) The role of the physical environment in the hospital of the 21st century. The Center for Health Design http://www.healthdesign.org/research/reports/physical_environ.php

3. CONTEXT

3.1. Arts in Health

In 2007 the Department of Health (DH)'s Review of Arts and Health Working Group published its report[4]. Their key conclusion was that arts are - and should be recognised as being - integral to health, healthcare provision and healthcare environments, including supporting staff. The DH and Arts Council England subsequently produced a prospectus for arts in health that provided research evidence and examples of best practice. Locally, the South East Arts and Health Partnership (http://www.seah.org.uk) provides information and support for those working in arts and health in the South East.

3.2. City of Brighton & Hove

Brighton & Hove is a highly creative city, with 16,000 people (or 10.7% of the workforce) employed in the creative industries sector.

> "Brighton has an everything-is-possible creative vibe that goes back to 1823 and the completion of John Nash's famous Royal Pavilion... Brighton is bright and bustling, upbeat and unconventional, cosmopolitan and contemporary. It has an energy and buzz... a place where you can be yourself- or reinvent yourself".[5]

It is home to a vibrant Faculty of Arts at the University of Brighton, which has been part of the creative landscape since 1859. The annual arts festival each May is the largest in England, second only to Edinburgh as Britain's largest arts event. In 2009 the Brighton Festival appointed its' first Guest Artistic Director, the celebrated sculptor Anish Kapoor whose involvement reflected its prestigious and innovative reputation.

The 3Ts Arts Strategy is part of this highly creative local context. It aims to create close working partnerships with the local creative community and invest in the local creative economy. The 3Ts building will feature on the Brighton skyline and its size and scale will make a significant architectural and design statement. The Arts Strategy can also therefore assist in the integration of the new building with its community through the commissioning of public art and creation of public spaces.

3.3. Brighton & Sussex University Hospitals (BSUH)

3.3.1. *Values & Mission*

BSUH has developed rapidly since its formation in 2001/02 from the merger of Brighton Health Care NHS Trust and Mid Sussex NHS Trust. In 2003 it took the further step from District General Hospital to University Teaching Hospital with the creation of the Brighton & Sussex Medical School. In the document "Our Priorities 2009/10", the Chief Executive outlined his vision for BSUH:

> "Our ambition is to become a leading UK Teaching hospital. We will lead clinically and academically, treat the most difficult and complex cases and strive for excellence in our local services."[6]

This vision is underpinned by a series of strategic objectives and corporate values. A statement of core values was agreed by the Trust Board in April 2006, framed around respect, integrity, culture and responsibility (included at **Appendix 1**). The Chief Executive has also articulated two specific values:

> "In 2008/09 we made explicit our commitment to **kindness** and **compassion** because to assume this goes without saying is not good enough... By prioritising **kind** and **compassionate** care at least as much as we do quality and efficiency, it is understood by everyone how important this is and how much it matters. When I talk to patients and their families or when they write to me... they *always* talk about the presence or absence of **kindness** and **compassion** shown by the staff involved in their care."
> *(Statement from Chief Executive, Annual Report 2008-09, page 3)*

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[4] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073590
[5] http://arts.brighton.ac.uk/faculty-of-arts-brighton/inspiring-brighton
[6] http://www.bsuh.nhs.uk/about-us/our-priorities-2009-10/

> "We want to be known for the **quality** and **safety** of our clinical services *and* for treating our patients, their families and each other with **kindness** and **compassion.**"
> (*"Our Priorities 2009/10"*)

Kindness, as defined by Aristotle, kindness is "helpfulness towards someone in need, not in return for anything, nor for the advantage of the helper himself, but for that of the person helped". Compassion, however, goes further than this. Coming from the Latin *com* (with) – *passus* (suffering), compassion is "to suffer together with". It is prompted by the pain of others, more vigorous than empathy, giving rise to an active desire to alleviate another person's suffering.

The 3Ts development presents an opportunity to embody these organisational values. It must:

- create a design that provides patients and visitors with a positive physical, mental and emotional experience that seeks to alleviate suffering
- foster effective communication, which is integral to acting with kindness and compassion
- create a space that encourages the values of kindness and compassion to flourish, recognising that caring can be challenging and that good design can support staff's own needs
- provide an **holistic healing environment** rather than solely a functional clinical building, ie. it acknowledges people's psychological, social and spiritual dimensions as well as their physical needs.

3.3.2. *Foundation Trust Application*

BSUH is in the process of applying to become a Foundation Trust (FT). In addition to the greater financial and operational autonomy, this process also provides an opportunity for the Trust to redefine its "brand identity". FTs are constituted as mutual or co-operative organisations and are therefore owned and controlled by their members, who are themselves members of the local community served by the organisation. The Arts Strategy seeks to create a positive relationship between the environment being built and the people who will use it; this must mirror the relationship that BSUH as Foundation Trust is seeking to build with its members and the community it serves.

3.3.3. *Arts Advisory Group*

The Trust Arts Advisory Group, chaired by Jenifer Bess Sharpstone, provides advice on the incorporation of the arts within Trust buildings. The group was established to support the 'Phase II project', which included the development of Renal Building and Millennium Wing.

The Arts Advisory Group does not currently have formal terms of reference. The 3Ts Arts Strategy should include proposals for the infrastructure required to support and provide robust governance arrangements for the implementation of the strategy and for its ongoing development beyond the lifetime of the 3Ts project.

4. CURRENT 3Ts DESIGN PHILOSOPHY

In September 2008 Laing O'Rourke (the Trust's Principal Supply Chain Partner for the 3Ts Outline Business Case) and BDP architects led a workshop to develop overall design principles for the project, ie. its "look and feel". This sought to address the development from a variety of perspectives: (i) the Brighton architectural context; (ii) its fit with Eastern Road; (iii) how it will be experienced by patients, visitors and staff; and (iv) its relationship with the existing buildings (and how space between them can be used/developed).

The workshop concluded that:

> "a hospital can do more than simply satisfy a range of functional requirements: it can address a broader set of aspirations related to people (the patients, staff and visitors who will use it) and place (the site and its physical context). Such aspirations (the ethereal 'brief' for the building) can be articulated in four broad and inter-related themes: space, form, environment and place."

The detailed notes from the workshop are included at **Appendix 2**. The key aspirations for the design articulated through the workshop were around *space* (legibility, openness, gradation

from public to private, 'in-between spaces); *form* (civic presence, image, scale, health promoting); *environment* (light, temperature, ventilation, orientation & micro-climate, accessibility and sustainability); and *place* (Brighton & Hove, Sussex landscape, views, campus, inside/outside and front door).

The workshop also noted that the arts are:

> *"potentially a very positive way of engaging public interest and participation both during design development and throughout the lifetime of the building. It should be a seamless part of the character of the architecture and the interior and exterior spaces, planned from the beginning of the design process"*.

Since the Arts Strategy will be developed in parallel with the project architects' work on the 1:50 design stage, the tender document must make clear the relationship between the two; the opportunity for the strategy to help shape the visual identity and 'feel' of the 3Ts development may otherwise be lost.

The Kentish Town Health Centre is considered to have achieved this 'seamless' integration effectively and was recently short-listed for the RIBA Stirling Prize. Of particular note were the way-finding solution developed by the graphic designers Studio Myerscough. Inspired by Otl Aicher's comprehensive visual communication design for the 1972 Munich Olympics, their bold wall graphics are a defining element of the centre's visual identity[7].

5. 3TS ARTS STRATEGY THEORETICAL FRAMEWORK: "THERAPEUTIC LANDSCAPES"

The aspiration to design a "health promoting" building articulated at the Sept '08 workshop is not unique given the body of research that has linked hospital environments to clinical outcomes and patient (or staff) well-being. However, what design aspects are important and the extent to which they are therapeutic is contested.

A recent development in research has been to look at hospital design from the perspective of the "therapeutic landscape", a concept first introduced by health geographers in the 1990s. This research stresses that therapeutic settings such as hospitals must be considered not merely as physical (both natural and built) environments, but also as social and symbolic environments.

This proposed framework for the Arts Strategy seeks to make explicit what is implicit in the nascent or emerging design philosophy for 3Ts: that buildings function on social and symbolic levels, not merely on a physical level. The Arts Strategy is therefore expected to approach the integration of the arts in the 3Ts development mindful of the theory around therapeutic landscapes, with a critical understanding of the extent to which the strategy will deliver the aspirations stated in this framework in the social, symbolic and physical landscape of 3Ts.

5.1. Physical Environment

Gesler describes hospitals as a 'behaviour setting' where there is a definite relationship between people (patients, staff, visitors) and the built forms of the hospital.[8] A high volume of research into hospital design, often informed by environmental psychology, focuses on the therapeutic impact of the physical form, e.g. ambient effects of light, colour, noise and ventilation on recovery times, ideal ward layout, planting and landscaping outside hospitals and the potential of nature for healing.

5.2. Social Environment

The research into the social environment of hospitals looks at the importance of social relations between patients and staff.   As Curtis et. al. write:

> "Places in general are important for power relations because they contribute to both expression and formation of the individual's sense of identity and their position in society. This is certainly true of hospitals, given the transition of roles which the individual undergoes in relinquishing the status and responsibilities of social life as an ordinary

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[7] http://www.bdonline.co.uk/story.asp?storycode=3135717 & http://www.joemillersco.com/spiele.html
[8] Gesler, W et al., 2004: p119

member of the community and adopting the sick role of the patient with its restrictions and subordination to medical regimes."[9]

Incorporating the insights of post-structuralism, this critical perspective acknowledges the power relations at work within health and highlights the way hospital architecture can uphold dominant hierarchies and inequalities between different staff groups and the patients.

5.3. Symbolic Environment

Compared with the physical and social aspects of hospital environments, the symbolic has had much less research into its importance. However, it is crucial for any evaluation of how a building functions and is perceived by its users. It acknowledges the importance of beliefs about disease and its treatment, the role of experiences and feelings in places, and the symbolic power of myths and stories. Kleinman argues "healing occurs along a symbolic pathway of words, feelings, values, expectations, beliefs and the like which connect events and forms with affective and physiological process"[10].

Symbols are both linguistic and physical. Physical environments such as colour or technology work symbolically to structure our beliefs and expectations of care. The name of a hospital and the naming conventions used within it (e.g. wards) also have symbolic significance, creating bonds between people and place which can be positive or negative. It is therefore important that the Arts Strategy and 3Ts design philosophy are cognisant of the symbolic power of the design choices made for the hospital redevelopment.

6. 3Ts SCOPE FOR INCLUSION OF THE ARTS

6.1. Public Spaces

The Arts Strategy has the potential to play a pivotal role in shaping the visual identity and 'feel' of public spaces in the development. It will achieve this through the full integration of the arts in both interior and exterior space, for example:

- Main entrance and atrium spaces
- Waiting areas and reception
- Corridors, 'indoor streets' and 'in-between' spaces
- Way-finding and signage
- Green spaces - terraces, roof gardens and landscaping

6.2. Private Spaces

The Arts Strategy should also embed the arts in both clinical and non-clinical 'private' spaces in the development. Although clinical functional requirements and infection management and control are of primary importance, the arts have an important role in the development of the 'therapeutic landscape'. The arts can be used in clinical areas to distract or reassure patients at times of high anxiety, immersing "people in feelings and sensations of calm, relaxation, escape, and even pleasure in a way that shifts attention away from the very real 'goings on' within the hospital at large"[11].

Possible areas include Radiotherapy and Imaging rooms; operating theatres; outpatient consulting rooms; ward areas such as day rooms; meeting room suite; staff rest rooms.

6.3. Back Office Functions

Although patients rarely visit 'back office' areas, these also need to be incorporated within the Arts Strategy. The quality of the environment in which back office staff work can have a significant impact on their health and well-being, which in turn affects the quality of service they provide to patients and visitors directly or indirectly through frontline clinical staff.

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[9] Curtis, S et al., 2007: p593

[10] Kleinman, A M, 1973. Medicine's symbolic reality: on a central problem in the philosophy of medicine. *Inquiry*, 16, p210, quoted in Gesler, W. 1992: p739

[11] Evans et. al., 2009: p720

6.4. Multi-Faith

The Trust's ambition is to create a multi-faith facility that is architecturally striking (while remaining attentive to its function) and clearly differentiated from other areas within the development. The vision for the multi-faith facility, which will be called "The Sanctuary", is set out in detail in the design brief (included at **Appendix 3**).

> "We hope that The Sanctuary will be a place where everyone can come whatever faith, believe, culture, gender or sexual orientation they are and find a place where they can come quietly to rest, find someone to talk to, offer prayers or intentions, join others in acts of prayer and worship and most importantly feel secure in the hope that support for them and their loved one is at the heart of all the hospital stands for."

The Arts Strategy will support the design of the multi-faith facilities through close-working with the architects to develop the visual identity of The Sanctuary, including interior design and associated arts commissions.

7. 3Ts AND HERITAGE

An important strand of the Arts Strategy is to address the heritage of the RSCH site.

7.1. Artefacts

The RSCH site has acquired a considerable body of historical and artistic artefacts over the course of its long history. The Arts Strategy will develop the process for ensuring that these artefacts are given an appropriate new home, whether on display in the new 3Ts buildings or, for example, in local museums. The history of the site as reflected in these artefacts must be recognised and cherished but without compromising the coherent visual identity of the new development.

7.2. Personal Histories

The RSCH campus acts as a symbolic landscape with a complex emotional history. Staff and patients will have memories of the site that they will carry into their experience of the new development and these will need to be acknowledged and recorded appropriately to support the process of change. The Arts Strategy is well placed to address these issues.

8. RESEARCH OPPORTUNITIES

In his analysis of the AEDET[12] toolkit, Gesler highlights that approximately three-quarters of the AEDET items relate to the physical environment or design goal and only one-sixth to the symbolic environment. The 3Ts development offers the opportunity to pursue research into the social and symbolic environments at work within the design. This could include, for example, testing the matrix that Gesler proposes as a structure for "critical exploration of hospital design, providing an '*aide-memoire*' for the recording of more qualitative observations and responses in order to collect a more comprehensive and flexible set of data which will reflect situated knowledges and local cultures of health care"[13].

Starioff's literature review also highlights possible areas for further research:

> "The effect of the arts and humanities as contributing factors in the recruitment and retention of staff has not yet been evaluated. The literature refers to their influence in job satisfaction but the link and effect on recruitment and retention has not been evaluated… The effect of integrating different art forms and humanities into the healthcare culture in issues such as social inclusion and cultural understanding should be evaluated"[14].

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[12] Achieving Excellence Design Evaluation Toolkit
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_082089
[13] Gesler, W et al., 2004: p126
[14] "Arts in Health: A review of the medical literature" Dr Rosalia Lelchuk Staricoff (Sept 2004) Page 4

9. CONCLUSION: PRINCIPLES AND EXPECTATIONS

This paper sets out a conceptual framework that external consultants are expected to use in developing the 3Ts Arts Strategy. In summary:

- The values of kindness and compassion, communication and a holistic healing environment will underpin the Arts Strategy and be used as evaluation criteria for all creative outputs.

- The Arts Strategy should incorporate the 'therapeutic landscape' concept, which recognises that environments function physically, socially and symbolically. This therefore includes, for example, the visual identity and 'feel' of the development, way-finding and naming conventions. Given different perspectives on what makes a landscape 'therapeutic', the Arts Strategy will need to ensure appropriate consultation with a wide range of stakeholders.

- The Arts Strategy encompasses public and private, clinical and non-clinical spaces within the 3Ts development. The development as a whole aspires to be a holistic healing environment for all who encounter it.

- The Arts Strategy will contribute to the renegotiation of the relationship between the RSCH site and its community through developing a wide range of partnerships and addressing the heritage needs. The Arts Strategy will also contribute to the civic presence of 3Ts through the integration of public art and integrated creative spaces within the development for an embedded arts programme.

- The Arts Strategy will work with the Chaplaincy and design team to create multi-faith facilities that deliver the vision of "The Sanctuary". This will incorporate solutions for the visual identity and interior design of the multi-faith facility along with associated arts commissions.

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