

**THE BENEFIT OF THERAPEUTIC ART  
SESSIONS FOR PATIENTS IN A RENAL  
DIALYSIS UNIT:**

**A GUIDE TO ESTABLISHING ART IN  
ACUTE HOSPITAL RENAL DIALYSIS  
SERVICES**

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## **INTRODUCTION**

The aim of this research manual is to assess the benefit of consistent and sustained art sessions for patients in a Renal Dialysis Unit. The project arose out of the remit of my position as Art Co-ordinator in the Adelaide and Meath Hospital Incorporating the National Children's Hospital, a position that I commenced in September 2006.

It is important to note however that weekly art sessions in the Dialysis unit had already been in operation for the previous three years under the guidance of a number of artists, in particular, artist Ms Lucia Barnes. The hospital art programme in the unit reached the finals of the HSE National Innovation Awards in 2005. In 2006, Punchestown Kidney Research Fund generously agreed to further develop the art sessions, in order to assess their benefits and expand the service to more patients.

Between September 2006 and June 2007 I worked with volunteer artists Michelle Phelan and Ginni Mills. Together we carried out weekly art sessions on the Renal Dialysis unit and on Osborne ward. We each had different skills and disciplines to bring to the experience. Ginni and Michelle had backgrounds in Sculpture and Mixed Media while my strengths lay in Art Therapy, Painting, Drawing and research skills.

The following assessment is based on the combination of experience and insight garnered from these sessions including the weekly discussions with both patients and artists, my weekly documentation and also my support reading and research around this area of arts and health.

In researching the support material I found that there is very little literature on provision of art for adult in dialysis units, either nationally or internationally. This was somewhat perturbing, as I had therefore no yardstick to measure our findings and progress against. But it was also a breath of fresh air as it meant we had a clean slate to start from. The following material is the sum of our experience.

This report describes the work of the art service in the renal dialysis unit, outlines the benefits for patients and, based on our experience, gives best practice guidelines for establishing such a service.

## **AIMS & OBJECTIVES**

Along with the main aim of this manual to **assess the benefits of the art sessions** I also have a number of other subsidiary aims. These I have listed below:

- \_. It is also my intention that the findings outlined in this project will serve as **a guide for other hospitals both nationally and internationally** that are considering setting up similar art programmes on their Dialysis units. I would anticipate that in time we would, on a national level, jointly pool our experiences in order to refine and design a model of best practice for this area of arts and healthcare.
- \_. I also intend that the information gathered in this document will serve as an **introductory manual for all artists starting work on Renal Dialysis Units.**
- \_. I also believe that this document will be of benefit to clinical staff who wish to gain **an insight into an artist's perspective on the value of their work within the healthcare system.**
- \_. Lastly and most importantly I hope that in time this manual will contribute towards **improving the quality of care and by extension the quality of life of patients on Dialysis.**

# DIALYSIS

Before I describe the history of this project, I have dedicated a chapter to outlining and answering a number of key questions in relation to Dialysis treatment. I have done this solely for the purpose of assisting future artists starting work on a Dialysis unit. It will serve as a valuable starting point to their work in this area.

It is important, when entering this particular field of healthcare for the first time, to gain an appreciation and understanding of what renal dialysis is and how it affects the patient.

I have also included information on the emotional aspects of this illness as I believe that being part of a healthcare team means that you are caring for the whole person - emotionally, physically & intellectually. Therefore I feel it is necessary to understand how an individual patient might be feeling and what they might be going through as a result of their condition.

I have taken the information from two main websites: **The National Kidney Foundation ([www.kidney.org](http://www.kidney.org))** and **the American Association of Kidney Patients ([www.aakp.org](http://www.aakp.org))**.

## **Q. What is Dialysis?**

Dialysis is a form of renal (kidney) replacement therapy. It is a process of cleaning waste products from the blood artificially. In a healthy body it is a job that is normally carried out by the kidneys. If however the kidneys fail to function sufficiently the blood must be cleaned artificially by dialysis. It is a life support treatment.

It is a treatment used for both very sick patients who have suddenly lost their kidney function (acute renal failure) and for quite stable patients who have permanently lost their kidney function (end stage renal failure).

There are two major forms of Dialysis. They are haemodialysis and peritoneal dialysis. Haemodialysis is the type of dialysis carried out on the dialysis unit in the Adelaide and Meath hospital.

## **Q. What is haemodialysis?**

Haemodialysis involves the use of a machine to clean the waste products from the blood. The patient's blood is circulated outside the body into this artificial kidney machine (known as a dialyzer). The blood is channelled through one set of tubes into the machine. It is then cleaned of waste products and returned to the body via another set of tubes. The whole process takes between 3 - 5 hours depending on the patient. The process must be repeated three times a week. For some patients, depending on their time slot, this means getting up at 6am three mornings a week to arrive in time for their session.

For haemodialysis to take place there needs to be a way to connect the patient's blood supply to the machine. It requires minor surgery to your arm or leg to create this access into your blood vessels known as 'vascular access'.

Sometimes an access is made by joining an artery to a vein under your skin to make a bigger blood vessel known as a fistula. However, if your blood vessels are not adequate for a fistula, the doctor may use a soft plastic tube to join the artery and the vein. This is called a graft.

Occasionally, an access is made by means of a narrow plastic tube, called a catheter, which is inserted into a large vein in your neck. This type of access may be temporary, but is sometimes used for long-term treatment.

Dialysis keeps your body in balance by performing the following functions:

- .. Removes waste, salt and extra water to prevent them from building up in the body
- .. Keeps a safe level of certain chemicals in you blood, such as potassium, sodium and bicarbonate
- .. Helps to control blood pressure

**Q. Does Dialysis help cure the kidney disease?**

No, dialysis does not cure the kidney disease, it merely replaces some of the work done by healthy kidneys. In most cases a person will need to have dialysis treatment for their whole lives unless they are able to get a kidney transplant. Kidney failure however is not always permanent. In some cases of acute kidney failure, dialysis may only be needed for a short time until the kidneys get better.

**Q. How long has dialysis been available?**

Dialysis has been available since the late 1940's when Wilhelm Kolph first reported the successful dialysis of a patient with renal failure by means of an artificial kidney machine. It was not until 1964 that haemodialysis became possible with the invention of the Teflon arteriovenous shunt. This was replaced by the fistula which made dialysis a regular treatment which is now a standard treatment all around the world.

**Q. How long can you live on dialysis?**

It is not certain how long patients on dialysis will live. It is thought that some dialysis patients may live as long as people without kidney failure.

**Q. Is dialysis uncomfortable?**

Patients may have some discomfort when the needles are put into the fistula or graft, but most patients have no other problems. The dialysis treatment itself is painless. However some patients may have a drop in their blood pressure. If this happens, they may feel sick to their stomach, vomit, have a headache or cramps.

**Q. Do dialysis patients have special dietary requirements?**

Yes. Patients will be on a special diet. They may not be able to eat everything they like and their fluid intake may be limited. In particular patients have to watch their potassium, fat, protein, phosphate and fluid intake. The renal diet is an essential part of treatment - it helps you to feel well and avoids complications like fluid overload, high blood potassium, itching, bone disease and weight loss.

**Q. What are the causes of Chronic Kidney Disease?**

There are many causes of chronic kidney disease. The kidneys may be affected by diseases such as diabetes and high blood pressure. Some kidney diseases are hereditary. Others are congenital: that is, individuals may be born with an abnormality that can affect their kidneys. The following are some of the most common types and causes of kidney damage:

- \_ . Diabetes
- \_ . High blood pressure
- \_ . Glomerulonephritis - a disease that causes inflammation of the kidney's tiny filtering units called the glomeruli.
- \_ . Polycystic Kidney disease - the most common inherited kidney disease, characterized by the formation of kidney cysts that enlarge over time and may cause serious kidney damage and even failure.
- \_ . Kidney stones
- \_ . Urinary tract infections
- \_ . Congenital diseases
- \_ . Drugs & toxins

**Q. Who makes up the Dialysis Care Team?**

- \_ . Nephrologist (Kidney Doctor)
- \_ . Nephrology Nurse
- \_ . Renal Dietitian
- \_ . Nephrology Social Worker
- \_ . Patient Care Technician & Biomedical Technician
- \_ . Vascular Access Care Team
- \_ . Secretary/Unit Clerk

Below is an insightful question from a dialysis patient I came across on a website while doing my research:

**Q. 'I recently started dialysis and I'm feeling depressed. Is this 'normal'?**

A. It is not unusual to grieve the loss of kidney function. Realising that your body doesn't work like it once did is very hard for most people to accept. This can cause some people to feel helpless or dependent on their medical care. As with any serious medical condition, you may also face changes in appetite and sexual desire.'

This passage from Weldt (2003) is also quite insightful:

“Lehman (1985) indicates that self-dislike, feelings of worthlessness, loss of gratification, hopelessness, lack of motivation, guilt, indecisiveness, psychomotor retardation, and delusions about being unworthy are symptoms often found in people

suffering from depression, which is common for patients with chronic diseases. Kubler-Ross (1969) found that patients with a terminal illness, such as end stage kidney disease, have five stages of emotional reaction to the diagnosis: denial, anger, bargaining, depression and acceptance.”

A second passage from the same article reinforced this understanding:

‘Life becomes a repetitive experience of removing blood from the body and circulating it through the dialysis machine...Patients undergoing haemodialysis often experience emotional problems, face economic uncertainty, are dependent on others for basic care, have to follow a rigid diet, take many medications, and also suffer intermittent pains. New approaches for dealing with the psychological problems of these patients must be considered’.

I hope that the above chapter has given you the valuable insight that I feel is necessary for working and empathizing with patients undergoing dialysis treatment. I think the following quote by a child, undergoing dialysis, really clarifies the emotional state of a patient on dialysis when she says: ‘I feel like an awkward bird that cannot fly’. Another patient at the other end of the age scale who is 75 years of age said of Dialysis treatment ‘I feel like I’m embalmed alive’

I believe it would be of great benefit to the artist to do further reading on kidney functioning. This would enable the artist to develop a deeper understanding of the whole area of Nephrology. (See Appendix One on the subject of kidney functioning).

# **ART IN THE RENAL DIALYSIS UNIT**

## **Project History**

My time on the Renal Dialysis unit in The Adelaide and Meath Hospital began in September 2006 but weekly art sessions have been held on the unit since 2003. I started by carrying out two sessions per week on the unit and I was also responsible for overseeing further sessions run by three Artist volunteers. One of my sessions was on a Wednesday morning, with patients who had previously been involved in art sessions, and the other group was on a Thursday morning with patients who were totally new to the art experience. The sessions roughly lasted an hour and a half each but their duration mainly depended on how well the patients were feeling that particular day.

It was a totally new experience for me working in the area of Dialysis treatment as I had previously been used to working on the Age Related Health Care Unit where patients are fully mobile and they all work together round a large communal table. In contrast to this, in the Dialysis unit patients are all in beds, connected up to the dialysis machines with limited mobility. In some cases they only have the use of one arm. However on the positive side the fistula is placed in the non-dominant arm so the dominant arm is free to engage in creative activity.

There is also limited space between machines, bed tables and all the various tubing and medical equipment surrounding each patient. They are also often quite tired as the process is quite draining. I must admit that when I first walked in I did wonder if there was room and energy for art and the art trolley and extra bodies on the unit taking up valuable space that already seemed quite crowded. But with time and experience I began to see how art could fit in to the system and space and just how important a role it plays in caring for and supporting the needs of the patient.

## **Description of the project**

I will try to set the scene a little. When you arrive on the unit for the session you generally find that patients are either watching TV, reading or dozing. Some patients will be lying down others sitting up, depending on how well they are. On the unit there are about 12-14 beds but of that number you will find that anywhere from 2 up to 7 people will want to paint. But there again you simply never know from week to week the situation. For instance some people may want to do the art but they may not be well enough to do it. You will find that due to various different reasons patients are lying down in bed not able to sit up and paint. In some cases it is to assist the ease of blood flow to and from the body.

You will also find that there are people of all ages on dialysis. It took me a while to get to know even basic things about life on the unit such as knowing it is okay when you arrive to gently wake patients up to see if they are up to doing some art. It also took time to learn the ins and outs of their condition, their special, restricted diets, their various conditions and ailments. There was also a period of trial and error in getting my time of arrival right so that patients weren't too far in to their session. But also that they had had enough time to get on to the machines, settled in and had time for their tea and toast so that I wasn't too early. You generally find that arriving about half an hour after they have

started on the machines is a good time to appear. You will also notice that there are a large number of nurses on the unit at any one time. This is in order to attend to and monitor the various machines and patient needs.

You will also often hear the machines going off and making a loud beeping sound due to problems arising with obstructions to a patients blood flow into the machine. It took me a while to adjust to all these events as all part of normal life on the dialysis unit as it was such a new environment.

As with setting up any new art session it takes time to get to know people, establish relationships and then begin to work creatively together. With the Wednesday session I found that although about eight or nine people had participated in the art exhibition back in 2005, when I took over there were only two patients, Anne and Eithne, who were still painting consistently. It took time therefore to settle in and to build up a relationship with them first and then encourage other people and new comers to take part in the art.

During the course of my work I realized that it was too much to expect patients to face a blank canvas and create something from scratch. Any artist would be familiar with that experience of how daunting it can be to be faced with a blank canvas and to begin to make exploratory marks. I think patients were also concerned about commitment levels. I think they worried that if they took part in one session they would have to take part continually. But with a bit of reassurance people understood they were free to come and go as they pleased and with time we got ourselves up and running.

By about mid November Michelle and I decided we needed an activity that would suit everybody. So together we came up with the idea of designing colourful glass candleholders with the patients. It was a very simple activity but one that had a clear beginning, middle and end. It also wasn't too demanding or challenging a task for any newcomers to art so it wouldn't deter people. Yet it still required a good level of application, concentration and creative flair. It also helped that we had samples ready made to show them. This made it easy for them to see how manageable it was. It was also and most importantly a beautiful little piece of art that they could take home and use indefinitely or give as a present to someone. The art would therefore also have a positive effect on their lives outside of the unit. It was also festive as it was around Christmas time when we made them. The fact that Eithne subsequently got a present of a glass paints set for Christmas from her son made me realise that we had chosen well.

Besides Anne and Eithne, six other people on that session decided to try out the glass painting. It turned out to be a great idea with even the nurses inquiring about how to do it and expressing their various interests in art. **The art definitely made the hospital experience a far more social experience.** The glass painting also worked well as it was an activity that you could work on over several weeks so if patients were not well enough to paint that particular week they could continue it at a later date. The art also proved a great introductory way to get to know the patients on the unit. It was clear to see how the art helped the sense of **community spirit**. It made connections with people in separate beds and got them talking and discussing their different pieces. It really livened up the ward atmosphere and proved a very useful connection for patients in the beds in the separate rooms outside the main ward. **The ward definitely became a hive of activity for those two hours.** There are two rooms outside the main room where patients with infections and additional ailments are placed. The art created a link for

them with what was happening in the main room so they felt less isolated. The next project we came up with was as a result of the success of the glass paints.

As the glass painting had been so popular we decided to try and design a communal project involving the glass paints that would interest everybody. Michelle, recently out of college and therefore brimming with ideas, came up with the idea of designing birds made out of acetate (a kind of clear plastic). Each bird roughly measured approximately two foot across and would take the glass paints very well. The effect would look like a flock of exotic stained glass birds casting an array of colours when hung near a light source. We thought the patients would enjoy painting them multi-coloured and then decorating them with gold and silver edging. It was also introducing a new material to the patients but at the same time building on their confidence with the glass paints which they were already familiar with. Having a communal project also gave the patients something to work towards which I think was very important. It gave a focus to the work.

Also following on from a suggestion Lucia Barnes made in her evaluation 'Simple Pleasures' we decided to try and involve the nursing staff in the project as well. As they had taken such a keen interest in the glass candleholders we thought it would be great if they could get involved too. A number of nurses and staff on the unit painted a bird during our sessions but we also subsequently held two sessions outside the main canteen at lunchtime to enable all staff to take part. This helped to raise the profile of the great work that the Arts Office were doing for patients and staff in the hospital. We also publicized these happenings on the hospital intranet as a way of raising awareness of what we were doing. In total we ended up with 150 birds, which we then installed in the main canteen. The canteen has all glass walls with a white ceiling so we suspended the birds from the bars of the ceiling on cat-gut (fishing line). As the light catches the birds you get a myriad of reflected colours. Because of the white ceiling the effect is like a rainbow of colour above your head. The installation also has a very calming effect as the birds move in the breeze and catch the light. I think it will prove to be a very good thing for reducing stress levels of staff and visitors to the hospital. As this project grew and gathered momentum we also got patients and staff from the Oncology and Age Related Health Care Units to get involved.

## **Case Study 1: Jack**

Jack belonged to the Thursday morning session. He was in his late 50's, from Ballyfermot and full of talk and chat. I talk about him in the past tense as he has since moved to another hospital closer to his home. However he was a central character in our understanding of the benefits of the art sessions for patients. Because the Thursday group were a totally new group they had no expectations, unlike the Wednesday group, so it was easier for me to gauge from the start the benefits more visibly from the Thursday sessions.

Jack had never done art before but he took to it like a duck to water. He really showed me from day one how life affirming the art was. One particular session sticks out in my mind as an example of this. On one particular day a couple of months into the sessions he brought his wife in to show her all the paintings he had done over the previous weeks. He was all animated and wanted to paint on even larger boards than the previous week.

He usually liked to paint things from his imagination. That day he did a really mad colourful still life painting in blues and green and oranges with great confidence and gusto. When he finished it he was full of talk, showing it off to the nurses and praising it, wanting me to stand back with it so he could get a better look at it. Then I went out of the room for five minutes and when I came back in he was lying back in bed, eyes closed suddenly looking like an ill, tired man and it struck me then and there just how much the art invigorates people and brings them back to life. It puts spirit, direction and purpose back into their day.

Even though, as I said before, on a ward of about 12 people you will only get maybe 3-4 people wanting to try the art, it is still better than having people just tuned in to the television screens for the endless hours. **The art asserts their individuality.** On that session both I and Michelle also noticed how the art always **enlivened the ward atmosphere.** We found that a running commentary always started amongst the other men on the ward. They would throw a few comments to Jack about him thinking he was the next 'Leonardo'. This seemed to do them a bit of good too indirectly. It provided a break from the routine of dialysis. It definitely changed and **uplifted the mood** of the unit and **reduced the boredom levels.** It also took their mind off the clinical nature of the treatment process. I think the art definitely does have a pastoral care element to it too as running alongside the creating process is **the conversation and time given to listening to the patient's stories and concerns.**

We also managed to frame a number of Jack's paintings and that gave him a real boost. Along with our art cart we also have a number of standard size frames in our storeroom for just such occasions. He also kept us updated on the paintings' whereabouts. One ended up at his mother's house in Ringsend. To me the art gave Jack a space to create in a very spontaneous and carefree free way. He seemed to me to paint in a style akin to Jack B Yeats so one week I brought him in a book of paintings by Jack B Yeats. The last painting Jack did with us was from this book and it was one that I think was a very fitting image to finish on. He did a copy of a drawing by Yeats entitled 'Rogue'. Jack did his own version in charcoal. It was of a 1940's working man in his overalls with a nice pint of Guinness resting beside him. Unfortunately for us Jack moved hospital shortly after Christmas.

However at Christmas we did get a pleasant surprise. A previous patient on the ward, Mr. George Doyle, put forward a sum of money to assist with the art sessions. We have since allocated it for a project we are currently planning for the Osborne ward. The staff on the ward requested a series of paintings to be done by patients for their corridors. We are hoping to design with the patients a series of eighteen canvases to brighten the blank spaces. We plan to draw inspiration from medical diagrams of sections of the kidneys and turn them into a series of dream like images that look like large abstract moody landscapes in colours of French Ultramarine blue, magenta and gold. We hope that they might have a calming effect. Our starting point was the idea of creating something beautiful and positive out of the image of the kidneys which is something that may often be seen as having negative associations for patients - in a sense we wanted to create light out of darkness. The canvases are relatively large in scale (31" x 19") but we chose them so that they would at the same time be manageable to paint from a sitting bed position. We chose large scale so that the patients could really express themselves and challenge themselves. We hope to also introduce them to using new painting tools such as palette

knives and really large brushes. We hope the end result will be a positive addition to Osborne Ward.

## Case Study 2 – Anne

Anne was another patient from the Thursday session who benefited greatly from the art. She was also a keen newcomer to the art sessions. She had never painted before but she told us all about her partner and her sister who had won prizes for the art. Over the months we did some lovely paintings together with her. Her first painting was a copy of her a Munch painting of a woman picking big red poppies. It turned out very well. She was very particular about getting the right shades of green for the different sections of the landscape. It was great that right from the start she was very definite about wanting to reproduce the image as faithfully as possible with the exact colours and shades of the original. You find that carrying out art on Dialysis is very much a team effort and sometimes a balancing act. You work together with each patient to decide on the subject, mix the right colours, and balance all the paints, brushes and water jars. It is always an interesting and fun challenge. One of Anne's paintings is now hanging in the Dialysis unit. It is a nightscape of a low moon in a dark forest setting. It has a very dreamlike quality to it.

On several occasions she also brought her partner in who also took part in the session. I think they both particularly enjoyed painting the birds. I think when we hold the launch for the bird installation she will get a great boost out of it. I think the social aspect of the art process was really great for Anne. From talking with her I see how the **art supports the hospital system in that it humanizes the more clinical aspects of the hospital experience**. It definitely helped to alleviate her stress levels and provide a comfort and distraction from the immediate surroundings. Together we also made Christmas cards for family members and she made a beautiful candleholder with red hearts on it for her daughter. I think, as I have always thought, that the relationship comes first in any creative participatory activity. You **need to establish a relationship with patients first** and then the art can really blossom and come into its own which is what I think has happened in Anne's case.

## Future Projects

We are currently creating a calendar of patients' work to be ready for 2008. Anne from the Wednesday morning group has done a beautiful version of the Oskar Kokoschka painting 'Bride of the Wind' (1914) which I think will look wonderful as part of the piece. It will also be positive for her to see her work in print. One of the artists working with us who is taking photographs of the sessions has suggested that we might even consider making cards from the paintings by using just sections of them to create abstract images. There seems to be an endless amount of potential in how we can adapt and diversify what we are doing on Dialysis.

Also more recently we started a masks project. The basic designs are based on the masks of the Italian 'Commedia dell'arte'. These masks are akin to the Venetian Carnival masks. They have exaggerated features like big noses and round protruding cheeks. The idea was put forward by my other co-worker Ginni Mills. We started tentatively by getting the patients to build up a three dimensional face from a flat block of clay. We

tried to make the faces as expressive as possible. It was great to see the characters of all faces slowly emerging and developing. Each has its own distinctive character. We are now at the next stage of the process and are layering up strips of brown paper over the clay base mask shape. It is very much like collage when the paper dries we will lift off the paper mask from the clay mould and paint them. It is again a **very suitable activity for Dialysis as it is a process that can be developed and progressed from week to week**. We are planning to paint them in gold. It should look very effective. We will then display the finished pieces together in the hospital.

Our plans for the coming months are to also carry out a wicker project. We hope to get the patients to try their hand at designing unusual animal shapes out of pieces of wicker something akin to what has been done at the Fringe Festival. They can then hang them up at home. We also hope to do a painting project on fabric with designs based on the idea of the Indian 'Mandala'. It is a contemplative art form based on the idea of each person's individual search for completeness and self-unity. I see no end to the possibilities for the patients as long as they are keen for the challenge which I really think they are.

**In conclusion I think the past year has been a real success because of the combination of great ideas being generated from so many artists working together and from the willingness of patients and staff to be open to trying everything. We hope in the coming months to expand the service out to more patients so as many patients as possible can benefit from this diverse range of expertise.**

## THE BENEFITS OF ART SESSIONS ON DIALYSIS

- \_. The art sessions **improve the quality of life** of the patient through **physical, intellectual and social stimulation**. By extension it contributes to a more holistic sense of care by taking into account the patients overall well being. As stated by Cristina Weldt (2003) 'Art expression in conjunction with medical treatment may be one of the most beneficial avenues through which patients undergoing dialysis treatments can find true healing in their lives'.
- \_. Patients feel an increased sense of **empowerment** through **constructive use of their time**. The creative process can enhance feelings of power, control and freedom. It also helps **decrease levels of anxiety and stress** which patients may be feeling due to the hospital environment. As noted in the Stanford Art for Healing programme art becomes 'a tool to help people gain a sense of control in situations where they often feel powerless'.
- \_. The art also **induces and increases social interaction** amongst patients and staff through sharing, involvement and discussion. It thereby reduces any possible feelings of isolation. Lucia Barnes put it succinctly when she said patients are 'no longer individual passive consumers of a health care service but an active, creative community of artists'. As one patient pointed out 'we are not patients for those two hours'.
- \_. The patients also commented on how the **time passes more quickly** doing the art. As one patient noted, before the art came the only thing to mark the passing of time was the arrival of food or else a particular TV programme. The art creates a space where time is valued and a **vital space for interaction, entertainment and insights** can happen. It opens up the **opportunity for patients to also gain insight** during that time into how others experience their own illness in a safe environment. A patient on an art programme in an American hospital put it succinctly when she said 'art helps us embrace who we are and what we're going through'.
- \_. The art restores **a sense of wholeness, purpose and achievement through the creation of a finished piece of work**. It helps patients to focus on their strengths. It **challenges and motivates** them which are vital aspects of the healing process. It turns 'enforced passive time on dialysis into a space for personal growth and a meaningful, productive, artistic experience'. It therefore enriches their lives and creates a more balanced sense of wellbeing.
- \_. The art introduces different art forms and areas of interests which patients can also follow up on and pursue outside hospital time and thereby assist in their day to day living. Through the art sessions **new skills are discovered** and developed. One patient in a similar situation in a hospital in America noted 'as my world collapsed and my physical body became less functional, art has become a place of growth and substance. I feel alive when I am doing art.'

- . The art asserts each **patient's individuality**. It reaffirms their **self image** and it helps them to focus on the more positive aspects of their lives. 'We are beginning to realize that people can be healed by different kinds of healers and systems because the real healer is within. Modalities that involve art, meditation, words, touch and medicine are different ways of activating the inner healer. Self-education and awareness through creative activities or silence can increase self-knowledge, which empowers the person.'

## RECOMMENDATIONS

- \_. Due to the age range and differing degrees of artistic experience I recommend that **each art activity or project designed for a Dialysis unit is of a finite quality and has a clear beginning, middle and end.** Although experience has taught me that the process is more important than the end product, for those new to art it needs to seem manageable and accessible. It is also far easier for those patients new to art to approach an artist's sample visible end product than a blank canvas. If the patients can see the glass candleholder or the finished mask or the wicker object and thereby gauge that it is not too difficult to make then they will be more willing to try it. As your relationship grows with the group and they gain more confidence with the art I think you can then start to consider developing the art into individual interests and designing projects around that in consultation with the patient. I strongly recommend therefore that the artist needs to have a sample of the end product to show the patients in order that they can see what is involved in the task. I think by extension it is good to choose art projects that can be turned into communal group projects as all the pieces can then be displayed together. Group projects also increase the social aspect of art on the unit and give the patients a focus and something to work towards.
- \_. I recommend that the **artist should keep a documentary diary so he/she can reflect on and review their progress.** It is very useful particularly when coming to write your evaluation of the residency.
- \_. I recommend that in the second year of this post the Art Co-ordinator expand the scope of their **research** to include a more general study of art programmes in other hospitals, particularly in America. This way they can get a better **understanding of the various models of art programmes** to borrow from when refining the dialysis art programme.
- \_. I strongly recommend that **artists work in pairs** on a dialysis session. This is for several reasons. On a practical level it enables them to get around to everybody and get them set up within the time slot of the session, otherwise the lone artist is terribly under pressure. Also for continuity for the patients if one person cannot make it one week at least they can be assured that someone will be there to hold the session. **Patients need that continuity.** Also from the artists point of view I believe that great ideas get generated when creative minds work together. I have experienced this directly by working this past year together with three other artists on the unit. For the artist working alone it can also be a very isolating experience. I think therefore if artists work together they will stay with the job longer and bring more to it. I think **artists, like any other workers, need to feel part of a team.**
- \_. I would also strongly recommend that the **artist become more involved with the interdisciplinary team on the unit.** It is key that the artist should feel part of a team. Integration is paramount to success. The artist needs to feel they have a valid place within the hospital. Being accepted will make for a more rewarding experience on all fronts. I think the place of arts in healthcare will become more firmly established when the artist merges in with the healthcare team on the unit. I think patients, staff and the artist will benefit from this. I think mutual understanding of roles by artist and medical staff will lead to more open lines of communication and acceptance. Also if the artist is more knowledgeable about the history and care of the patient I

think he/she will be able to deliver a higher quality of care. I recommend that artists sit in on team seminars and also deliver to the health team at seminars accounts of their work to date.

- \_. I also suggest that the **artist be provided with two points of contact while carrying out their residency**. Besides weekly/monthly meetings with the Arts Officer the artist should also have a point of contact on the nursing staff. They can then refer to them directly for advice, help and general connection to the unit on that particular day that they are in.
- \_. I recommend that the hospital and the Arts Office decide on a **fixed day to hold the art sessions in the unit** so that patients interested in doing the art can be made aware of the sessions and change their time slot to that particular day and thereby benefit from them. I think this would be the best use of limited resources. Ways of increasing the promotion of the service will therefore need to be looked at too.
- \_. I recommend the continuation of **installing patients' art work in the hospital and the holding of exhibitions of patients art work both within and outside the hospital**. This not only continues to raise awareness of their existence but also gives a focus and drive to their work. It also increases their feelings of self worth and overall it helps work towards a more humanized community orientated hospital environment. It is also in line with the hospitals aims of increasing public access to the arts and enhancing the quality of the aesthetic environment.
- \_. From a practical point of view I recommend that when a new artist joins the existing team of artists on the unit a **period of training or 'shadowing'** ensues. I mean by this that the new artist spends the first few weeks working and training with an artist already on the unit. This will ease them in to the new role. Otherwise it can be very daunting for a new artist to start alone without any guidance or hand-over from a previous artist. I think they will then have more confidence when setting up their own session.
- \_. In my opinion it would be of benefit for the **Artist to meet with the Nephrology Social Worker to understand the patient's emotional needs**, as the social worker provides counselling to help the patient and his/her family cope with all aspects of kidney disease. Besides assisting in planning treatment to fit the patients' lifestyle, the social worker also identifies sources of emotional support for patients who need it. If the patient were in agreement, I think in time taking on this suggestion could be beneficial to the art session. Projects could then be designed to enable patients to pursue individual interests and subsequently build self- esteem.
- \_. I recommend that the **arts sessions are broadened out in time to literary experiential sessions** and other art forms. In Saint Michaels Hospital in Toronto, Ontario, Canadian authors, poets and playwrights are brought in several times throughout the year on residencies. Together with patients they discuss and read from their work and interact with patients through the written word. These reading allow patients to know how others are experiencing their own existence. The works created could also be of use to medical staff. It is vital though that the patients are consulted first on considering the most suitable time and day for these sessions to take place.

- .. I recommend the **involvement of students directly out of the art colleges under the guidance of existing artists** as they have excellent ideas for art projects and knowledge of materials. I have also learnt this from first hand experience.
- .. I recommend that any hospital looking for artists to work at their hospital should refer to the Arts Office of their local County Council. The Arts Office will generally have a list of artists connected with their education and outreach programme willing to work in other areas of the community. By extension any member of a hospital or health organization or artist interested in finding out more about how the art sessions on the dialysis unit operate are more that welcome to contact our Arts Office for further advice and help on the matter.

## **BEST PRACTICE GUIDELINES FOR ARTISTS WORKING IN RENAL DIALYSIS UNITS**

1. Learn about the patients before working with them. Spend time understanding the patient and building relationship
2. Observe patients in the unit before starting
3. Meet staff and receive briefing about hospital context, including issues such as health and safety issues, confidentiality and patient needs.
4. CONSULT patients about what they want to do
5. Make sure you have clear aims and objectives and share these with the clinical team
6. Always keep patient information confidential but share important information with clinical staff
7. Consult experienced artists and undertake field visits before you begin work
8. Prepare art materials and gather ideas that you can offer patients. Be flexible in your approach to the use of your art form and be led by the patient.
9. Always value the art process over an end product – we have found that an over-emphasis on end products can sometimes pressurise patients
10. Evaluate your work regularly
11. Provide verbal and written reports to staff and management on a regular basis
12. Outline what you will do with patients, involve them in the process
13. We find that it is appropriate to wake patients gently to invite them to participate. Often patients want to participate but can be tired or drowsy.
14. If possible, undertake a hospital orientation course, to include infection control and hygiene issues.
15. Celebrate, where appropriate, the patients' artistic achievements (for example, exhibitions and launch parties)
16. Hold your art session at a regular time each week so that both patients and staff know when to expect you. Give adequate notice if you are not able to attend – art sessions can become a very important part of a patient's life.
17. Make sure you have a nominated supervisor and/or mentor in the workplace to support, advise and guide your work in the unit.

## CRITICAL SUCCESS FACTORS

- **Funding:** Financial support is vital to the consistent delivery of a sustained quality arts programme.
- **Support and understanding from the health care team** in the Dialysis unit is essential to the success and expansion of the service.
- **Open lines of communication** between the Hospital Management board, the Arts Office, the healthcare team and the artists.
- **Ongoing research** into the area of the Arts and Dialysis to improve and expand on the delivery of the arts programme
- **Continued generation of awareness** by the Arts Office of the art by patients on Dialysis through exhibitions within and outside the hospital setting.
- **Regular sessions** Concrete schedule and awareness for a specific day and time for the art session to take place to allow patients to change time slots to join in.
- **Delivery and dissemination of findings** by arts care team at national and international healthcare conferences.

## PRACTICALITIES

- **Art Trolley** – An art trolley, stocked with art materials is needed for the work. We use a trolley on wheels which we take to the session, stocked with paints, clay, charcoals, pencils, paper, boards (for leaning on while painting in bed) and other materials.
- **Health and Safety and Infection control** – All art materials must conform to hospital regulations regarding Health and Safety and Infection control. Ideally, artists working in the unit should attend hospital health and safety training.
- **Confidentiality** – Hospital management need to ensure that artists understand confidentiality and professional boundaries within a health care context.
- **Garda check and references** – Any artist working in a healthcare setting should have both Garda check and references
- **Qualification in art** – We stipulate in our service that any artist working in the hospital has an undergraduate degree in art.
- **Orientation to health service and structures** – Artists receive an orientation session before commencing work in the unit.
- **Line management** – Artists need to identify an experienced member of staff who will support, guide and manage their work.
- **Supervision, support and professional development** – Like any member of hospital staff, artists need opportunities for development, training and professional supervision in order to carry out their work to a high standard.

## CONCLUSION

We hope that this research manual has given the reader some valuable insight into the benefits of therapeutic art sessions for patients on Dialysis, as well as the way forward for expanding and improving the service.

As is often quoted medicine is about **treating people and not diseases** and I think the inclusion of the arts in the hospital can only contribute to developing this concept of holistic healing and person centred care. As observed by one Artist working for Artscare 'It is a curious paradox that people can often "find themselves" by losing themselves in art'. The hospital environment is of prime importance in the healing process and in the deployment of arts in healthcare. By incorporating art into the hospital environment it has the dual effect of both humanizing and enhancing it.

The next step in this research post will be to look to American models for direction. We intend in particular to take a look at the survey entitled 'Cultures of Care: A Study of Arts Programs in U.S. Hospitals'. This survey carried out by the Society for Arts in Healthcare in conjunction with the Joint Commission on Accreditation of Healthcare Organizations highlights how the therapeutic aspects of the arts is gaining recognition across the country. It relays how more than 2,500 hospitals in America are using the arts "to create healing environments, support patient mental and emotional recovery, communicate health information and foster positive working conditions". If we too can work towards these goals **we can help contribute to improving the quality of care, and by extension the quality of life, of patients undergoing Renal Dialysis Treatment.**

## APPENDIX 1: KIDNEYS

The following information on kidney functioning has been largely taken from two websites: The National Kidney Foundation - [www.kidney.org](http://www.kidney.org) and The American Kidney Fund [www.kidneyfund.org](http://www.kidneyfund.org)

The kidneys are located at the bottom of the rib cage, towards the middle of your back on either side of the spine. They are bean shaped and each measure roughly the size of a fist. They are vital organs which perform many functions to keep your blood clean and chemically balanced.

Every thirty minutes they filter all the blood in your body removing waste and excess water. This becomes urine which then goes to the bladder for later disposal. The production of urine involves highly complex steps of excretion and re-absorption. The process is necessary to maintain a stable balance of chemicals in your body. “A healthy kidney is so efficient that 99% of all fluid is returned to the bloodstream, with any excess discarded in the urine. If your kidneys did not filter out these wastes, they would build up and damage your body”. The kidneys perform this life-sustaining treatment of filtering and returning about 200 quarts of fluid every 24 hours. About two quarts are removed from the body in the form of urine and the remaining 198 quarts are recovered. The urine we excrete has been stored in the bladder for anywhere from one to eight hours.

‘The critical regulation of the body’s salt, potassium and acid content is performed by the kidneys. Healthy kidneys return the right amount of chemicals such as sodium, phosphorus and potassium back to the blood stream. The kidneys also produce hormones that affect the function of other organs. For example, a hormone produced by the kidneys stimulates red blood cell production. Other hormones produced by the kidneys help regulate blood pressure and control calcium metabolism.

The following is a list of key functions carried out by the kidneys:

- \_. Remove waste products from the body
- \_. Remove drugs from the body
- \_. Balance the body’s fluids
- \_. Release hormones that regulate blood pressure
- \_. Produce an active form of vitamin D that promotes strong, healthy bones
- \_. Control the production of red blood cells

## APPENDIX 2: THE HOSPITAL ARTS OFFICE

The Hospital Arts Office was established in the hospital in September 2003 to take a lead role in promoting and developing the arts in all forms as a medium of healing and to devise and manage an arts programme based on the arts strategy.

The current arts plan for AMNCH has four broad strands:

- Enhancing the quality of the aesthetic environment of the hospital
- Exploring the application of the arts as a therapeutic tool in the hospital environment
- Increasing public access to the arts, especially patients, staff and visitors who would find normal access to the arts difficult
- Promoting the distinctive contribution of the arts to increase the interaction and involvement between the hospital and its local community

### Highlights of the Arts Office programme:

- **Art groups for patients.** Our model of providing weekly art sessions for patients, facilitated by professional artists, **reached the final of the Health Service Innovation Awards 2005.** This was the first time an artistic project reached the finals of the awards, alongside more traditional medical projects. We currently run fifteen weekly art groups for patients in the hospital, in departments such as oncology, psychiatry, paediatrics, renal dialysis, arthritis, out patient waiting rooms, age related health care and in-patient wards.
- **The Irish Chamber Orchestra in Residence.** AMNCH recently hosted a **year-long residency by an internationally acclaimed orchestra and evaluated the benefit of live music in an acute hospital in Ireland.** We currently run a weekly performance programme in the hospital and will be building a performance platform in the main atrium of the hospital in early 2007.
- **Puppetry project for children in weight management clinic** at the hospital. Helene Hugel, Puppeteer and Arts and Health Practitioner is a regular artist in residence in the hospital. Her most recent projects included working children in the weight management clinic and the paediatric out-patient department.
- **Creative Writing** In 2006 the Arts Office published a book of patient poetry, *Patient Voices*, following a Writer in Residence project. Patients participated from various departments and this was **the first time creative writing has been carried out with patients in Cardiac Rehabilitation as part of their treatment.**
- **Music Therapy in Stroke** Funding received for a randomised control trial of the effect of music therapy on mood following stroke will be carried out in 2007. This is a collaboration between the Department of Medical Gerontology and the Arts Office and one of the first medical trials of the arts in health in Ireland.
- **Interior Design** The Arts Office has worked on a number of re-design projects in the hospital, including participating in the neurology ward redesign, led by internationally recognised architect Prof. Brian Lawson. We are also working on improvements to paediatric A&E and Colposcopy treatment rooms.
- **Staff art interest group** Staff are involved in all aspects of arts and health projects in the hospital. The staff art interest group recently visited IMMA and selected work for an exhibition in the hospital.

- **Visual art gallery** We have established a permanent gallery in the hospital which houses a series of temporary exhibitions, featuring national, international and local artists. We also manage the hospital art collection, which is catalogued and reviewed every year.
- **Festivals** Earlier this year the hospital hosted *Trad Og*, a festival of music by young traditional musicians from Dublin. The next Festival, entitled *Arts Week*, will be held in the hospital in October 2007.

### **Evaluation and research**

The Arts Office has a strong tradition of research and evaluation in arts and health. This includes:

- Six-month evaluation of therapeutic art groups for patients in Renal Dialysis Unit and Age Related Health Care (Arts Office evaluation)
- Evaluation of Puppets for Children in Out-Patients Waiting Rooms (Arts Office evaluation)
- *A Cure for the Soul?* Independent Evaluation of the benefit of live music for patients in acute hospital (to be launched Oct 2006) by Edel Nolan, Independent Arts and Health Researcher, in conjunction with the Irish Chamber Orchestra.
- Music Therapy in Stroke. Funding received for a randomised control trial of the effect of music therapy on mood following stroke, research underway at present time.

## **The Adelaide & Meath Hospital, Dublin Incorporating the National Children's Hospital**

The Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) opened on the 21<sup>st</sup> June 1998. The hospital provides adult, paediatric and psychiatric services to a catchment area of 450,000.

The hospital has 587 beds and 2,683 staff. In 2004 the hospital carried out 21,500 admissions, 74,500 emergency department attendances, 195,000 outpatient-attendances, 19,500 Day procedures and 12,500 operating theatre procedures.

The hospital mission is to be a public, voluntary and teaching hospital operated in the interests of our patients in which we:

- identify and meet the health care needs of the communities we serve so that our Hospital is a Hospital for everyone
- provide the highest quality health care to all patients
- undertake and support research in health care
- educate all staff and students to the highest international standards
- seek equal opportunities for each member of staff and for each student to fulfil their potential in health care
- develop voluntary involvement and support for our Hospital to the maximum extent possible

**For more information on the hospital Arts Office please contact [Hilary.moss@amnch.ie](mailto:Hilary.moss@amnch.ie) or [janet.edgely@amnch.ie](mailto:janet.edgely@amnch.ie) or telephone the Arts Office on 01 414 2076.**

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## **WEBSITES:**

American Association of Kidney Patients  
[www.aakp.org](http://www.aakp.org)

American Kidney Fund  
[www.Kkidneyfund.org](http://www.Kkidneyfund.org)

Davita  
[www.davita.com](http://www.davita.com)

Irish Kidney Association  
[www.ika.ie](http://www.ika.ie)

Main Line Health  
[www.mainlinehealth.org](http://www.mainlinehealth.org)

National Kidney Foundation  
[www.kidney.org](http://www.kidney.org)

Punchestown Kidney Research Fund  
[www.pkrf.ie](http://www.pkrf.ie)

The Society for Arts in Healthcare  
[www.thesah.org](http://www.thesah.org)

University Hospitals  
[www.uhhospitals.org](http://www.uhhospitals.org)