ART TO HEART: THE EFFECTS OF STAFF CREATED ART ON THE ARTISTS AND NURSES OF THE CARDIOVASCULAR NURSING UNITS OF A MAJOR URBAN HOSPITAL

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The staff of the Cardio-Vascular Department of a major urban hospital was asked to make art to place along the hallways of two Post-operative and Post-procedure cardiovascular care units. Interviews were conducted with the art makers and the nursing staff of the units to determine the effects of the art project on their daily work environment. Participation in an art-making project with a patient centered goal has had a positive impact on the artists. Art has become the means to create a sense of ownership and community among the nursing staff of the units where the art is displayed in their daily work environment. Art makes a difference to the job satisfaction of the staff of two high stress cardiovascular units of a hospital. The art educator designed and implemented the program, conducting all interviews with artists and staff nurses of the unit.
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Chapter 1: Introduction

Save a life…and you are a hero. Save one hundred lives…and you are a nurse.

Chuck Stepanek (2005)

As a registered nurse, artist and art educator, I looked for where my diverse areas of expertise intersected. Working as a cardiac nurse in one of the two units taking part in this project, I was aware of the difficulties faced daily by nurses and patients alike in the Progressive Cardiovascular Care Unit and its sister, the Cardiac Short Stay Unit at Vanderbilt University Medical Center in Nashville, Tennessee. As an artist, creating art is a source of emotional sustenance in my life, therefore I sought to delve into ways art could help both patients and the nurses who care for them in the way it helps me. As an art educator, I was interested in assisting artists who also work in cardiac healthcare, to develop artwork for a specific patient-centered purpose and help their co-workers in the process.

The nurses of the Progressive Cardiovascular Care Unit, (PCCU) and the Cardiac Short Stay Unit (CSSU) are highly skilled and are certified by the American Heart Association in Advanced Cardiac Life Support (ACLS), which they are required to be recertified in every two years. Patients in their care have undergone coronary artery bypass surgery (open heart surgery) or other life saving cardiac and vascular surgeries and procedures such as stent placement. Patients usually spend 24 hours immediately after surgery in the Cardiovascular Intensive Care Unit (CVICU) and then are moved to the Progressive Care Unit or the Cardiac Short Stay Unit to begin the difficult task of post-operative or post-procedure rehabilitation. The nurses of these two cardiac care
units typically are responsible for the care of three to four of these patients for twelve hours of each working day.

In order to prevent post-operative/post-procedure complications and facilitate a quick return to normal life, cardiac patients must be up and walking several times a day. It is the duty of the cardiac nurses to see that the patients are up and walking. Cardiac Rehabilitation Specialists are also responsible for patient ambulation. The cardiac nurses must be alert to potential difficulties that can arise in the recovery of these patients. Many complications are mainly prevented by early and frequent ambulation. Ambulation can be painful after surgery making motivation a prime factor in participation in early ambulation. Possible complications these nurses work to hinder in cardiac patients are pulmonary embolus (blood clot in the lungs), pneumonia, deep vein thrombosis (DVT) (blood clot in the legs) and others (Williams, Ades, Hamm, Keteyan, LaFontane, Roitmann, & Squires 2006). Cardiac nurses work with an eye always alert to the cardiac monitor where the heart rhythm (ECG) of each patient is displayed. Each patient is assisted to walk with heart monitor and oxygen tank present. The cardiac nurse juggles the equipment while making sure the patient is steady on his/her feet. Cardiac patients can sometimes experience irritability of the heart during recovery, leading to rhythm disturbances requiring certain intravenous (IV) continuous medication such as Nitroglycerine. The cardiac nurse administers the medication and monitors the patient’s vital signs frequently. While the nurse is administering the medication, he/she is prepared to respond quickly if the patient’s irritable heart takes a turn for the worse leading to a lethal arrhythmia requiring an emergency response. In that event, the
cardiac nurse activates the emergency response team and begins crisis management, (Code Blue).

In addition, cardiac nurses regularly administer time-sensitive medications and monitor patient’s blood sugar several times a day. The nurses maintain the care of surgical wounds, changing dressings daily. They are responsible to ensure the working order of the various pieces of equipment required in patient care such as IV pumps and heart monitors. The cardiac nurses assist in discharge planning and instruction for patients and their families on life changes necessary after heart or vascular surgery and heart attack.

Perhaps one of the least acknowledged but significantly important duties of the cardiac nurses is the care and reassurance provided to stressed family members. While the cardiac or vascular medical team is involved with the life saving surgery or procedure and the struggle toward recovery of the patient, family members can get lost in the shuffle. The cardiac nurses fill this gap by listening to and working toward meeting the needs of the scared and apprehensive family. The nurses are the first line to spotting family members struggling with the eminent changes to their lives brought on by the cardiac illness of their loved one. Besides listening to the families voice their concerns, cardiac nurses identify and call for necessary referrals to case managers, social workers, chaplains, and other specialists.

The doctors and nurse practitioners rely on the cardiac nurses as their eyes and ears during the twenty-four hour cycle of a hospital stay for their patients. They can’t be everywhere and depend on the cardiac nurses to keep them informed of the patient’s progress or setbacks.
All of this the nurses do on a daily basis to the background cacophony of the sounds of heart monitors alarming, IV pumps beeping, pagers alerting and patient call lights ringing. Breaks are taken only when another nurse can watch the patients of the nurse taking the break as well as, his/her own patients. At the end of a twelve-hour shift, feet are aching and ears are ringing. But these nurses are there because they choose to be and they love their work. They laugh with their patients. They cry with their patients. And they cheer them on.

The physical and emotional stress level is high for cardiac nurses even though they love their work and choose to be there. Management is ever alert in seeking means to reduce the stress level of cardiac nurses. The effects of job setting and environment can be key to job and career satisfaction for staff nurses, (Shaver & Lacey, 2003).

The first part of the Art to Heart project was conceived as a tool to assist the patients in the difficult task of ambulating after heart attack or cardiovascular surgery. Art became the means to facilitate motivation in post-cardiac procedure ambulation by creating an exhibit of art made by the staff of the cardiovascular department of the hospital to be placed along the hallways of the two nursing units where the patients are ambulating, (Bowen 2011). In the process of creating the exhibit for the patients, the work environment of the nursing staff is changed. Part Two of Art to Heart seeks to determine the effects of the project on the nurses of the two cardiac units. Part two of Art to Heart also looks at the effects of the project on the artists who contributed their work to the project. Art to Heart is one project with multiple facets. This paper looks at
the facets of the project relating to the effects of the art on the daily working life of the cardiac nurses and also, of the artists employed by the cardiac department of the hospital.

**Background**

As a registered nurse, artist and art instructor, I am interested in art’s use in healthcare. The realm of possibilities for the benefits of art to nursing and patient care is immense and little studied. Most art projects in hospitals are not for or about nurses and nursing care. As a cardiac nurse working in Critical Care, Progressive Care and Telemetry units, potential and actual issues cardiac nurses face on a daily basis were familiar to me. How art can be helpful to both cardiac patients and cardiac nurses is a question I wanted to help answer.

**Statement of the Problem**

In the post-operative and post procedure Cardiovascular Progressive Care Unit and Cardiac Short Stay Unit of a hospital, the staff functions in a high stress environment. The purpose of this capstone project is to seek answers to the question, “How does the creation and display of art for patients affect the artists and nursing staff of the cardiac units?” It is hypothesized that art can have a positive impact on two busy cardiovascular care units in which staff members create art for a patient centered purpose and change the working environment for their co-workers in the process.

**Significance of the Study**

A constant issue in a busy cardiovascular care unit is the reduction of stress on the nursing staff. The nurses must handle multiple tasks at once and keep that pace going for periods of twelve hours at a time. The knowledge that lives are in their hands
is a constant thought throughout the day. Walking away when things are difficult is not an option. Caring for the caregivers is an ever-present issue in the mind of the managers of the cardiac units.

Job satisfaction and stress reduction are major factors in staff retention. Limited research has been conducted into the role of art as a stress reduction and job satisfaction-increasing tool to be employed with staff. I propose in this study to test the theory of how the creation and display of art by staff can have a positive impact on the working environment of two busy post-operative and post-procedure cardiovascular care units. No studies have tested this theory.

**Limitations of the Study**

This part of the study does not address the definitions of patient centered art. This study does not compare the art made by staff to other art of unknown artists. The impact of art on patients is not studied in this part of the project. This is a quantitative and qualitative project and is subject to the opinions and emotions of those who take part in the interviews.
Chapter 2: Literature Review

Art as a means of improving healthcare is a growing field. With limited research available today, it can be argued that art in healthcare is still in its infancy. The field is wide open for continuing research. Much of the current literature has found art to be helpful in healthcare, (Pratt, 2004). And as the field grows, more will be forthcoming.

At this point, research has revealed the effects of certain colors and styles of art in use in hospitals today. Lankston (2010) has pointed out the preference for cool colors and the disdain for abstract art expressed by patients that has led to more examples of realistic and nature art on display in hospitals. One study addresses the effects of two styles of art on pain experienced by patients in a cardiovascular intensive care unit, (Ulrich, 1993). Patients with nature scenes reported less pain than those with no art. Patients with abstract art in their rooms reported increased pain and required more pain medication than those with no art.

Many of the current studies focus on art as therapy (Goodill, 2010). The process of art-making as therapy appears to be making a positive impact. In one particular study by Lane (2005), art is seen as leading to a holistic approach to nursing care with nurses encouraging patients to engage in art making. In another study, art becomes a means of conversation facilitation for the nurse with a particular patient population (Wikstrom, 2003). Additionally, art in a museum setting has been used with nursing students as a tool for developing observational skills (Inskeep, 2001).

Art creation as a therapeutic modality with patients is growing rapidly and expanding with different healthcare populations. Currently, it has been used with people recovering with anorexia nervosa (Frisch, 2006, and Craig, 2004) where it appears to be
very effective. According to Madden (2010), art offers a healing method with cancer patients in a number of various ways encompassing both viewing and making art. The use of art as a bonding mechanism with HIV patients and others facing severe life changing illness appears to be effective therapy (Kellman, 2005), as well. As patients engaged in art making as a group, they were enabled to break down barriers and gain trust with one another.

Outside of the world of medicine, art has long been promoted as having value to improve one’s wellbeing. Estelle Hurll’s goals in art education of the early twentieth century was the use of “picture study” to improve one’s life. Hurll believed that contemplating the beauty of a painting would encourage her students to bring more beauty into their lives, (Stankiewicz, 2001 p.117).

Elliot Eisner, Professor Emeritus at the Stanford University School of Education and a leading voice for the value of art education in schools, states, “The arts remind us of what life can be at its most vital,” (Eisner, 2002 p. 203). What better place to put that statement to the test that the cardiac department of a hospital? Eisner also states the arts, “are sources of deep enrichment for all of us,” (Eisner, p. 241) In a busy cardiac unit life and death are faced on a daily basis. The enrichment art provides gives the opportunity for people to step out of that life and death reality for a few moments and into the world of beauty provided by art, however briefly. Eisner tells us, “In the arts, imagination is given license to fly,” (Eisner, p.198). A bit of flight into imagination may be just the ticket for a short escape from the stressful reality of a busy cardiac care unit.
John Dewey developed his ideas for the arts in education in the early twentieth century. An important reasoning for Dewey’s advocacy of arts education was the belief that the arts could bring a community together by fostering a connection to community as a source of pride and attachment, (Jackson, 1998). Dewey, as philosopher, was concerned with the collective and the concept of community. He believed art was a means to achieve this sense of community.

Art made for and by nurses and hospital staff has so far not been studied and will be addressed in this research project. I hope more research will be focused on art to improve the working environment for nurses on a busy high stress unit. Art as a means to assist nurses in providing patient care begs for more research.
Chapter 3: Research Methods

It is hypothesized that art can have a positive impact on two busy cardiovascular care units in which staff members create art for a patient centered purpose and change the working environment for their co-workers in the process. The staff art makers will create art to display on the units for the benefit of the patients. As the art is displayed it will change the environment for the nurses whose daily work is carried out on the units in question.

This study seeks to define through quantitative and qualitative data collection, the experience of art making by staff for patients on two cardiovascular care units and will explore the impact the staff-created art has on the nurses of the units. The purpose is to uncover what benefits may have occurred in job satisfaction for these highly skilled cardiovascular nurses where the art will be exhibited. As the principal investigator, I sought answers to the question, “How does art made by the staff of the cardiovascular department of a hospital and exhibited in the working environment of the nurses who daily care for post-surgical and post-procedural patients on the Cardiovascular Care Units affect those nurses and artists?

I asked artists employed by Vanderbilt Heart and Vascular Institute to submit artwork for the project through a general email call for participation. Artists were informed of the project through email notice and by placing flyers around the various cardiac areas of the hospital. Selection criteria were developed through review of literature relating to what was appropriate subject matter for art in a hospital setting (Ulrich 1993 & Lankston 2010). The criteria were submitted to the IRB along with other study documents, (Appendix E).
A committee was convened to judge the artwork based on the selection criteria. The selection committee did not judge artistic merit. The committee made selections for the project solely by adherence to the designated selection criteria. Members of the committee included a cardiologist, a senior hospital administrator, a senior nursing administrator, an RN working with the vascular surgeons and a professor from the school of nursing. Artwork was shown to the committee by both jpeg computer image and actual artwork. Sixty-seven pieces were submitted. Thirty-four artworks were judged to adhere to the selection criteria.

Framing was done by the hospital for assurance that all art was framed according to specific safety standards for hospitals. Artists were informed of framing concerns and asked not to submit work in frames. Frames required special clamps that could be bolted to the walls. Building Maintenance and Engineering fitted each artwork securely to the walls of the cardiac units. The cost for framing and hanging of the artwork was considerable but necessary for patient safety in a hospital setting.

All artwork required glass with the frames so that each piece could be regularly cleaned. Oil paintings were fitted with glass covers in the frames. The glass caused a reflection from the bright hospital lights resulting in a slight visual limitation to the viewers. The limitation did not appear to be significant.

**Design**

As the investigator, I identified fifteen art creators who contributed art to the project and invited each to participate in a questionnaire where a series of specific questions were asked. Additionally, I invited eighteen nurses from the two cardiovascular care units to respond to a series of questions by writing answers on a
questionnaire provided by the investigator relating to the art displayed on the walls of the units where the nurses work on a daily basis. Each artist and nurse was given an informed consent document (Appendix A) to peruse with the opportunity to ask questions. Each was offered the choice to have their full name, first name only, or a culturally specific pseudonym identified within the interview process. All chose the use of their full name.

After demonstrating consent to the questionnaire by signature, each participant was informed of the time constraint of twenty minutes only to complete all questions. As investigator, I administered the questionnaire and noted any additional comments aside from those written. All questions were administered in this method. After the questions were answered, each respondent was given the opportunity to add any additional comments he/she may wish. Universally, post questionnaire comments were positive. Both artists and nurses expressed a positive experience.

All responses were entered into a database to enable the search for reoccurring themes in the answers, (Ryan, 2003). In the process, a narrative story has developed and become a valuable part of this project. I seek to highlight these stories in a reasonable manner (McCormack, 2000), opening the project to inquiry and legibility. Developing themes and stories have been followed to their conclusions and reported thusly. Each has been identified, catalogued and documented appropriately.

**Data Analysis**

As questionnaires were collected, a project was created in Research Electronic Data Capture (REDCap™) (Harris, Taylor, Payne, Gonzalez, Conde, 2009) and all data entered into the database. A REDCap™ spreadsheet report (Appendix A, Figure 6) was
created to view the data and search for themes. Responses from the artists and nurses were quickly scanned for reoccurring responses suggesting the possibility of certain themes. Graphs and charts were not created as the responses were overwhelmingly positive making the presence of only one bar in a chart, or in some cases, a very lopsided graph.

**Population**

Fifteen of the hospital-employed artists who contributed their art for the project were invited to participate by myself, as investigator, and provide answers to eight questions, (Appendix B). Eighteen nurses from the two cardiovascular care units where the art is displayed were invited to participate by myself, as investigator, and provide answers to ten questions, (Appendix C).

**Symbol of the Project**

As an artist, I created a painting (Figure 5), in line with the original goal of the Art to Heart project of motivating cardiac patients to ambulate. The idea was to depict an image of a heart in motion. Though later thoughts suggested this was also a metaphor for the nurses of the cardiac units. Cardiac nurses are themselves the very image of a heart in motion. To do the work they do, a big heart on the move is required. And as the artists too, the image suggests the sharing of their hearts in the sharing of their art.
Chapter 4: Findings

Art made by staff changes the environment of a busy unit and becomes a tool for creating a sense of community among the nurses of the unit. With this project, art takes a more central role in the healthcare environment. As a growing body of evidence suggests, art can and does have much to contribute to healthcare. Reducing stress and improving nursing work environment is one area where art can make a difference. This study uncovers vital themes suggesting how and why art can improve the surroundings for those workers who daily keep the hospital functioning. This study examined how making art for that specific purpose affected the artists.

As the questionnaires were administered and catalogued, themes and stories developed creating the result of an overall positive experience for artists, nurses and me, the investigator. As this project unfolded, responses to the questions provided a picture of the benefits of an art project created for a specific patient population on the artists and nursing staff of two busy cardiovascular care hospital units. In the role of art educator, this project offered me the opportunity to assist artists who might not otherwise share their work, into developing ideas for submission to the project. The Information uncovered in this project provides a picture of art's ability to improve the working environment of nurses in a high stress discipline. A sense of connection to each other and their workplace develops between the nurses, artists and other staff of the cardiovascular department of the hospital. This information further sheds light on the responses of artists creating artwork with a patient centered purpose and the nurses caring for those patients.
Dr. Andre Churchwell, Cardiologist

The process and purpose of art making has been and continues to be much studied. Ellen Dissanyake (2003) postulates art and art making as the process of “making special.” What may otherwise be mundane, becomes “special” when elevated to the level of “art” by the community. When Dr. Andre Churchwell depicts his daily patient interactions through artistic expression, those interactions become “art” and take on a “special” meaning for the community of doctors, nurses and patients. Viewers relate differently to doctor/patient interaction when observing that relationship through the eyes of art.

Patricia Franklin, RN, Charge Nurse

A nurse, Patricia Franklin, walks her dog through a particularly lovely park on a regular basis and feels nourished by the surroundings of nature. Trish believes bringing that park to share with co-workers and patients will impart some level of that nourishment she feels to these others. Placing her photographs of the park at a beautiful time of year on the walls of the busy cardiac unit provides the opportunity for viewers to momentarily remove themselves from the hospital environment and be transported to the park. As Elliot Eisner (2002) informed us, the photographs of the park gave “flight to the imagination” as gazing on the photographs allowed the nurses to see the park in their mind’s eyes.

Jennifer Best, Medical Student

Medical student, Jennifer Best, finds temporary stress relief from the rigors of medical school, through her painting. In an outpouring of the emotional expression of a
special moment in her life, she painted a beautiful painting of a waterfall that was the scene of a special time for her. That special moment in her life shared through her painting has become a vehicle for special moments in the lives of the nurses on the cardiac units when they can briefly lose themselves in the beauty of the waterfall brought vividly to life by the artist’s hand. Was this what Estelle Hurll intended with “picture study?”

Cindy Dorminy, M.Ed, LPN

Children invoke memories of carefree times in the lives of most people. They are transported to that time of innocence and awe. Cindy Dorminy, observes her child in the expression of that time of carefree innocence and awe, capturing that child in the act of discovering the sweet scent of a newly opened flower, in a photograph. The display of that photograph on the wall of the cardiac unit gives the nurses a chance to remember those light hearted days of childhood and briefly forget the stress of the busy workday.

Nancy Brown, Medical Receptionist

Some of the potential artists in this project were not sure they could describe some of their creative activities as “Art.” As art educator, I worked with the potential artists to see the skill and beauty of their work as “Art.” For medical receptionist, Nancy Brown, quilting is an active venture in her life outside of work. Even though she must coordinate patterns and colors to make a cohesive design in a quilt, she did not see this as art. With encouragement, she submitted a section of quilt she was working on. Many comments from viewers have expressed their identification with the art of quilting. A centuries-old handed down skill becomes “special” when placed in a frame and elevated to “art.” People related to the quilt and recognized the effort required in the process.
Kimberly Ryder, Administrative Assistant to the Heart Station

Administrative Assistant to the Heart Station, (a position that answers the call from cardiac units to send an EKG technician to carry out an EKG on a patient), Kimberly Ryder, spends some of her overflowing creativity in her off time doing what she called “doodling” and was not sure if it fell into the realm of what could be called “art.” Kimberly created intricate designs in a series of hearts she had drawn with a standard ink pen. Each heart was a minutely detailed unique work. The series of hearts was then placed into a composition on a board creating a single work of art. Viewers are drawn into the work following the intricate patterns of each heart. The cacophony of the unit fades into the background as the focus shifts into the individual designs of the beautifully worked hearts.

Mary Ann Jorissen, Nurse Practitioner, Cardiac Surgery

MaryAnn Jorissen, Nurse Practitioner with the Cardiac Surgery team, was focused on what art she wanted to submit to the project. She worked on two oil paintings and exchanged ongoing progress communications with me as she worked. We talked about her painting’s development through a series of text message exchanges. MaryAnn sought to create paintings that would be inline with the purpose of the project. In the end, two of MaryAnn’s paintings are part of the project and enjoyed by the staff and patients, alike.

Bharati Kakkad, Research Assistant

For Bharati Kakkad, sharing her art with the cardiac nurses was an act of gratitude. Bharati’s husband had recovered from cardiac surgery on one of the two
cardiac surgery units in this project. Bharati wanted to share her art as a means of expression of the gratitude she felt for the care her husband received from these nurses.

**Other Findings**

The most rewarding aspect of the project has been the excitement expressed by artists and nurses, alike. Several commented on the excitement and sense of comradeship they shared in what they repeatedly referred to as “our” art. Some inquired about having an “art opening” like other galleries. Patient privacy issues ruled out that possibility but did not dampen enthusiasm. As others in the hospital stopped by the units to inspect the art, many comments were made on the nursing staff’s “sense of pride” in the art on their unit. As nurse Leslie Potts commented, “It really brightened up our workplace.”

The *Art to Heart* project coincided with a widely anticipated hospital inspection by the American Nurses Credentialing Organization, known in the nursing field as MAGNET. Part of the Magnet philosophy is the empowerment of and the enabling of nurses to develop growth in their careers. One of the Magnet visiting inspectors commented that the nurses of the two cardiac units exhibited a strong sense of “ownership” of their unit and their art project.

The artists gave universally positive responses to the question of whether the project was a meaningful experience. All artists responded yes to the question. In the qualitative section of the questionnaire, the artists each expounded in their answers, on how this particular art making project was a meaningful experience.

Dr. Andre Churchwell, Cardiologist, responded to the question with the one word, “gratifying.” Kimberly Ryder, Administrative Assistant to the Heart Station, Maurya Tyler,
RN, CCRN, Cardiac Nurse Specialist and Jesalyn Tate, Research Intern, all responded that they felt “honored” by the experience. Regina Tyree, Exercise Physiologist, responded simply, “Great!” Terri Hicks, RN, 5 South stated she was “excited about this project.” Mary Ann Jorissen, Nurse Practitioner, Cardiac Surgery, said that participating in the project gave her, “feelings of making a valuable contribution.” Crystal Parsons, Exercise Physiologist, described her experience as, “Wonderful!” Jennifer Best, Medical Student, talked about her love of both medicine and painting, stating, “the prospect of healing with painting was dear” to her. The others stated they were “happy” to be part of the project. The artists all felt the project made a positive difference to the hospital.

Where the artists had differing opinions was in the selection criteria. Only two changed their art making process based entirely on the selection criteria. Two others changed their process, “somewhat.” The responses on the selection criteria left no central themes. One artist was puzzled by the restriction on red, another on the prohibition of animals as subject matter. A third artist was intrigued by the stipulation that people not be looking directly at the viewer. Regardless of the reaction to the selection criteria, it did not appear to significantly disrupt anyone’s art making process.

Jesalyn Tate, Research Intern, stated she had focused on images she felt would be cheerful for the patients. Leslie Hale, Cardiac Device Technician, remarked that she had used brighter colors in her work to create positive and encouraging feelings in patients.

The nurses of the two units all stated they were aware of the newly placed art on the walls of their respective units. All were either completely aware or somewhat aware
of who the artists were. The responses of “somewhat” appeared to be because some of the artists were not personally known to all of the nurses. All felt the art made their workplace more pleasant and all would like to see more projects of this kind in their workplace. The nurses all responded that the art made a positive difference to how they motivated their patients to ambulate.

To the narrative questions, the nurses expounded on their previous answers. Leslie Potts, RN III, PCCN, states the art, “brightened our workplace.” Diane Adcox, RN, Charge Nurse, told of how the unit without art was “boring, cold, and empty.” Diane further states she finds the art “soothing” and finishes her responses with, “We love our art.” Tara Turon, RN states the art, “brought peace and calm” to her job and it, “helps me relax.” Mary Beth Peach, RN, states the art, “lessens the sterile-ness of the hospital” and “its fun to talk about.” Pam Crane said the, “scenes of beach and water reminded me of time off.”

The themes that emerged from the nurses were how the art helps them relax and makes their workplace more enjoyable. It added warmth and made the environment more inviting and less hospital-like. And the art served as a focus for conversation. Perhaps, the most valuable theme that emerged was the “sense of ownership” and the “sense of pride” the nurses felt the art had given them for their workplace.

The nurses all described how they felt the art motivated the patients. Some responses focused on the observation of patients and families taking time to comment on the art. One family member was seen using a camera phone to take a picture of Regina Tyree’s lovely photograph of Rock Island Park, (a Tennessee State Park). Several responses stated the art gave the patients a distraction from the difficulty of
post-operative recovery. Diane Adcox, RN felt there was a difference with how frequently the patients ambulated almost immediately after the art was in place. Corazon Ledda, RN, stated it helped “motivate the patients.”

And the positive impact of the art was also felt by other members of the staff whose daily work takes place on the units in this project. Medical receptionist Edna Wilson expressed her delight with the artwork by hugging and thanking artist, JoAnn Gottlieb, Echocardiographer, whose art hangs in front of the medical reception desk. Ms. Wilson stated she was present at work when the art was being hung and requested to have Gottlieb’s Pacific Ocean photograph placed within her line of vision in her daily work location.

Of the three male nurses responding to the questionnaires, all three stated they related to a drawing created by Dr. Andre Churchwell illustrating the doctor/patient relationship in what can be termed as whimsical. Dr. Churchwell’s work exhibits a “light heartedness” (no pun intended) that lifts the spirit of those viewing his work. The men appeared to share a sense of comradeship in their preference for Dr. Churchwell’s art.

Several of the nurses felt some of the art was placed in corners that could not be seen as well as they would like as they went about their daily work. Under the direction of Leslie Potts, RN, the maintenance engineer moved several of the artworks to locations more visible to the nursing staff and the patients. The nurses wanted the art to be placed in the most visible locations for the staff during their daily work. Leslie stated she believed the art should also, be placed in the best possible location for visibility by the patients, as well.
Chapter 5: Discussion

The unique location of this art exhibit in two busy cardiac care units made the selection of art a key component of the project for me, as an art educator. Not all art is appropriate for a hospital setting, as the work of Dr. Roger Ulrich (1993) and others has repeatedly pointed out. Therefore, much of my work on the project encompassed assisting the artists with understanding the criteria and developing their work to meet it. For some there was disappointment when art did not meet the necessary requirements. There was no shortage of art submitted. Sixty-seven pieces were submitted. Thirty-four works of art were selected for the final exhibit.

In carrying out an art project in the patient care area of a hospital, patient safety in framing had to be considered as a factor. Artists could not submit their work framed. The hospital had to have each artwork specially framed to adhere to regulatory requirements outlined by the boards of hospital accreditation. This presented a logistical issue for me, as art educator in working with a framer who understood how to meet these requirements. The necessary framing was a financial concern in the finishing of the project, as well.

For artists who submitted photography, files had to be sufficiently sized for enlargement. Unfortunately, some photographs had to be rejected for this reason. And in order to ensure uniformity in photographic quality, it was necessary to have all photographs enlarged through the framer, increasing costs of the project. However, the beauty and cohesiveness of the photography bore out the importance of following this guideline.
As principal investigator, the project has been a positive experience. Both artists and nurses were eager to participate in the project and welcomed the opportunity to take part in the questionnaires. Their sense of pride in the artwork is shared by all, whether artist or nurse. When the artwork was hung, the excitement was palpable. Several remarks to me were about “the sense of ownership” in the project and the unit by the nurses and the artists. It appears that art can be valuable in increasing job satisfaction and stress reduction for nurses, as well as, a motivational tool with their patients.

And it would seem that creating art for a noble cause was an honoring and gratifying experience for the artists. The only objections given in the project were to some of the selection criteria suggesting more research is needed into why certain features and styles of art may not be acceptable in a hospital setting. It is possible more education is needed as explanation of why certain selection criteria are necessary.

Overall, an art project with staff created art placed on a busy stressful nursing unit can be a positive experience for all, artists, nurses, patients and families. Art provides the means for enhancing the work environment of two busy cardiac care hospital units. The staff artists, nurses, and ancillary personnel shared a sense of community and pride in their workplace through the vehicle of a shared art project.
Appendix A: Exhibits

Figure 1: Heather Hahn, RN works at a computer station beneath a pastel painting of sunflowers by Grace Fallin, RN
Figure 2: Stephen Williams, RN works at a computer desk in front of a seascape by Bharati Kakkad
Figure 3: Photographs by Regina Tyree, Exercise Physiologist, and Dr. David Harrison, line the hallway where the nurses are assisting their patients to ambulate daily
Figure 4: James Cobb, RN stops at a supply cart in front of a painting of clouds in a summer sky by Jesalyn Tate
Figure 5: Art Heart© is the symbol of the heart in motion for patients recovering from cardiac surgery or procedure, of the “big heart” of the cardiac nurses, and of the artists sharing their hearts through their art.
<table>
<thead>
<tr>
<th>Study ID</th>
<th>First Name</th>
<th>Did the purpose of making art for the patients and your art-making process change?</th>
<th>Did you become familiar with the selection criteria prior to submitting your art?</th>
<th>Did the selection criteria change your art-making process?</th>
<th>Was participation in this project a meaningful experience?</th>
<th>How would you describe your experience of participating in this project?</th>
<th>In what ways do you think the hospital Art to Heart project made a difference to the patients?</th>
<th>If you answered yes to question 7, which criteria stood out for you and why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01</td>
<td>Nancy</td>
<td>not at all</td>
<td>No (1)</td>
<td>No (1)</td>
<td>Yes (1)</td>
<td>Yes (2)</td>
<td>Yes (3)</td>
<td>I am making a quilt anyway so the art project allowed me to make a more precise version of the final quilt, which I like.</td>
</tr>
<tr>
<td>A03</td>
<td>Cindy</td>
<td>not at all</td>
<td>Somewhat (2)</td>
<td>No (1)</td>
<td>Yes (3)</td>
<td>Encourage patients to move about the unit, which makes the environment more pleasant.</td>
<td></td>
<td>It made me enjoy doing art and it would be beneficial for the patients.</td>
</tr>
<tr>
<td>A04</td>
<td>Leslie</td>
<td>not at all</td>
<td>Yes (1)</td>
<td>Somewhat (2)</td>
<td>Yes (3)</td>
<td>Even though it is a research study, I think it made the patients feel good that employees went out of their way for them by doing art for them.</td>
<td></td>
<td>Using a brighter color scheme would be beneficial for the patients.</td>
</tr>
<tr>
<td>A05</td>
<td>Shefa</td>
<td>somewhat</td>
<td>Yes (2)</td>
<td>Yes (3)</td>
<td>Yes (3)</td>
<td>Improved emotional state leading to quicker recovery</td>
<td></td>
<td>Using a brighter color scheme would be beneficial for the patients.</td>
</tr>
<tr>
<td>A06</td>
<td>Tami</td>
<td>not at all</td>
<td>Yes (2)</td>
<td>No (1)</td>
<td>Yes (3)</td>
<td>Good experience—It’s a nice break about this project.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A07</td>
<td>MaryAnn</td>
<td>somewhat</td>
<td>Yes (2)</td>
<td>Somewhat (2)</td>
<td>Yes (3)</td>
<td>Feelings of making a valuable contribution</td>
<td></td>
<td>No animals as a regulation; I felt it was odd and I didn’t understand the validity.</td>
</tr>
<tr>
<td>A08</td>
<td>JoAnn</td>
<td>yes (3)</td>
<td>Yes (2)</td>
<td>Yes (3)</td>
<td>Yes (3)</td>
<td>Positive experience of making art at home</td>
<td></td>
<td>People engaged in activities but not looking directly at you.</td>
</tr>
<tr>
<td>A09</td>
<td>Kimberly</td>
<td>somewhat</td>
<td>Yes (2)</td>
<td>Yes (3)</td>
<td>Yes (3)</td>
<td>Honored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A10</td>
<td>Marcy</td>
<td>not at all</td>
<td>Somewhat (3)</td>
<td>No (1)</td>
<td>Yes (3)</td>
<td>Honored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A11</td>
<td>Jesselyn</td>
<td>yes (3)</td>
<td>Yes (1)</td>
<td>Yes (1)</td>
<td>Yes (3)</td>
<td>I feel it was an important experience for the patients, and I think it helped them stay more engaged.</td>
<td></td>
<td>I tried to focus on nature scenes, using leaves, flowers, and nature with soft colors (including criteria #2, #7). It amazed how many things could be related to the patients, and it kept them engaged in meaningful things that were abstract.</td>
</tr>
</tbody>
</table>

https://redcap.wanderbult.edu/redcap_v4.10.1/ProjectGeneral/print_page.php?id=11199&query_id=2
Appendix B: Informed Consent Document

Informed Consent Document

Protocol Title: Art To Heart
Please read this document carefully before you decide to participate in this study.
Name

Purpose of this study
This is study seeks to determine the effects of art created by staff and displayed on the walls of the work environment of nursing personnel on the artists and nurses.

What you will be asked to do in this study
You will be asked to participate in a confidential interview with the principle investigator of this study. You will be asked to answer five questions about the art either you contributed to the project or is on the walls of your work environment. The questions will not have right or wrong answers. Each question will ask for your opinion only.

Time required
The interview will be limited to twenty minutes.

Risks and benefits
There are no known risks to participation in this study. Benefits are that you will help us determine if an art project of this type can improve the working environment and job satisfaction among the staff of the unit

Compensation.
There is no compensation for participating in this study.

Confidentiality
All information disclosed in the interviews will be kept completely confidential. You may choose to allow your name to be used by:
full name,____________________________________
first name only__________________________________
culturally specific pseudonym_____________________

Please state culture for pseudonym____

Approved by
University of Florida
Institutional Review Board 02
Protocol 

2012-3.0063
For Use Through: 01-31-2013
Voluntary Participation
Your participation is completely voluntary. There is no penalty for choosing not to participate in this study.

Right to Withdraw from this Study
You may withdraw at any time for any reason, without penalty.

Whom to contact if you have questions
Mary Gwyn Bowen, T-3106, Medical Center North, 1161 Twenty First Avenue North, Nashville, TN 37232. Phone 615-975-0616. Email: marygbowen@gmail.com

Whom to contact about your rights
Institutional Review Board, University of Florida, Gainesville, FL 32611-2250
Phone: 352-392-0433

Agreement
I have read the project described above. I voluntarily agree to participate in the project and I have received a copy of this document.

Participant______________________________________________

Date___________________________________________________

Principle Investigator____________________________________

Date___________________________________________________

Approved by
University of Florida
Institutional Review Board 02
Protocol #_ _ 29124-0033
For Use Through _01-30-2013
Appendix C: Questions for Artists

Questions for Artists

These questions are designed to help determine how an art project for patients has impacted the artists creating the art. Your assistance in answering these questions will help in designing future art projects.

1. Did the purpose of making art for the patients and hospital change your art making process?
   a. Not at all  b. Somewhat  c. Yes

2. Did you become familiar with the selection criteria prior to submitting your art?
   a. No  b. Somewhat  c. Yes

3. Did the selection criteria change your art making process?
   a. No  b. Somewhat  c. Yes

4. Was participation in this project a meaningful experience for you?
   a. No  b. Somewhat  c. Yes

5. Do you think this project made a positive difference to the hospital?
   a. No  b. Somewhat  c. Yes

6. How would you describe your experience of participating in this project?

7. In what ways do you think the hospital Art to Heart project made a difference to the patients?

8. If you answered yes to question 3, which criteria stood out for you and why?
Appendix D: Questions for Nurses

Questions for nurses

These questions are intended to determine how the display of staff created art has impacted the working environment of the nursing staff of 5 and 6 South. Your assistance will help us gain understanding of the project and the design of any future projects.

1. Are you aware of the art displayed on the walls of your unit?
   a. No   b. Somewhat   c. Yes

2. Do you know who the artists are?
   a. No   b. Somewhat   c. Yes

3. Is the art meaningful to you personally?
   a. No   b. Somewhat   c. Yes

4. Did this project make a difference in how you motivate patients to ambulate?
   a. No   b. Somewhat   c. Yes

5. Did the display of art make your workplace more pleasant?
   a. No   b. Somewhat   c. Yes

6. Would you like to see more projects of this kind?
   a. No   b. Somewhat   c. Yes

7. Did any particular artwork or works appeal to you personally? If you answered yes, why?

8. In what ways did the art to heart project make a difference to your daily work environment?

9. In what ways did the Art to Heart project make a difference to the patients?

10. What future hospital art projects would you like to have offered?
Appendix E: Art Selection Criteria

Art to Heart Selection Criteria

The inclusion/exclusion criteria is based on previous research by Roger S. Ulrich, PhD. and summed up in “Healing Spaces: elements of environmental design that make an impact on health,” by M. Schweitzer, L. Gilpin, and S. Frampton. The Journal of Alternative and Complementary Medicine, 2004.

Inclusion criteria:

1. Nature scenes  
2. Garden scenes  
3. Water scenes  
4. Scenes with positive cultural artifacts such as homes and barns  
5. People engaged in positive activities  
6. Easily identifiable subject matter  
7. Positive subject matter  
8. Size eleven inches by fourteen inches or greater, not to exceed wall space

Exclusion criteria:

1. Negative or provocative subject matter  
2. Surreal qualities  
3. Closely spaced repeating edges  
4. Forms that are optically unstable or appear to move  
5. Restricted depth or claustrophobic-like qualities  
6. Close-up animals staring directly at the viewer  
7. Outdoor scenes with overcast or foreboding weather  
8. More than 20% bright red  
9. Religious references
Appendix F: IRB Form

Institutional Review Board
UNIVERSITY of FLORIDA

DATE: January 30, 2012

TO: Mary Gwyn Bowen

FROM: Ira S. Fischler, PhD; Chair
University of Florida
Institutional Review Board 02

SUBJECT: Approval of UFIRB # 2012-U-0033
Art to Heart

SPONSOR: None

I am pleased to advise you that the University of Florida Institutional Review Board has recommended approval of this protocol. Based on its review, the UFIRB determined that this research presents no more than minimal risk to participants. Your protocol was approved as an expedited study under category 7: Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Given this status, it is essential that you obtain signed documentation of informed consent from each participant. Enclosed is the dated, IRB-approved informed consent to be used when recruiting participants for the research. If you wish to make any changes to this protocol, including the need to increase the number of participants authorized, you must disclose your plans before you implement them so that the Board can assess their impact on your protocol. In addition, you must report to the Board any unexpected complications that affect your participants.

It is essential that each of your participants sign a copy of your approved informed consent that bears the IRB approval stamp and expiration date.

Your approval is valid through January 30, 2013. If you have not completed the protocol by this date, please telephone our office (392-0433), and we will discuss the renewal process with you. Additionally, should you complete the study before the expiration date, please submit the study closure report to our office. The form can be located at http://irb.ufl.edu/irb02/Continuing_Review.html. It is important that you keep your Department Chair informed about the status of this research protocol.

ISF:dl

An Equal Opportunity Institution
February 7, 2012

Mary Bowen, RN
Nursing- 6- South

Nashville, TN

Vicki Sandlin, RN, MSN
Nursing Research
S-2413 MCN 2424

RE: IRB# 120204 "UF Art to Heart Project"

Dear Mary Bowen, RN:

A designee of the Institutional Review Board reviewed the Request for Exemption application identified above. It was determined the study poses minimal risk to participants. This study meets 45 CFR 46.101(b) category (2) for Exempt Review. Approval is extended for the Request for Exemption application dated 02/07/2012 for Principal Investigator Mary Bowen, RN.

Any changes to this proposal that may alter its exempt status should be presented to the IRB for approval prior to implementation of the changes. In accordance with IRB Policy III.C, amendments will be accepted up to one year from the date of approval. If such changes are requested beyond this time frame, submission of a new proposal is required.

DATE OF IRB APPROVAL: 02/07/2012

Sincerely,

Ashley Grooms, MA
Behavioral Sciences Committee

AG
Electronic Signature: Ashley Grooms/VUMC/Vanderbilt (14E808CF54FE397035A1962D67DF32A817)
Signed On: 02/08/2012 10:09:13 AM CST

Bowen, Mary IRB # 120204 1 02/08/2012
References


Disclosures

The principal investigator of this project is a registered nurse with a cardiac background, an artist and an art instructor. The principal investigator formerly worked on one of the units featured in this project and has a working relationship with the management and staff of both units. One artist contributing to this project has, at one time, been in an art class taught by the principal investigator.
Biographical Sketch

Mary Gwyn Bowen is a registered nurse, artist and art educator. After a successful career in medical sales, travel nursing and as a small business owner, Mary Gwyn returned to her home state of Tennessee where she is at work on an art in healthcare project utilizing art in the cardiac rehabilitation process. She is a research nurse specialist at Vanderbilt University Medical Center and teaches botanical and oil painting at the Williamson County (Tennessee) Parks and Recreation Centers. A major project for Mary Gwyn is the Art to Heart Project focusing on staff created art in the work environment of a busy cardiac nursing unit. She received an Associate Degree in Nursing from Excelsior College, Albany, New York in 1984. Mary Gwyn obtained a Bachelor of Fine Arts degree with Honors from the Corcoran College of Art and Design, Washington, D.C. in 2002. After graduation in May 2012 from the University of Florida with a Master of Arts in Art Education, Mary Gwyn is looking forward to delving more into the role of art education in the healthcare environment. Mary Gwyn is an active member of the Society of Clinical Research Associates (SoCRA), the American Nurses Association (ANA), and the American Society of Botanical Artists (ASBA). She is a past recipient of the Cecil Wallace Fordham Award for the Arts, Dallas, Texas. Mary Gwyn recently completed the Evidenced Based Nursing Practice Fellowship at Vanderbilt University Medical Center.

http://www.marygwynbowen.com

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