Bringing creativity into health care has opened up a new dimension in nursing. Creative interventions have been shown to shorten hospital stays and reduce the patient's need for pain medication. In response to these benefits, many major medical centers around the world have instituted arts in health care programs. Arts in Medicine is one such program that serves hundreds of patients. It was established by a nurse at the University of Florida and is directly tied to nursing care. Programs like this provide clinical models for nurses who want to integrate the arts into their health care practice. This article presents these models and discusses ways that nurses can easily implement creative interventions into their practice.
Keywords: creativity; art; spirit; dance; music; nursing interventions

reative interventions offer holistic nurses one of the most transformative healing methodologies in health care today. Health futurists tell us that powerful healing for the body occurs at the level of spirit, and holistic nurses are discovering the profound healing effects that art, music, dance and poetry have on their patients (Kaiser, 2003). Creative interventions have been shown to shorten hospital stays and decrease the use of pain medication dramatically (Ulrich, Lundén, & Eltinge, 1993). In one study, surgery or critical care patients who underwent a short guided-imagery exercise or viewed a landscape on the wall across from their bed had decreased need of narcotic pain medication and left the hospital an average of 1 day earlier than patients who did not have these interventions (Lane & Graham-Pole, 1994; Tusek, Cwynar, & Cosgrove, 1999).

In response to the growing awareness of the power of creativity, major medical centers around the world have established arts in health care programs that transform healing as we know it. Hospitals are incorporating music and art into patient care, inviting artists and musicians to work with patients, and literally changing the hospital environment (Samuels & Lane, 1998). These programs bring artists and musicians into the patients' rooms to make art or have the artists perform in lobbies or atrium spaces. Thousands of art programs exist in nursing homes, hospices, community hospitals, and university medical centers on large and small scales. There are recreational therapy programs in drug treatment centers that use art, child life programs that use art, and community programs that use art.

These arts in health care programs are transforming nursing and the role of nurses who, by virtue of their close contact with the patient, are key to integrating creativity into health care. In direct-care situations, art becomes a caring-healing modality that creates an opportunity for human caring, as Jean Watson (1979) suggested in her theory of human caring. Watson's framework embraces the transformative nature inherent in the creative process. She extolled the power and primacy of the person and the power of the human imagination and human spirit as inner resources. The ethic of caring provides the expanded context for the arts in health care. Art interventions can thus be developed as advanced nursing interventions in clinical practice, with the artistic encounter creating the caring occasion and actualizing the concept of presence between nurse and client. As nurses enable patients or family members to express their creativity during their most challenging moments, meaning, insight, and spirit can be realized (Samuels & Lane, 2000).

This article discusses the history and benefits of arts in health care programs; describes the Arts in Medicine (AIM) program, which was implemented by a nurse at the University of Florida (UF), involves the nursing staff, and has served as a model for hundreds of other programs; and offers suggestions for nurses who want to bring creative interventions into their practice.

The History and Benefits of Arts in Health Care Programs

Hospital art programs began in the 1960s as a movement to hang art on the hospital walls, as in an art gallery. The founders of the Society of Arts in Healthcare (SAH) believed that art hung in a long sterile hallway or sculpture displayed in a bare lobby transformed the hospital into a much healthier place for patients and staff. One heart transplant patient, for example, on visiting a gallery of landscapes set up near his waiting area, said that he "could step away for a moment, enjoying the beauty of nature" (Fletcher, 2002, p. 78). Large medical centers began to have major art exhibitions, sometimes many at once, which greatly helped to humanize the centers and made them feel more caring and comfortable. This movement was significant because it created an awareness that the hospital could be an appropriate environment for art, an environment where beauty and healing were connected. Nurses benefited from these art programs as well. Research and education has documented positive outcomes for nurses who use arts for stress reduction. The Days of Renewal Program for nurses at the University of Florida Center of Arts in Healthcare Research and Education, for example, incorporates dancing, writing and visual arts as stress-reduction interventions for nurses, introducing beauty, momentary escape, and joy into an often stressful working environment.

Next, art was brought into the hospital more intentionally for its healing or meditative properties, and people realized that the architecture of the buildings could be healing in itself (Councill, 2002). Hospitals started to incorporate gardens with natural elements such as water and rocks and also built meditation rooms, chapels, and altars (Councill, 2002; Ridenour, 2000). Whole centers, such as the Bailey-Boushay House in Seattle, Washington, for AIDS patients, were built to communicate a sense of beauty and healing, with art on almost every wall and altars in each patient's room. This intentional shift from art on the walls to art as healing was crucial. It made art an advanced therapeutic intervention and allowed art to become transformative.

Increasingly, artists who had experienced art as a way of healing also began participating in these programs, so that the art shown in hospitals was more likely to be consciously related to healing rather than purely to aesthetics. Artists with breast cancer, for example, have put together exhibitions in hospitals dealing with their illness. Their work has been profoundly moving to cancer patients and their families and to hospital staff. People who have seen the work have said that the hospital feels more sensitive, more caring, as a result of this art.

Programs that started by hanging art on the walls evolved to sponsoring dance performances or music concerts in atrium spaces, which have a deep impact on the hospital environment. When patient, family, or staff walk through a lobby and someone is playing a grand piano, the experience of entering a hospital is completely changed: The music produces a soft, relaxed place where people are more meditative and open to healing. This change fits in well with the mission of many medical centers to humanize health care and treat body, mind, and spirit.

Concurrent with programs that placed art on hospital walls and sponsored performances, some hospital programs began to focus on art at the bedside. One of the first such programs, Arts in Medicine (AIM) at UF, Gainesville, which was cofounded by the author in 1991, has had more than 550 artists working in more than 15 units and puts on more than 100 art and healing events per month. Today hundreds of art-at-the-bedside programs exist all over the country. In Art for Recovery, another groundbreaking program, a painter named Cindy Perliss was asked by an oncologist in 1988 to work with cancer and AIDS patients at the University of California, San Francisco, and she has been a bedside artist ever since, working intimately with patients who are often near death. Initially she worked alone, but now a musician and other artists have joined in her work. Her program has changed the experience of many patients who are very ill in a magnificent way. The patients' artwork is often one of the most important things in their lives,

expressing pain and hope, and is often their last memorial. One of her AIDS patients became such a skilled artist while in the hospital that he had an exhibition in a gallery before he died. As he created more and more paintings, he became well known in the AIDS ward as an artist, and his image was forever changed—in his eyes and in the eyes of the staff. He went from being depressed and passive to being a good-will ambassador, representing all AIDS patients through his images of the AIDS experience. In the months before he died, he went from hostility and loneliness to extraordinary creativity. Such an attitude change affects quality of life dramatically and may also lengthen life, as some studies have shown (Pert, 1997; Spiegel, Bloom, Kraemer, & Gottheil, 1989).

Therese Schroeder-Shaker formed a group of harpists in Montana that visits patients of all ages who are

dying. It has become one of the most requested medical services in the area, and she reported that her patients have less pain and are deeply in peace, that the families are relaxed, and that the entire experience of dying is transformed (Schroeder-Shaker, 1994). Her project is currently being implemented on a larger scale to reach families nationwide.

Examples of Successful Programs

Arts in health care programs have been initiated all over the world. There are rich programs in England, Australia, Japan, and France. In Australia, one artist painted a mural with Aborigine dreamtime themes in a local children's hospital. The children and their families from the hospital and the local community participated, and the mural was so successful that they did a second one. It completely changed the children's wards into a playful place, one connected with nature.

In England, numerous innovative programs of art and healing exist, with many artists salaried and the programs deeply integrated into British health care. Hospital buildings are designed to accommodate sculpture and art: Queen Elizabeth Hospital has a huge stained-glass window in the entry. Bristol hospital has a touchable wall made from local clay.

There are hundreds of programs across the United States in hospitals, nursing homes, and other health care facilities that have been modeled (and named) after the AIM program at UF. Many of these programs have developed and grown and are now well known in the field of art and healing. An example of a successful program can be found at Boston Children's Hospital, which is filled with color and art to help the children feel at home. A program there, spearheaded by the nurse-manager at Massachusetts General Hospital in partnership with a pediatric resident and a local artist, is funded by an endowment that makes it possible for Harvard Medical School residents and students to participate in making art with children.

At Cumberland Memorial Hospital in Ohio, people enter the building under a star called Astra, which is a symbol of hope and endurance. The next thing patients see is a healing quilt made by a fiber artist in collaboration with the hospital staff. Poems are hung on pillars in the lobby, and there is a healing garden that is an oasis for everyone in the hospital.

San Diego Children's Hospital is full of wonderful art for children, their families, and staff, so much so that it feels more like a children's museum than a hospital. It has interactive works that engage the children and their families in waiting rooms. The art contains messages of hope, wholeness, and wellness. At Paradise Medical Center in San Diego, art works by local artists celebrate multicultural holidays, family, multicultural healing rituals, and our relationship to nature. Local artists were brought in to make art that would help link the patients to the traditional healing patterns of their culture.

Hasbro Children's Hospital in Providence, Rhode Island, has a "museum on rounds" program where pieces of art from the Rhode Island School of Design Museum are shown to the children, who then make their own art based on the pieces from the collection. This hospital is also filled with art, murals, fountains, gardens, and sculpture and even has a zoo.
The rich program at Duke University, started by Janice Palmer, a pioneer and major force in art and healing, began with performances in the atrium and now has musicians come play in the patients' room. It also has a reading group called the Osler Literary Round Table that meets every Friday and encourages staff and patients to read poetry and short stories. Artwork was put in the patients' rooms before it was put anywhere else in the hospital. In the obstetrics ward there are 98 quilts by local quilt makers. The artwork in the pediatric unit is all at child's-eye level. In the eye center there is touchable art for people who are sight impaired. There is also a fragrance garden designed as a sundial to follow the seasonal lines of the sun. There are birdhouse villages made by a local artisan that the children can see and feel at home with.

Program Implementation: the Story of the Shand's Arts in Medicine Program (Aim) at the University of Florida

Every arts in health care program starts with someone's individual story and personal initiative. I was first motivated to start the AIM program at UF, Gainesville, together with physician John Graham-Pole, because of my personal experience with the healing and transformative power of art. My story provides a model that any nurse can use to implement creative interventions in nursing.
No one had ever told me that I could use my illness constructively to help myself. Everywhere I looked, the treatment modalities I encountered seemed disjointed from my life and did not support me in the way I needed them to. It wasn't until I threw myself into

creative work, painting a series of self-portraits, that I felt a powerful healing effect. As I created portraits that embodied my pain, the pain was released; in seeing the paintings, I could step away from my own pain.
The creative process transformed my life. It was not a 1-hour-per-week visit to a health provider. Rather, because my illness was so overwhelming, I needed to engage intensely in healing activities all the time. What healed me was to establish a deep relationship with myself that was fundamentally different from any I had had before.
I remember the day that I first thought of extending the healing benefits of art that I had experienced to others. A local artist, Lee Ann Stacpoole, and I were in the studio painting. I told her about a book I had read, theRe-enchantment of Art by Susie Gablik (1992), which talked about artists healing themselves, others, and the earth. It challenged me as an artist and as a nurse. It said make art meaningful in the world. Because I was a nurse, I felt compelled to bring the healing power of art to others, to initiate a new program, and to seek out professional allies and build clinically based liaisons. I believed that, as a nurse, I could reach out and help others. Serendipitously, I received a newsletter around the same time from John Graham-Pole, a physician in a local hospital, containing his ideas about arts in medicine. I had a vision of artists coming in to the hospital to work with patients; he had a vision of artists in the medical school working with students. Together, we created a partnership and a shared vision (Lane & Graham-Pole, 1994). We met and discussed how it could happen. We talked to the hospital administrator, the CEO, other physicians, and the nurse-managers, who all began to get a

sense of what they could contribute. We decided to start an artist-in-residence program to bring art into the hospital in a creative and innovative way.
We got a small grant from the Children's Miracle Network and began completely with volunteers. The first artist-in-residence was Lee Ann Stacpoole, the woman who had helped me paint when I was ill. She came into the hospital as a volunteer and started visiting patients in the bone marrow transplant (BMT) unit because Dr. Graham-Pole was the pediatric oncologist in charge of that unit. With the grant we bought art supplies and set up a studio space in the BMT ward where artists could meet. Then we started networking. We presented our vision to others in the medical school, the nursing school, the veterinary school, to art educators, to social workers, to nursing supervisors. I enrolled in the College of Nursing's doctoral program to work on a theoretical foundation for art and healing in nursing. Our motto, "Passion with patience," was born in the beginning fires of energy and passion that came with creating a new program. We needed patience—so that our work would remain grounded and mature naturally rather than burning out—and passion as we began our healing work in partnership with the nursing staff.
Our second artist in residence was Marylisa, a T-shirt artist who was asked to come into the program early by the BMT nurse-manager who had become deeply involved in art and healing. As the program grew, we were overwhelmed by people's interest and realized that artists are filled with generosity and creativity. They are exploding with possibilities, and their capability for expression is immense. We decided that we would find an appropriate venue for each artist who came to us, whether it was performing in the atrium, working with patients on a unit, making puppets, or being a student volunteer.
AIM has had more than 500 artists in 15 units and has evolved to become a part of the hospital's infrastructure. There is a musician-in-residence, a visual artist-in-residence, a dancer-in-residence, a storyteller-in-residence and a playback theatre troupe-inresidence. There are also many volunteer artists who come in 1 or 2 days a week and work in the program for months or years. These volunteer artists play music, dance, draw, sculpt, write poetry, tell stories, and even dress as clowns. Patients watch, tell the artists what they want them to do, or make art alongside the artists. Performances of music, dance, poetry, and theater are put on in the hospital lobby . Patients are brought from their rooms, and families and staff stop as they go to lunch; the music draws people toward its transformational power. Patients, family, and staff alike leave relaxed and uplifted; they are changed and healed.
The musicians serenade like strolling musicians, or they play personally for a patient in his or her own room. Because we have found that drumming is hard for very sick patients, who are often oversensitized, they concentrate more on softer music. The musicianin-residence, Cathy Dewitt, plays her piano in the atrium in a weekly series. She also works one-on-one with patients and brings community musicians who are friends into the atrium for concerts. AIM also has a harpist and flutists, a musician who plays the accordion, and a strolling barbershop quartet that has been a tremendous success.
The AIM artists work in a variety of units, including the BMT unit, pediatric intensive care, diabetic ado

lescent unit, psychiatry, autistic children, general oncology, medicine, gynecology, surgery, and mother-baby and even work in the dental waiting room. The artists will go into any clinical area that is accessible to them or where they are asked to work. Artists get patient referrals from physicians and nurses and go into new units to do imagery. The daily work changes and evolves depending on the artists who are there and the caregivers who work with them. One of the most exciting parts of the program now is its flexibility, creativity, and inclusiveness as well as the

speed with which new ideas can be implemented. If any artist comes into the program and sees a unique way to work with patients, she or he can put ideas into action almost instantly. If any nurse wants to implement arts at the bedside, it is as simple as offering art supplies or inviting artists to the patient's room to help the patient make art.

Patients who are visited by the AIM artists say their whole experience of being ill is changed forever. They are more hopeful, happier, feel better, and have less pain. This is true even if the patients do not engage in creative activities themselves but just watch the artists. If they are too sick to paint, they can see themselves being painted or they can tell the artist what to draw. They often ask for a favorite scene, an animal, or their child. It has been shown that patients who feel better about themselves and are more hopeful live longer with cancer (Lane & Graham-Pole, 1994). A person who is in touch with her or his own creativity is in a state of joy and hope.

There are many healing and caring projects that artists and nurses do together in AIM, such as the healing tile wall. This project started when AIM set up a studio in the Shand's Cancer Center waiting room, and children with cancer, their parents, the staff, anyone who wanted to could come in and paint a tile. Each tile told a story. Almost immediately, the artists and nurses felt touched by how quickly people became absorbed in the process and became transparent as they revealed themselves.

The first person who came into the room was a mother with a child who was receiving chemotherapy. The child was playful, but the mother shook her head and said "I can't paint." The artist said "I can help you." The materials were all there on small tables, but the mother sat there for a long time thinking. Finally, she said quietly "Would you mind if I painted a tile for my little daughter who died in September?" For the next hour, she almost meditatively painted her lost child's name in different colors and wrote "I love you" and the date that her child died. The mother became absorbed and transfixed in the busy hospital while her other child was getting treatment. She asked "So you are going to put this tile in a wall so I can come back and see it?" The artist explained that there would be a healing wall.

A teenager painted himself as a brave hero and showed the tile to a little child with the same leukemia who was about to have the same bone marrow transplant. They then made a tile together that portrayed both of them holding hands. The tile was called "Two Brave Men." Tile painting was so easy, it could be done by everyone who walked in without any training. The tile wall, of more than 1,000 tiles, now hangs in the hospital atrium for patients, family, and staff to see each time they came to the hospital.

How a Nurse Can Bring the Arts to Patient Care

AIM is a shared vision between artists and nurses. At UF, the program is deeply tied to nursing care, and the nurses are vital participants in the program. Every artist who comes on a unit is in communication with a nurse liaison. Nurses and physicians write prescriptions for art just as they would write a prescription for a drug or other intervention. Community artists are invited in by the nursing staff. A nurse on a clinical unit can negotiate space for a studio and for art supplies. For example, when a patient is getting all-day chemotherapy, an art cart can be brought in with tapes and art activities.

As the focus of health care changes from cure to care, nurses can provide leadership and a vision for others. AIM offers a clinical model for nurses to integrate the arts into a holistic, caring practice. It is an opportunity for nurses to choose creative art interventions in responding to the patients' needs. The holistic nurse is the facilitator and is an advocate for the patient in this process, recognizing how art can create a shift in the patient's experience as well as their own experience (Gadow, 1984). When an artist works in a clinical setting, he or she is working within

the dimension of nursing practice, and the art is part of the nurse's healing modalities in meeting patient outcomes.
Nurses are the ones who create the space for art and give the patient and the family permission to make art on their own, with an artist or with a volunteer facilitator. Nurses can store art supplies, journals, and paper for the patient's use and help the patient make art in the

middle of a shift or the middle of the night when work may be slow. Nurses can put together a collection of guided imagery tapes or music tapes or maintain an art cart for the patient and family, with posters and paintings that can be hung in the patient's room. Nurses can invite the patient and family to personalize their room with their own photographs and art, with music and poetry, or a beautiful quilt from home. The nurse can be key to helping the patient create an environment that is healing, aesthetically pleasing, and beautiful. The nursing staff can also provide direction and guidance to patients in need. If artist-in-residence programs are available, nurses can recommend them, or they can even bring in an artist as a volunteer to work with patients. They can invite a patient's family to sing, play guitar, or make a collage or journal with a patient. The nurse is the catalyst to help patients and family embrace creative expression. Nursing is a caring and powerfully interactive process, which can and needs to include the creative arts.

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