

**FINAL REPORT**  
**SATISFACTION AND OUTCOMES ASSESSMENT**  
**HOSPITAL ARTIST-IN-RESIDENCE PROGRAM**

**of the**

**THE CREATIVE CENTER**  
**Arts for People with Cancer**

Submitted to:

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December 6, 2002

## **I. BACKGROUND**

The mission of The Creative Center's Hospital Artist-In-Residence Program is to bring art making experiences to the patients' bedside in New York City area hospitals. Artists offer patients the opportunity to be absorbed in their own creative process as an antidote to the anxiety, pain and boredom that are often part of the hospital experience. The Creative Center is a nonprofit organization founded on the belief that "Medicine may cure the body; art heals the spirit."

The current Executive Director and a partner founded The Creative Center approximately eight years ago. The concept grew out of her experiences working with cancer patients at Memorial Sloan Kettering, where she observed the transformation of patients who were engaged in creative endeavors. The program started with adult workshops in a variety of literary and visual arts. In 1998 the Hospital Artist-in-Residence project was born. The seeds of the idea came from the workshop participants, many of whom said, "I wish I had something like this when I was in the hospital." It began at Lenox Hill Hospital, through a personal connection with one of the oncologists. At the time this evaluation project began, there were eight hospitals in the New York City area<sup>1</sup>, serving between 350 and 400 individuals a month, 40-50 at each hospital

A longer-range goal of The Creative Center has been to refine and formalize its formal training so that it can be offered to others who have or want to mount similar programs. In pursuit of that goal, The Creative Center has developed and implemented a Training Program in New York City to train artists from around the world to work with patients in their hometowns.

## **PURPOSE OF THE STUDY**

This evaluation study is a follow-up to a year-long study and evaluation of training and other program processes that took place in 2000/2001 under a grant from the United Hospital Fund. The results of that study served to guide training of the New York City-based AIRs as well as the creation of the Training Program.<sup>2</sup> During that study, the evaluator identified program outcomes that were subsequently measured in the evaluation study described herein.

This Satisfaction Assessment Project developed and implemented measurements of consumer -- patient and staff -- satisfaction. In addition, it identified outcome variables. The assessment established a baseline measurement of satisfaction of patients and staff with the Hospital Artist-In-Residence Program, so that further data can be collected and compared on an ongoing basis. It was intended to facilitate the artists' clearer understanding of patients' expectations and needs, and enhance artists' ability to enrich the environment of hospital staff.

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<sup>1</sup> Beth Israel Medical Center, Columbia-Presbyterian Hospital, Englewood Hospital (NJ), Lenox Hill Hospital, New York Hospital, NYU Medical Center, St. Luke's-Roosevelt Hospital, St. Vincent's Salick Comprehensive Cancer Center.

<sup>2</sup> See Final Report, Analysis of Training and Development, Artist-In-Residence Program of the Creative Center for Women with Cancer, Dolores Kazanjian, November 20, 2001.

## SAMPLE

The Creative Center approached all of the hospitals in New York City in which the AIR program was operating at the time the survey began— a total of 7<sup>3</sup> -- and asked permission to interview staff and patients in the hospital setting. Of these, five gave permission to interview staff and patients, as listed below.

The first objective was to interview at least 50 patients, predominantly those who actually did art, with a small representation from those either who had extended conversation or who declined the request. The second objective was to survey at least 20 staff members. These goals were exceeded – in total, 60 patients and 56 staff were surveyed (see table below).

Regarding the patient sample, the interviewer attempted to approach all of the patients with whom the artist had worked during the time period that they were working on site. In addition, they approached a selection of other patients with whom the artist came in contact. The latter selection was opportunistic; for the most part, the interviewer sought out patients in the surrounding area who were available and willing to talk.

The staff sample was chosen on an opportunistic basis. Those personnel who were available were asked to fill out the questionnaire. No attempt was made to pre-select those who were knowledgeable about the program, but we did attempt to insure that different staff positions were represented, including social workers, nurses and doctors.

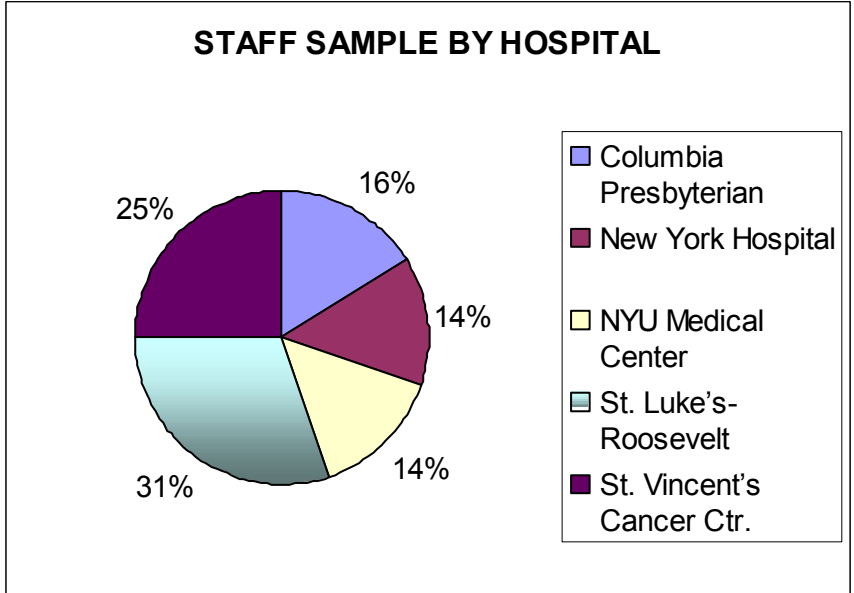
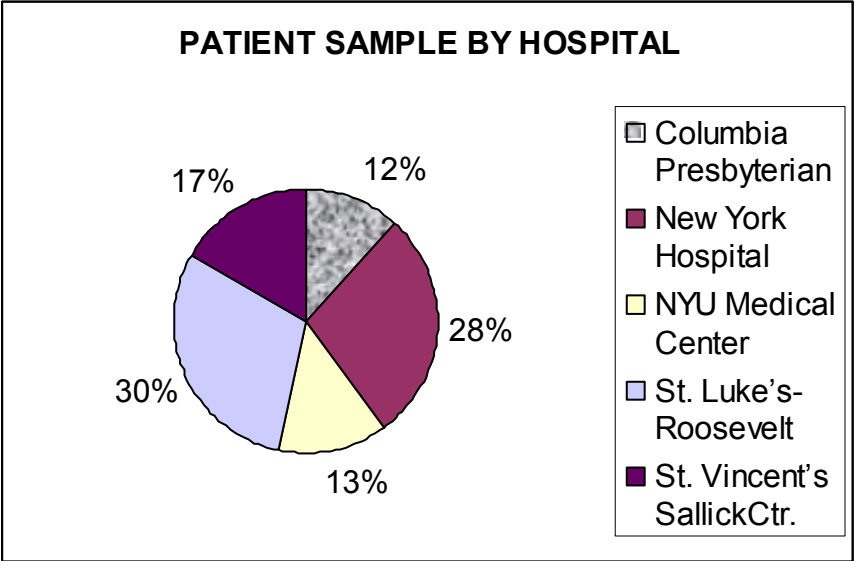
We believe that both the staff and the patient samples represent the population from which they were drawn, in spite of the inability to do strictly random sampling in this complex situation.

In total, 60 patients and 56 staff were interviewed in five hospitals. The total number of interviews conducted in each hospital is shown in the following table and charts.

<b>Hospital</b>	<b>Patient Interviews</b>		<b>Staff Interviews</b>	
	<b>n</b>	<b>Percent</b>	<b>n</b>	<b>Percent</b>
Columbia Presbyterian	7	11.7	9	16.1
New York Hospital	17	28.3	8	14.3
NYU Medical Center	8	13.3	8	14.3
St. Luke's-Roosevelt	18	30.0	17	30.4
St. Vincent's Cancer Ctr.	10	16.7	14	25.0
<b>Total</b>	60	100.0		100.0

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<sup>3</sup> Englewood, New Jersey was excluded for geographical reasons.



**INSTRUMENT DEVELOPMENT**

The criteria by which patient satisfaction and patient outcomes were to be measured were developed by the evaluator in consultation with the Executive Director and the Coordinator of the Artist-in-Residence Program with input from the artists. These criteria were largely based on the outcomes identified in the first (2000/2001) project and criteria were subsequently operationalized into individual variables. The resulting document (see Appendix A) served as a “map” for the development of the questionnaires.

Two distinct survey forms were developed: one for patients and one for staff. A copy of each of the questionnaires is found in Appendices B and C respectively. There were 26 items in the patient questionnaire and 16 in the staff questionnaire. Our intention was to keep the survey form as simple and short as possible and still collect the data needed. The instruments were designed to be self-administered, but with awareness that in many cases an interviewer would need to assist the patient with filling out the form.

## **DATA COLLECTION AND ANALYSIS**

### **Data Collection – Overview**

Both patient and staff questionnaires were distributed or administered by four carefully selected and well-trained interviewers. Three were candidates for a Masters Degree in Public Administration; one had completed that degree. All were students of the Principal Investigator. They were chosen not only for their competence and knowledge about evaluation techniques, but also for their sensitivity and “people skills.” One was bilingual Spanish-English.

The largest obstacle to the implementation of the survey was obtaining hospital permission. The hospital administrations were understandably concerned about patient confidentiality. Even though the survey was completely anonymous and confidential, it took multiple contacts by telephone, e-mail and in person to obtain the necessary approvals. The first contacts were made in March; the first approval came in May and the last “go-ahead” in early September. The data collection process took place over five months, from May through September of 2002.

Once approval was gained, the hospital staffs were, by and large, very cooperative. In many cases, they assisted the interviewer by giving out and collecting staff questionnaires, and in two cases, patient questionnaires as well. They also helped in other ways; for example, by helping the interviewers to “track down” those patients who had been moved. The Creative Center is very grateful for the help and cooperation of these hospitals in completing this survey.

### **Data Collection – Patients**

As mentioned previously, the intention was that the sample consist predominantly of those patients who actually did art, with a smaller representation among those who simply had extended conversation with the artist or who declined the request. To accomplish this, the interviewer received from the artist at the end of the AIR’s visit a list of those patients with whom she had worked. To achieve the highest possible response rate, the interviewers, where possible, went to the hospital late on the same day or early on the day following the AIR visit. Even so, they often encountered situations where the patient had been discharged, had been moved, was out for tests, or was just not feeling well enough to be interviewed. The interviewers demonstrated remarkable persistence in tracking down patients who had moved and in making multiple return visits to find a time when the patient was able to have an interview. The response rate of those who were approached was high. In fact, many patients welcomed the interviewer’s visit as a break in the monotony. The interview took about 45 minutes.

The instrument was designed to be self-administered. In cases where the patient was not feeling well, or for any other reason self-administration was not possible or desirable, the interviewer administered the questionnaire. This was left to the good judgment of the interviewers. In some cases, the patient asked the interviewer to sit with him or her while the patient was filling out the questionnaire. We have no reason to believe that the responses differed in any way due to the manner in which the instrument was completed.

The data collection process was lengthy -- five months -- in comparison with the sample size. This was due in part to the reasons mentioned above, as well as the fact that the AIR typically visits the hospital only once a week and generally works with only a few patients each time.

### **Data Collection – Staff**

In some cases, the interviewer handed out the survey to those who were on duty at the times she arrived; in others, a senior staff person distributed and collected the surveys; and in one case, the interviewer was invited to attend “rounds” and give out the surveys. In many cases, it was a combination of methods. There were no problems with the completion of the staff survey (once permission was obtained); in fact, many of the staff were eager to complete the survey, in spite of their busy schedule. A number said that they wanted to do whatever they could to help The Creative Center because they feel that the program is so valuable.

### **Data Analysis**

To give the most complete, reliable and valid picture of the program, both quantitative (closed-ended questions) and qualitative data (open-ended questions) were included. The quantitative data were analyzed using the SPSS statistical analysis software package. The qualitative data were manually analyzed by the evaluator.

## **FINDINGS – PATIENT SATISFACTION AND OUTCOMES**

### **Nature of the Interaction**

The large majority of the patients interviewed – 43 or 71.7% -- created art. Twelve or 20 percent had an extensive conversation, and the remainder (5 or 8.3%) declined the offer.<sup>4</sup> Approximately three-quarters of the patients who worked with the artist did painting or drawing (the two modalities were almost evenly split). Other types of art included collage, jewelry and other modalities.

More than half – 55.8% -- of the art was created with the artist and the patient working together. Just over 37% of the patients worked by themselves, and the rest (7%) directed the artist to create the work. This is consistent with the philosophy of the program, which is to encourage the patients to express their creativity with hands-on artistic activities, unless they are unable or unwilling to do so.

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<sup>4</sup> Note that this was purposeful sample – we intentionally sought out a predominance of patients who had worked with the artist.

In describing their interaction with the artist, a majority (58%) said it was “fun.” Approximately 40% said “interesting,” “pleasant,” or “creative.” None reporting being bored or annoyed.

<b>Patient’s Description of the Interaction</b>		
<b>Feeling</b>	<b>n</b>	<b>% of those responding*</b>
Fun	32	58.2
Interesting	23	41.8
Pleasant	22	40.0
Creative	21	38.2
Inspirational	11	20.0
Boring	0	0
Annoying	0	0

\*Numbers add up to more than 100% because more than one response was permitted. Total number responding to this question was 55.

In responding to the open-ended question asking the patients who did art to describe the experience, most used words like “fun,” “interesting,” “enjoyable,” or “nice.” Some selected comments follow.

*The experience made me feel better.*

*The artist was encouraging and helpful.*

*The experience was good, even though I was in a depressed mood.*

*I loved it even though my hands are shaky.*

*It is a pleasure to come here for a creative experience – great assistance – all the materials are here for us.*

*It was a great distraction from chemo.*

*[The artist] inspired me and it was good to talk with her.*

*The artist’s visit was the bright spot of my day.*

There were no negative comments recorded.

Almost all of those who declined the offer to do art or to have extended conversation said that they were either too sick or too tired. One said that (s)he was “too involved with others.”

### **Initial Contact**

The Creative Center wanted to know what the patient’s reaction was when first approached by the AIR. The initial contact is, of course, critical to a successful interaction between artist and patient, and was the subject of training and discussion at The Creative Center’s AIR supervisory meetings.<sup>5</sup>

The respondents were asked, “What was your predominant response when approached by the artist?” (Only one response was permitted). Understandably, the predominant response was

<sup>5</sup> See previously cited final report, November 2001, pages 5-6.

surprise, indicated by 27% of the patients, followed closely by curiosity (25%). Almost 17% said that their first response was pleasure, and 15% were “interested.” Fewer than 2% said that they felt “annoyed,” and 10% said they had “no particular reaction.” A few patients said that they expected to see the artist, presumably because a prior contact had been made.

### **Effects of the Interaction**

One of the major purposes of the Artist-in-Residence program is to relieve, at least for a time, the negative feelings that accompany a cancer diagnosis and a stay in the hospital. The survey results, delineated below, unambiguously demonstrate that this goal was accomplished. We asked patients who did art or who had extended conversation with the artist about their feelings before and after the interaction. Over one-third of those who answered reported no particular affect – they said that they were feeling “neutral.” The other responses were as follows.

<b>Feelings upon Artist’s Arrival</b>		
<b>Feeling</b>	<b>N</b>	<b>% of those responding*</b>
Bored	18	33.0
Anxious	13	23.6
Cheerful	12	21.8
Lonely	10	18.2
Sad	8	14.5

\*Numbers add up to more than 100% because more than one response was permitted. Total number responding was 55.

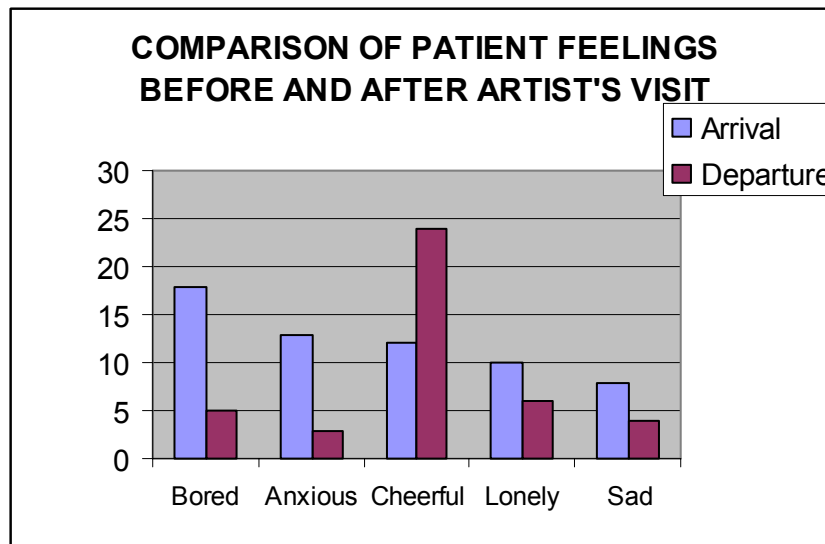
As can be seen from the table, the overwhelming majority of responses reported feeling boredom, anxiety, sadness and loneliness; even though 12 individuals said that they felt “cheerful.” Only two persons interviewed were involved in doing something else that they were interested in when the artist arrived. Note that the reported “neutral” feeling could very well be another way of saying bored or despondent.

We then asked how the patient was feeling when the artist left. The results are found in the following table.

<b>Feelings upon Artist’s Departure</b>		
<b>Feeling</b>	<b>N</b>	<b>% of those responding*</b>
Cheerful	24	46.2
Inspired to do more art	20	38.5
Neutral	12	23.1
Lonely	6	11.5
Bored	5	9.6
Sad	4	7.7
Anxious	3	5.8



\*Numbers add up to more than 100% because more than one response was permitted. Total n=52.



We can clearly see that feelings of boredom, sadness, and anxiety dramatically decreased. Only between 6 and 10 percent of respondents reported those feelings after the artistic experience, contrasted with 18 to 33 percent who reported them previously. The number of respondents who reported feeling “cheerful” doubled – from 12 or 22% to 24 or 46% of those answering to question. The number of respondents saying “sad” was halved – from 8 or 14.5% to 4 or 7.7%. Loneliness also diminished, from 18% to 12%.

Over half – 57.6% – of the patients who chose to do art had done some kind of art previously. More than 70% of the respondents said that they were inspired to do art in the future. In the observations conducted in the previous evaluation,<sup>6</sup> the evaluator noted that a number of patients who had done art in the past were eager to work with the artist, and said that she had inspired them to go back to their artistic endeavors.

### Patient Satisfaction

Over 92% of the respondents, when asked their overall opinion about the AIR program, said that it was a “good” (62%) or “great” (30%) idea and should be continued or expanded. The remainder said they had “no opinion.” No one expressed dissatisfaction with the program. These results far exceeded The Creative Center’s stated objective that at least 85% of the patients will express satisfaction with the program.<sup>7</sup>

Of those who did art, 95.7% said that they would do it again. Those who said “no” were asked why not. One said that (s)he was tired, another said (s)he “would rather read.”

Patients were asked to explain their opinion of the program. Their responses included:

<sup>6</sup> *op. cit.*

<sup>7</sup> See The Creative Center proposal to the United Hospital Fund.

Helps pass the time  
Pleasant  
Relaxing  
Helpful  
Enjoyable  
Distracts from the illness  
Fun  
Inspirational  
Makes patients feel better  
Interesting  
Self-expressive  
Something to do  
Rewarding  
Uplifting

Some typical comments:

*It takes a person's mind off the illness for the moment and in the end something is created.*

*I enjoyed the program very much and will continue to attend when I am able to.*

*It can be very inspirational; to get my mind off my pain is a very good thing.*

*Instead of just doing nothing you have kids of all ages doing something while in the playroom.*

*It kept my mind off being sick.*

*A lot of people feel like me, and it can make me feel better.*

*It is a pleasure telling people that I go to the cancer clinic for fun – creativity, crafts – and not just for treatment.*

*It is so uplifting to feel that one can still make beautiful things in spite of a terminal illness.*

We asked the patients to describe specifically what worked and what didn't work about the interaction with respect to (a) the whole experience, (b) the materials, and (c) the environment. The responses were not as specific as we had hoped, but tended to reinforce the positive reactions of the patients who interacted with the artist. With respect to the whole experience, the overwhelming majority of the patients simply said, "everything worked." One described the experience as "motivating," another found satisfaction because "it was the first time I worked in oil on my own." Similarly, the remarks about the materials were also predominantly positive. A number of respondents commented on the variety of materials; one said, "I was surprised at what came out of the bag." Two respondents described the materials as "pretty. Most said that the environment was good or excellent, one saying, "The environment in a private room with a recliner was good;" another called the environment "clean, spacious and roomy." Three patients commented that the art experience improved the hospital environment and made being in the hospital "not so bad." One liked the fact that the artist came to the bedside and she didn't have to go to another room. One patient, understandably, said that (s)he wished that (s)he didn't have to be in the hospital.

### **Knowledge about the program**

Despite promotional activities on the part of the artists, which include posters and “galleries,” in the hospital, only 10 patients, 14% of those responding, had prior knowledge of The Creative Center’s AIR program. Similarly, only 13% had knowledge of The Creative Center’s other programs.

It is recommended that The Creative Center continue and expand its efforts to promote its valuable programs. The patients often asked the interviewers who conducted this survey about The Creative Center and the AIR program, and asked for brochures or other materials. These requests were turned over to the AIR responsible for that hospital. It would seem as if the distribution of brochures, at the very least, should be a routine part of the artist’s visit.<sup>8</sup>

### **Suggestions about the program**

When asked an open-ended question about what The Creative Center can do to make the program more effective, a large number of patients suggested having the artist available more often and having the program available in more locations (this was the most frequent response). One wanted the program expanded to include AIDS patients. A few patients asked for some form of writing program; others asked for music therapy. Two asked for more materials to work with (they specifically mentioned “animal cutouts” and “clay”). One asked for more Spanish-speaking artists, saying, “I felt the artist was alienated because of the language barrier.” One patient wished (s)he could do more than one project, another suggested that there should be “more surveys.” Many said that the program is “fine the way it is.”

### **Demographics**

Of the total sample, 71.7% were native-born American citizens, 25% were foreign born American citizens, and 3.3% permanent residents of another country brought here only for treatment. The latter lived in Brazil, Japan and the Dominican Republic. Of those for whom English was not the primary language, Spanish was the most common primary language. Others included French, Chinese, Ukrainian and Portuguese.

The overwhelming majority of the patients interviewed – 78.3% -- were between 20 and 69 years old, split almost exactly between the 20-49 and the 50-69-year-olds. Almost 17% were 70 or over, and 5% were under 20.

Just under 70% of the respondents were female; the remaining 30% were male.

## **FINDINGS – STAFF SATISFACTION AND OUTCOMES**

### **Nature of the Relationship**

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A total of 68% of the staff responding said that their relationship to the artist was “friendly,” and another 11% said “cordial.” The remainder either said “neutral” (7.5%) or indicated that they did not know the artist (13%). No respondent said “unpleasant” (one of the choices offered).

On a typical day, 19.2% of those responding said that they spoke with the artist “often,” and 57.7% said “once or twice.” The remaining 23.1% reported no communication on a typical day. The majority – 62.8% – of the communications concerned which patients the artist work with (or not work with). Other subjects included “other patient matters” and “social ‘chit chat’” (32.6% each). Another 14% of the communications regarded hospital business. [Note: This adds up to more than 100% because more than one response was permitted.]

### **Impact of the Program**

One of the working hypotheses of the study was that The Creative Center program, although targeted primarily to patients, had the positive “side effect” of helping the caregivers with their job. In all, 42.3%, or almost half, of the staff responding to the survey believed that the program has affected their capacity to provide patient care. This is a significant percentage when one takes into account that the staff were not selected for their familiarity with or involvement in the program (see “sample” section and subsection below on awareness of program). Following are the ways in which the staff felt that the program affected their ability to provide patient care.

<b>How Program Affected Ability to Provide Patient Care</b>		
<b>Effect</b>	<b>N</b>	<b>% of those responding “yes”*</b>
Happy to see patients’ enjoyment	20	38.5
Enhanced my ability to do my job	10	31.3
More optimistic about my job	7	22.6
Facilitated patient interaction	5	16.1
Increased job satisfaction	4	12.9

\*Numbers add up to more than 100% because more than one response was permitted. Total number responding was 52.

A few comments follow.

*I am happy to see patients during the time they are with the artist; they lose themselves in the art and forget about what is going on around them.*

*I have seen patients smile when I have commented on their artwork; we have displayed it in their rooms and the nurse’s station.*

*[The artist] provides an excellent service to my patients, making their time here less stressful.*

*[The artist] was able to reach a young patient and her mother during the beginning of treatment and made a deep impression on them.*

*[The artist] has been very valuable in entertaining children while their parents are receiving treatment.*

*As an RN, I have never had my work interrupted by the artist; she provides an excellent service to my patients.*

*The patients are more cheerful.*

*It helps patient care; this is always a plus in a cancer unit.*

Some staff members confided in the interviewers that the artists' visits give them an opportunity either to tend to something else or take long-awaited breaks.

The staff was also asked to comment on their observations as to the impact on the patients of the AIR program. The results are depicted in the following table.

<b>Staff Observation re Impact on Patients</b>		
<b>Impact</b>	<b>N</b>	<b>% of those responding *</b>
Seemed to make them more optimistic or cheerful	37	84.1
Seemed to relieve boredom	32	74.4
Seemed to help them forget their pain	29	65.9
Made them respond better to treatment	8	18.6
More willing to talk about treatment options	4	9.5

\*Numbers add up to more than 100% because more than one response was permitted. Total n=52.

As can be seen from the table, the overwhelming majority of the staff responding reported that they observed the patients to be more optimistic or cheerful, less bored, and less focused on their pain. In addition, a small but significant number said they believed that the patients were more willing to talk about treatment options and/or responded better to treatment options.

Typical comments included the following.

*It relieves boredom and boosts the spirit and morale of the patients.*

*The artist helps to relieve the anxiety the patients are feeling while waiting for treatments.*

*The patient is able to focus on something interesting rather than their illness, and it definitely gives them satisfaction.*

*They express such pride and satisfaction in their work.*

*It makes their time here less stressful.*

*It helps them let go of their fears and tensions.*

*It takes them away from thoughts of treatment and illness for a while.*

*It allows patients to escape the hospital setting and focus attention on expression and coping.*

*Through the arts, patients are able to communicate the emotions, concerns and anxiety that accompany many difficult treatments.*

### **Satisfaction with the Program**

Over 81 percent of the respondents, when asked their overall satisfaction with the AIR program, said that they were "very satisfied" (62%) or "somewhat satisfied" (17%). The remainder said that they did not know enough about the program to judge. In effect, then, 100% of those who were knowledgeable enough about the program to judge it were satisfied. This is far in excess of

the 85% satisfaction rate that was The Creative Center's stated objective.<sup>9</sup> No one expressed dissatisfaction with the program. Almost 87% said that they would like to see the program continue (35%) or expanded (52%). The interviewers reported that in their visits to the hospital, many staff informally expressed a strong desire that the program be expanded by having the artist come more often, and/or spend more time on the days that he or she came.<sup>10</sup> The overwhelming majority of the open-ended comments had to do with specifics of program expansion request: more days, more time on the days the artist comes, and suggestions for expansion to more hospitals. Other comments included the following:

*It gives the patients an outlet to express themselves; I also see it as being very therapeutic.*

*The patients really enjoy it.*

*I love it; I find it helpful to the patients*

*Working with and observing the artists over the years has been a highlight for me; it is a wonderful way for staff to feel better about the situation that patients are in.*

One nurse wrote the following moving tribute to the artist and to the program.

*The artist was able to reach patients in a way that I, as a Registered Nurse, could not. Just when I thought I was unable to reach a certain patient, [the artist] was able to open a door of communication that I never knew existed. This has made a difference in my relationship with this particular patient and her mother. I feel like I am a better nurse and provide better care now that I can better understand her needs.*

One commented that the workshops should be advertised more. (See comments in other parts of this section.)

### **Knowledge about the Program**

Of the staff members who were approached to fill out the survey,

- 35 or 62.5% said they were "very familiar" with the AIR program
- 13 or 23.2% said they were "somewhat familiar" with the program
- 2 or 3.6% said they were "not sure"
- 6 or 10.7% said they were not familiar with the program.

Those who responded "no" or "not sure" were instructed to answer only the demographics section. A validating question, asking which day the artist visits the hospital, indicated that those who expressed some familiarity with the program were most likely answering accurately.

The majority of those who knew about the AIR program learned about it from the artist (63.3%) or a colleague (22%). Word-of-mouth is very powerful, but we repeat our previous recommendation that The Creative Center enhance its promotional efforts, and in particular that there be wider distribution of the brochures.

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<sup>9</sup> See UNH proposal previously referenced.

<sup>10</sup> A similar finding was reported in the report from the first evaluation.

<b>How Staff Person Learned About the AIR Program*</b>		
<b>How Learned</b>	<b>n</b>	<b>Percent of those Responding</b>
From the artist	31	63.3
From a colleague	22	45.8
From a patient	8	16.7
From “gallery” or exhibit	4	8.3
From a brochure	2	4.1

\*Numbers add up to more than 100% because more than one response was permitted. Total n=48.

Only 9, or 17% of those responding were definitely aware of The Creative Center’s other programs; another 7 or 11% were “somewhat” aware. Of these, 13 said that they knew about the workshops, 7 were aware of the exhibitions, and only 3 each said that they had heard of the Training Program or the performances. (Multiple responses were permitted.) This is another indication that more promotional activities might be in order.

### **Suggestions About the Program**

The majority of responses to the open-ended question asking for suggestions and comments about the program had to do with suggestions for expanding the program – more hours, more days, and including patients with other diseases. (See discussion elsewhere in the Findings Section). One asked for the artwork to be displayed, another suggested that a pamphlet specific to the Artist-in-Residence Program should be created and distributed, in addition to and apart from the general brochure. Another asked that more information be available for the nurses about the program. A few suggested that other activities be added – specifically mentioned were poetry, needlepoint, a group class, and “any creative outlet for complex emotions.” One staff member suggested having a “guest artist” from time to time. One commented, “The survey is a great idea.”

A large number of the general comments were some version of “It’s great – keep it up.” One said, “We are proud to have this program at [X] Hospital.” Another, “It is a pleasure to have the program.”

### **Demographics**

Of the 56 hospital staff members interviewed,

- 33 or 58.9% were R.N.s
- 7 or 12.5 % were social workers
- 6 or 10.7% were nurse practitioners
- 5 or 8.9% were doctors
- 1 was “other”

## **ADDITIONAL FINDINGS**

This evaluation focused on patient satisfaction and outcomes for the AIR program, not of the individual artists, therefore no specific questions were asked about the AIRs. Many patients and hospital staff, however, volunteered positive comments about the artist. Some of these follow.

### **Comments from Patients**

*I liked her very much, and asked her to stay with me to make pictures.  
The artist was very encouraging and helpful.  
I appreciated the gift of humanity from the artist.  
It was easy to talk and work with her.  
She inspired me.  
She has a nice and patient personality.  
The artist is a good person and works hard.  
She is wonderful and is the reason I would do it again.  
It is a good idea to have warm and friendly people like [the artist] to visit patients.  
I found her patience quite remarkable; she was able to draw people in with her friendliness.*

### **Comments from Staff**

*I believe the artist is doing a wonderful job.  
[The artist] is great.  
The artist is very compassionate and is wonderful with the patients.  
The AIR has such a positive impact on patients  
I was impressed with the dedication she had to the patients and the deep impression she made on them.*

## **SUMMARY**

The quantitative and qualitative data indicate that patients and staff were overwhelmingly satisfied with The Creative Center's Hospital Artist-in-Residence Program. The data from both patients and staff also show that The Creative Center's major objective of relieving patient feelings of boredom, anxiety, loneliness and sadness were achieved. There was evidence that the secondary but important benefit, that of making the job of the caregiver staff easier, was also achieved. A significant number of staff interviewed said that the patient was more willing to talk about treatment options and/or responded better to treatment after the artist's visit.

The major suggestion for program enhancement was to expand it: more locations, more days, more hours, and more activities. A number of patients asked that the artist spend more time with each patient. The additional creative activities most often requested were writing and music. The evaluator is aware that The Creative Center has expanded and will continue to expand as resources permit.

A major recommendation that stems from the evaluation data and from the interviewers' experience is that The Creative Center undertake more promotional activities to make hospital



patients and staff aware of the AIR program, the workshops, and its other valuable programs. At a minimum, brochures should be widely distributed in the hospitals.

Note that a number of respondents commented favorable on the survey, and some suggested that they would welcome more. The Creative Center might consider gathering feedback on priority variables on a regular basis.

## APPENDIX A

### Criteria for Evaluation – Patient Satisfaction and Outcomes Assessment The Creative Center Arts for People with Cancer Artist-In-Residence Program

Following are the proposed criteria for evaluating the Creative Center’s bedside art program, and the variables that we might use to evaluate them. This is based on (1) meeting with Geraldine Herbert, Elissa Bromberg, Robin Glazer; (2) input from the Artists-in-Residence; and (3) outcomes identified in the first project.

Criteria	Variable(s)/Measure(s)
Demographics [ALL**]	Age group Gender Ethnicity
Language [ALL]	English primary language? [if no] what is?
Activity [ALL]	Description and nature -art (kind) -extended conversation -other
Initial approach [ALL]	Patient’s initial reaction Previous knowledge of CCWC? [If yes] How? Previous knowledge of AIR Program? [If yes] How?
Satisfaction [THOSE WHO DID ART]	Self-expressed level of satisfaction Want to do it again Anything else would like to have done? What worked and what didn’t about -what the artist did -the environment

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\* References in brackets refer to the category of respondents who will respond to that questionnaire item.

	-the materials														
Effect of visit on patient's well-being [THOSE WHO DID ART OR WHO HAD EXTENDED INTERACTION]	<table> <tr> <td>Reduction in</td> <td>Increase in</td> </tr> <tr> <td>-pain</td> <td>-optimism</td> </tr> <tr> <td>-anxiety</td> <td>-self-confidence</td> </tr> <tr> <td>-boredom</td> <td>-feelings of creativity</td> </tr> <tr> <td>-fear</td> <td>-humor</td> </tr> <tr> <td>-loneliness</td> <td>-aliveness</td> </tr> <tr> <td>-isolation</td> <td></td> </tr> </table>	Reduction in	Increase in	-pain	-optimism	-anxiety	-self-confidence	-boredom	-feelings of creativity	-fear	-humor	-loneliness	-aliveness	-isolation	
Reduction in	Increase in														
-pain	-optimism														
-anxiety	-self-confidence														
-boredom	-feelings of creativity														
-fear	-humor														
-loneliness	-aliveness														
-isolation															
Longer-term effects [THOSE WHO DID ART]	<p>Feel differently about doing art?</p> <p>Plan to do more art?</p>														
Outreach [ALL]	<p>Aware of CCWC workshops?</p> <p>[if yes] Plan to attend CCWC workshop(s)?</p> <p>[if no] would like more information?</p>														
[THOSE WHO HAD NO INTERACTON] Reason	Why not?														
Suggestions [ALL]	<p>Want anything in addition to or instead of what was offered?</p> <p>Other suggestions or comments</p>														

**APPENDIX A**

**Criteria for Evaluation – Staff Satisfaction and Outcomes Assessment  
The Creative Center  
Arts for People with Cancer  
Artist-In-Residence Program**

Following are the proposed criteria for evaluating The Creative Center’s bedside art program, and the variables that we might use to evaluate them. This is based on (1) meeting with Geraldine Herbert, Elissa Bromberg, Robin Glazer; (2) input from the Artists-in-Residence; and (3) outcomes identified in the first project.

<b>Criteria</b>	<b>Variable(s)/Measure(s)</b>
Hospital name	[pre-identified by questionnaire color or number]
Level of awareness of CCWC programs	Aware AIR program? [If yes] how? Aware other CCWC
Relationship with artist	How often communicate Nature and content of communication Artist viewed as part of team
Perceived effect on patients	Extent and kind of change -Change in emotional affect (describe) -Effect on treatment (describe)
Satisfaction with AIR program	Expressed level of satisfaction Want to retain the program? Expand it? Reason(s) for answer
Effect on staff relationship w/patient	Yes/no [If yes} description -nature of interaction -patient’s response to treatment -other
Other effects on staff	Ability to do job effectively Satisfaction level with job Interaction with the patient Staff feelings
Negatives?	[If yes] describe
Other suggestions	Describe

