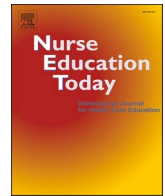


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Research article

Creative Health a joke or valuable learning experience; A mixed methods study

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ABSTRACT

Background: Creative Health has been recognised to be beneficial for wellbeing and population health. Recommendations have been made that health care students and professionals should receive education and practical experience of the arts. This paper reports on a pilot creative health placement for undergraduate nurses at a UK University.

Objective: To evaluate a Creative Health placement, investigating the placements impact on student's knowledge and understanding of arts-based activities, including social prescribing. To reflect on the overall value of Creative Health placements for nursing students and to make recommendations for future Creative Health placements.

Design: A mixed methods approach was adopted using the principles of ethnography to evaluate the experiences of the students, artists, service users and practice assessors/supervisors.

Setting: Data was collected from one University Centre that facilitated the Creative Health placement.

Participants: 60 Bachelor of Nursing Students, 4 practice assessors/supervisors and 6 Creative Health artists and 89 service users participated.

Methods: Ethnographic data, including artefacts, photographs, diaries, qualitative reflections were collected alongside a quantitative evaluation survey that students completed. Service user feedback forms were used to collect user experiences and two focus groups for the artist and practice assessor were employed using thematic analysis.

Results: The placement provided the students insights and understanding about creative health and social prescribing, however there were challenges regarding conceptualising creative health as part of their nursing practice. Students talked about the impact the placement had on their own wellbeing. 81.8 % agreed working with the artists provided insight into Creative Health practice and 86.4 % indicated the placement enabled them to understand the impact of Creative Health on wellbeing. Creative Health artists and the practice assessors/supervisors wanted greater collaboration to support learning and assessment. Service users provided positive feedback about their experiences.

Conclusions: Overall, the placement was a success and there were valuable lessons learnt for future placement plans. We concluded that creative health placements should be an essential part of the nursing programme.

1. Background

In the United Kingdom (UK) in 2014 an All-Party Parliamentary Group on Arts, Health and Wellbeing (APPAHW) was formed with the aim to improve awareness of the benefit that the arts can bring to health

and wellbeing. From this an Inquiry Report, 'Creative Health: The Arts for Health and Wellbeing' (APPG, 2017), recommended that the education of clinicians, public health specialists and other health care professionals include accredited modules on the evidence base and practice use of the arts for health and wellbeing outcomes. More recently, in the UK, the

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National Centre for Creative Health (NCCH) 2023 recommended that creative health should be available in higher education as part of medical and healthcare training and be part of a 21st Century health and social care system.

Creative Health is defined as creative approaches and activities which have benefits for health and wellbeing (NCCH). Activities can include art-based practices, performing arts, film, literature, cooking, and creative activities in nature, such as gardening. These activities can be applied in homes, communities, cultural institutions, heritage sites, and healthcare settings. Creative Health approaches are frequently associated with the systems and processes that deliver and facilitate health and care services with a focus on the education of individuals, and developments in the health and care workforce. Creative Health can contribute to the prevention of ill-health, promotion of healthy behaviours, management of long-term conditions, and treatment and recovery across the life course. The World Health Organisation acknowledges that artist media in health care can have benefits for health outcomes. [Fancourt and Finn \(2019\)](#) synthesised the global evidence on arts improving wellbeing, from 3000 studies it concluded that the arts played a significant role in the prevention of ill health, health promotion and in the treatment of conditions across the lifespan. Examples include music for dementia and postnatal depression, music interventions post-stroke that encouraged recovery and wellbeing, music to improve mother-infant interactions ([Fancourt et al., 2020](#)), and music therapy to improve communication and social interaction among individuals with autism and ASD. Dance encouraged improved balance in Parkinson's disease, and arts activities have been found to boost brain function, recall and memory as well as a therapeutic intervention for mental health conditions ([APPG, 2017](#)).

While there is an emerging knowledge base about the benefits of Creative Health on health and wellbeing, there is a paucity of evidence in nursing and healthcare linked to Creative Health placements and use in education. Nurse education in the UK is governed by the Nursing and Midwifery Council Standards for Education, in the *Future Nurse Standards of Proficiency (NMC, 2018a)*, understanding public health is one of seven key platforms that stipulate course content. Platform two of these standards "promoting health and preventing ill health" highlights the importance of improving and maintaining mental, physical, behavioural health and wellbeing of people and populations, stipulating nurses need to engage in public health and community agendas. Although the professional standards do not specifically outline Creative Health in detail, the direction and content can be aligned. To this end the Bachelor of Nursing (BN) in 2020 embedded Creative Health as a programme aim within its learning and teaching philosophy.

In the academic year 2021–22 two Creative Health placements at the University of Chester were facilitated, and a total of 60 BN students undertook a 5 or 6-week placement. The BN students worked with four artists (dance, music and art/craft) each week of the placement, initially to learn and become skilled in the artistic activity and then with the artist lead, a daily facilitated Creative Health session was then delivered. This was attended by university students referred from Student Services or who self-referred, members of the public and practitioners from local health and social care providers. All students undertook a mental health first aid course in the induction week as there was uncertainty about the type of service users the placement might attract. The students offered a Creative Health Café alongside the art activity. At the end of each week the students participated in an action learning set to reflect on learning, Creative Health and developed their own artistic interventions. Alongside the Creative Health activity, students were able to visit social prescribing offers to consolidate their learning. As the placement evolved, structural changes to the placement occurred, for example a pop-up café was facilitated at a different location to improve and encourage service user access. The placement was mapped to the national practice assessment document and specific proficiencies were identified as achievable. Practice assessors and supervisors ([NMC, 2018b](#)) were employed using an indirect supervision and assessment model. This

evaluation draws on the ongoing development of the programme aim to, "develop an understanding and practical experience of the arts in varying health and social care environments".

2. Methods

2.1. Overview of study design

This evaluation of a planned Creative Health placement used mixed methods to explore the effectiveness of the learning experience. As this was an arts-based project, the ethos of ethnography and visual research methods was used to capture the learning experience and involvement of the placement. This is supported by the [Public Health England publication \(2016\)](#) 'Arts for Health and Wellbeing, evaluation framework' which advocates that research methods should include participatory research, evaluate both qualitative and quantitative, and creative and arts-based methods. The approach used a sequential mixed method with a quantitative and qualitative phase. The qualitative phase allowed a more complete understanding, by using different methods to measure the varied elements of the project.

Ethnography was chosen because five students from the first placement were employed as co-researchers on the second placement, they gathered and analysed the data and were immersed in the placement. The student co-researchers situated as joint contributors and investigators ([O'Brien et al., 2021](#)) allowed their perspectives as students who had experienced the placement to highlight key learning. They acted as collaborators and informants, working with the wider research team in a dialogic process. The co-researchers contributed to knowledge mobilisation via their insights on the programme's impact, generating 'insider' knowledge as nursing students, which helped ensure triangulated analysis of the data ([Grindell et al., 2022](#); [Phillips et al., 2022](#)).

The following stages of research occurred:

Stage 1 - Recruitment of Students as co-researchers

Recruited students were briefed and involved in the final development of the second placement evaluation. They were provided with the provisional concept for the ethnographic design and data collection, to facilitate their participation as co-researchers who could develop their own research ideas.

Stage 2 - Design of ethnographic study

In conjunction with the wider research team the student co-researchers designed the ethnographic study using visual research methods.

Stage 3 - Data collection

Data was collected during the placement. Students participated in a weekly action learning set, where the ongoing data collection was explored through a reflective group discussion, developing a thick description of the placement. The sets consisted of eight students and an academic who was part of the research team and were designed so that students from each artist group could share their learning. Key discussion points were noted, to inform the evaluation and data analysis.

An anonymous service user satisfaction survey was collected from individuals who attended the Creative Health offer to evaluate their experiences of the activity. They were asked three questions; would they come again, how happy were they with the experience, and how did it make them feel. Images of a happy, neutral or sad face were used, to ensure ready comprehension of the survey ([Fancourt and Poon, 2015](#)). There was also a free text box to provide qualitative feedback.

Stage 4 - Post placement Evaluation Survey

An online post placement survey was sent via the students' university email account who completed the placement. This was designed to capture their experiences and perspectives of the learning experience. As this was the first known placement, there was no validated tool available, therefore the principles of education evaluation were used ([Table 1](#)).

Stage 5 and 6 - Focus group with Creative Health Artists and Practice Assessors/Supervisors

Table 1
Creative health.

| Question | Strongly disagree n (%) | Disagree n (%) | Neither agree or disagree n (%) | Agree n (%) | Strongly agree n (%) |
|---|-------------------------|----------------|---------------------------------|-------------|----------------------|
| The Mental Health First Aid/Mental Health Orientation course provided me with sufficient skills to help facilitate Creative Health activity and the café. | 1 (4.5 %) | 0 | 6 (27.3 %) | 5 (22.7 %) | 10 (45.5 %) |
| I was unsure about facilitating Creative Health activity at the beginning of the Placement. | 0 | 0 | 2 (9.1 %) | 7 (31.8 %) | 13 (59.1 %) |
| The format of the Placement was organised in a manner that helped me gain skills and knowledge of Creative Health. | 4 (18.2 %) | 4 (18.2 %) | 4 (18.2 %) | 8 (36.4 %) | 2 (9.1 %) |
| Working with the Creative Health artists has provided me with insight into Creative Health practice. | 1 (4.5 %) | 0 | 3 (13.6 %) | 10 (45.5 %) | 8 (36.4 %) |
| Working with the Creative Health artists has helped me appreciate how I can use Creative Health skills within my nursing practice. | 1 (4.5 %) | 0 | 5 (22.7 %) | 11 (50.0 %) | 5 (22.7 %) |
| The long arm practice assessor was accessible and provided appropriate feedback on my progress at midway. | 2 (9.1 %) | 3 (13.6 %) | 3 (13.6 %) | 5 (22.7 %) | 9 (40.9 %) |
| The long arm practice supervisor provided appropriate support, guidance, and feedback on my progress. | 3 (13.6 %) | 2 (9.1 %) | 3 (13.6 %) | 5 (22.7 %) | 9 (40.9 %) |
| With reference to my achievement of the practice assessment document, being allocated to the Creative Health Placement disadvantaged me compared to my peers. | 2 (9.1 %) | 4 (18.2 %) | 5 (22.7 %) | 4 (18.2 %) | 7 (31.8 %) |
| I was able to achieve the proficiencies in | 0 | 2 (9.1 %) | 5 (22.7 %) | 12 (54.5 %) | 3 (13.6 %) |

Table 1 (continued)

| Question | Strongly disagree n (%) | Disagree n (%) | Neither agree or disagree n (%) | Agree n (%) | Strongly agree n (%) |
|--|-------------------------|----------------|---------------------------------|-------------|----------------------|
| the practice assessment document during this placement. | | | | | |
| Engaging with social prescribing teams has increased my knowledge of health and wellbeing interventions. | 0 | 2 (9.1 %) | 2 (9.1 %) | 10 (45.5 %) | 8 (36.4 %) |
| The action learning sets enabled me to reflect on my nursing practice and how Creative Health skills can be used in future placements. | 2 (9.1 %) | 2 (9.1 %) | 3 (13.6 %) | 11 (50.0 %) | 4 (18.2 %) |
| The café space allowed me to develop my communication skills through interaction with other people. | 9 (40.9 %) | 3 (13.6 %) | 2 (9.1 %) | 5 (22.7 %) | 3 (13.6 %) |
| The Placement enabled me to understand the impact of Creative Health on individuals' health and wellbeing. | 0 | 1 (4.5 %) | 2 (9.1 %) | 11 (50.0 %) | 8 (36.4 %) |
| During this placement my perceptions of a typical nursing placement have been challenged. | 1 (4.5 %) | 3 (13.6 %) | 3 (13.6 %) | 8 (36.4 %) | 7 (31.8 %) |
| I am now more confident in facilitating Creative Health-based activity. | 1 (4.5 %) | 3 (13.6 %) | 1 (4.5 %) | 10 (45.5 %) | 7 (31.8 %) |

Post placements focus groups were held to explore their experiences of facilitating the placement with students.

Stage 7 - Data Analysis and confirmation of results (triangulation of mixed methods).

Triangulation of all the data occurred following individual analysis of each data set. Visual research data was analysed using [Rose's \(2012\)](#) 3 stage framework, images are categorised into broad categories, a description is provided, and themes identified, with data analysis emerging during this process. All written and recorded data, including notes from the action learning sets and focus groups, was analysed thematically, to allow the construction of the data from initial descriptions, generating a holistic understanding of the experience. [Dencombe's \(2014\)](#) stages of data analysis was employed, including data preparation, initial exploration of the data, analysis of the data, presentation and display of the data and data validation. The evaluation survey collected descriptive statistics in the form of frequencies using a Likert scale of strongly agree to disagree. The service user satisfaction survey was analysed using descriptive statistics by recording the frequencies for each category.

2.2. Sample and recruitment

A purposeful sample was used, students allocated to the Creative Health placement were included, all other students were excluded. There were 60 students in total. The same principle was applied to the 6 Creative Health artists, and the 4 practice assessors/supervisors. The sample for the service user satisfaction survey was open to all who accessed the Creative Health offer, they were invited to complete a brief form immediately after the activity.

2.3. Ethics

Ethical approval was obtained from the Faculty Ethics Committee, University of Chester (**RESC0222-1087 An evaluation of a Creative Health placement**). Student nurses received participant information sheets and consented to be part of the study, this was reinforced daily during the placement, because ethnographic data in the form of photographs, videos and reflective notes were collected. Additional consent was sought when they completed an online evaluation survey. Both the Creative Health artists and practice assessors and supervisors received a full explanation of the study, and their consent was obtained before the focus groups. Users of the service provided optional anonymised feedback via a locked post box. Finally, there were notices throughout the placement environment for all participants informing them that data was being collected and advising how they could avoid being captured in the data collection.

3. Results

3.1. Questionnaire outcomes

Twenty-two ($n = 22$) completed surveys were received from students participating in the two Creative Health Placements, which took place in March and May 2022. Students were asked to rate a series of statements related to the Placement using five-point Likert scale ranging from "strongly disagree" to "strongly agree" (see [Table 1](#)). Students were asked what exposure to art-based practices they had prior to the placement, 91.7 % in placement 1 and 60 % in placement 2 had experience that included GCSE Art, being part of dance classes, a degree or further education qualifications and singing or playing an instrument in school.

3.2. Placement content

Students undertook a Mental Health First Aid Course, during the induction, to prepare them with skills to facilitate Creative Health activities. The course was generally rated positively with 68.2 % ($n = 15$) agreeing/strongly agreeing they felt equipped to facilitate Creative Health activities; only one ($n = 1$) did not feel prepared.

Feedback indicated confidence in facilitating Creative Health activities improved during the Placement, 90.9 % ($n = 20$) responding they were unsure about facilitating such activities before the placement; none stated, they were sure. However, when asked whether they were more confident in facilitating Creative Health activities after the placement, 77.3 % ($n = 17$) of respondents indicated they were, with only 18.1 % ($n = 4$) disagreeing/strongly disagreeing. The survey responses suggest the Placement enabled students to increase their knowledge about Creative Health and understand how it may impact an individual's health and wellbeing. Working with the artists was influential in learning about Creative Health activities:

- 81.8 % ($n = 18$) agreeing/strongly agreeing working with the artists provided insight into Creative Health practice.
- 77 % ($n = 16$) of respondents indicated working with Creative Health artists enabled understanding regarding how Creative Health skills can be applied in nursing practice.

- 86.4 % ($n = 19$) students indicated the Placement enabled them to understand the impact of Creative Health on health and wellbeing.
- 81.8 ($n = 18$) felt engaging with social prescribing teams increased their knowledge of health and wellbeing interventions.

Students were asked whether they felt the Creative Health Placement disadvantaged them in comparison to their peers about achieving the practice assessment requirements; 50 % ($n = 11$) agreed/strongly agreed that they felt disadvantaged. However, it is interesting that only 9.1 % ($n = 2$) indicated they had been unable to achieve the required proficiencies during the Placement.

3.3. Placement structure

Students were asked whether the format of the Placement was organised in a manner which helped them gain skills and knowledge of Creative Health; 45.5 % ($n = 10$) agreed/strongly agreed it was, while 36.4 % ($n = 8$) disagreed/strongly disagreed. The Placement adopted the indirect approach to practice assessment and supervision; students were asked for feedback on both. When asked whether the indirect practice assessor was accessible and provided appropriate feedback on their progress half-way through the Placement 63.6 % ($n = 14$) agreed/strongly agreed they did, although 22.7 % ($n = 5$) disagreed/strongly disagreed. Similarly, when asked whether the indirect practice supervisor provided appropriate support, guidance and feedback on their progress again 63.6 % ($n = 14$) they did and 22.7 % ($n = 5$) disagreed/strongly disagreed. When rating the café aspect of the Placement 54.5 % ($n = 12$) of respondents disagreed/strongly disagreed the café space enabled them to develop communication skills through interaction with other people; however, 36.4 % ($n = 8$) agreed/strongly agreed the café helped them develop their communication skills. It should be noted, the café was not always well attended, therefore, student feedback may be associated with the numbers of attendees rather than the concept of the café per se.

Action learning sets were utilised during the Placement and 68.2 % ($n = 15$) of respondents agreed/strongly agreed these enabled them to reflect on their nursing practice and how Creative Health skills could be applied in future placements. Although, 18.2 % ($n = 4$) disagreed/strongly disagreed. Students were also asked whether participating in the Creative Health Placement had challenged their perceptions of a typical nursing placement; 77.3 % ($n = 17$) respondents agreed/strongly agreed it had.

3.4. Qualitative feedback from students

During the placement there was a transition of student experience, some of these changes were possibly due to the context and impact of the Covid-19 pandemic, which had reduced students' in-person learning and the associated opportunities for sociality. It was evident that some students were challenged by the innovative nature of Creative Health methods ([Fig. 1](#)), and a minority remained unsure or dissatisfied with the placement activities, being unable to apply learning to the proficiencies of person-centred care:

S1 I don't feel like this is a placement that we should be given as I didn't learn anything new and felt like I was back at primary school instead of doing something useful.

S2 Not sure how it would help me in my career as a nurse.

S3 Tiring and mentally draining.

S4 Dance was a bit too much for me.

However, by the end of the placement there was a shift in attitudes as they began to appreciate the benefits ([Fig. 1](#)), including the importance of holistic person-centred care; students summarised this, stating:

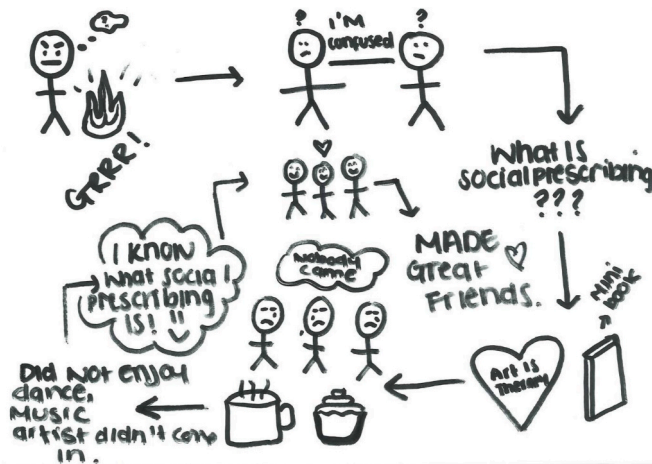


Fig. 1. Creative health placement journey.

S5 I was dreading the placement at the start and was really ignorant to how it would help. At the end I could see how important it is in providing person centred care that continues beyond the clinical setting.

S6 This placement has encouraged me to explore the importance of a holistic approach and nonclinical interventions.

S7 I understand the relevance and importance of social prescribing. I have seen first-hand the benefits of it by visiting outside companies and interacting with their service users.

With reference to the development of soft skills, a student commented on some key learning outcomes:

S8 Working collaboratively, using creativity in different ways, new techniques, using initiative, new ideas, diversity and culture, fall preventive dance, expression through art, empathy, working as a group.

Another said S9 it gave a new perspective to person-centred care; she added that, although you, as a nurse, may not like the activity, it's not about you; you can use it for someone else.

They cited a range of skills developed these included, communication skills, teamwork, collaboration, empathy, relationship building, becoming more adaptable and increasing personal confidence.

The merits of being in-person and going through a new experience together were appreciated:

S10 We have formed great friendships as we all have the same experience on the placement - it is also good to have in-person lessons, it was really essential.

S11 It has made me see that there's a different form of nursing that can be used to help treat and care for patients other than treating their physical needs.

One surprising aspect was the benefit of the placement on the student's own wellbeing, one student shared that they would:

S12 Use the activities to aid and improve my own mental health.

3.5. Practice assessor and practice supervisor feedback

Six themes were identified from the practice assessors/supervisors (Assessors/Supervisors): placement organisation, relating Creative Health to nursing practice, communication, achievement of NMC proficiencies, positive learning experience, and student attitude.

3.5.1. Placement organisation

Assessors/Supervisors found the second placement more chaotic. This was due to students' perceptions of the placement, some appeared to treat the experience as less important than other placements, and their professional behaviour and engagement. They reported that students on the second placement seemed more confused as to what they should be doing each day, particularly in relation to when they should be at university and when on social prescribing visits, despite the same information being shared with both placements.

They felt the second placement's pop-up café was more successful, due in part to having more participants, improved student preparation, a change in location and better advertising. Assessors/Supervisors articulated how the café could be improved including, locating the café outside of the university and run beyond placement to increase community awareness and footfall.

3.5.2. Relating creative health to nursing practice

Assessors/Supervisors felt that students did not always understand the link between what creative health was, and its relevance to their role as a nurse, one participant stated:

PA 1 Not sure if they have a stereotypical view of what a nurse is and what they needed to understand [is] that communication is something that runs all the way through their career.

They suggested the action learning sets could be used to explore learning in relation to practice. They noted the placement setting, a university building, was not ideal as students struggled to differentiate between a 'normal' university day and a creative placement, where professional values were assessed. They suggested the space could be adapted to reflect a social prescribing setting.

3.5.3. Communication

Participants commented that communication with the artists was problematic and there was limited feedback, as the Assessors/Supervisors were not on site all the time:

PA2 We don't know the artists, they don't know us, it's like mentoring students with a million bespoke placements.

Suggestions to resolve this including weekly catch ups, which would potentially alleviate concerns around signing proficiencies. One aspect that came through was that the artists, as non-registrants, could not "assess" students.

3.5.4. Achievement of NMC proficiencies

The Assessors/Supervisors were new to the model of indirect supervision and were uncertain about signing proficiencies. This was due to a lack of evidence submitted and engagement by some students. Further, Assessors/Supervisors' confidence in relying on others' feedback was challenged. Interestingly one Assessor felt able to sign more of the proficiencies because she, PA1 'looked at it in the context of the placement rather than a traditional placement'.

3.5.5. Positive learning experience

They thought the placement was excellent PA3 'I wish I had had something like this when I was training' and observed it helped improve students' communication skills. Another perceived benefit was students learning how to signpost patients to social prescribing services; one used the example of a falls clinic where patients could be encouraged to build core strength through movement. Overall, the consensus was that the art sessions were the most successful, they also noted that when the dance artists listened to the student concerns and adapted sessions, the students developed improved understanding of how the skills they were learning related to nursing practice.

3.5.6. Student attitude

They all commented on the students' enthusiasm on placement one rapidly gaining momentum as their knowledge of Creative Health developed. They also noted this improvement in attitude was less noticeable in placement two, observing these students were not as engaged, and there was an obsession with completing proficiencies. One of the Assessors/Supervisors hypothesised that the enthusiasm in placement one was because it was an earlier placement and there was less anxiety about proficiency attainment at that specific timepoint. However, all four noted an improvement in student attitude, and felt this could be further improved with additional pre-placement information.

3.6. Feedback from artists

In placement one, the artists felt their role lacked clarity, both for them and the students. There was a process of trial and error, as they found activities that would both engage and enlighten students. In both placements, they perceived arcs in the student experience, with students 'resisting' at first. At the start of the placement, some students had issues with exploring Creative Health through arts practice because it did not seem to 'fit' with their current understanding of the nursing role. As one arts practitioner said, 'I felt... they didn't really know why they were doing it.' Behind such resistance was another anxiety; students had to 'get over all that kind of vulnerability of showing [artistic] stuff.' Their resistance surfaced most clearly where they felt vulnerable in dance and music, although this was also apparent across the other arts activities. With dance, students had a 'preconception about what dance is', and concerns also centred on touch, which the practitioner regarded as tactile communication: 'You communicate through the touch, and you sort of like, learn to know when touch is invited.' However, even when framed as an activity that required prior consent, or one that was essential to professional practice, it was a problematic issue for some students.

Meanwhile, the music practitioner found the full student group 'quite difficult to manage' and keep focused, as there were issues with 'the vibe' of the placement, which impacted participation. Issues of trust were reflected in how students responded to the artist, with one assuming that students were not being candid with her. She observed that students said they were:

A1 Absolutely hating this or whatever, and then you hear another comment on another day saying they told somebody else that it was great, or vice versa.

The arc was completed when they found solutions to enlighten the students to the value of Creative Health. This often meant moving from a teaching to an in-situ, practice scenario, engaging with the students as if they were participants in a social prescribing session. This included using the classroom walls to claim the room as an arts space. For an art-making practitioner:

A2 I took a step back from kind of teaching them, and just ran it as if they were vulnerable adults or young people.

Tangible examples helped the students comprehend the application of Creative Health in context. For example, the dance artist linked up live online with a group of older people in a physical activity session run by her colleague, students could see the process in action. Another said, the first placement appeared:

A3 Too abstract without the students having any sort of real-life participants for them to practice with.

The second placement held new challenges. It got off to a difficult start due to external factors, a train strike. Some students were critical of what they perceived to be a lack of organisation, poor communication, or inconsistency that further hindered the placement. Artists detected

some attitudinal barriers, with one saying that students A1 'made their mind up before they walked in.' There was also a perception that a small minority of vocal students quite strongly affected the rest of the students, positively in the first placement, but quite negatively in the second. Nevertheless, the artist, observed that, in general, there was a greater sense of positivity about their role in the second placement, as they felt more experienced, and were pleased that the assessors were more closely integrated, acting as advocates for Creative Health. The artist also had a 'wish list' of things they wanted to change. One issue that concerned the artists was the café, which gave visitors a place to relax upon arrival; however, this was often empty, resulting in the students who were running it becoming restless and occasionally having to be told to keep quiet. Meanwhile, the music artist wished for outside clients, particularly older people, because then:

A4 You are forced to operate at the person's pace... it might take like 10 weeks to cover a hundredth of what we've just talked about.

They felt a buddy system, to provide mutual support would be beneficial. They also wanted more communication to help establish the context and learning setting. The aim would be to ensure that students were engaged from the start, or in their words; 'getting them at the beginning.'

3.7. Feedback from users

89 users completed the anonymous feedback. 98 % of users stated they would come again and were happy with the overall experience, and 100 % found that the offer made them feel better. Comments included "Very therapeutic activity, enjoyed taking time for myself and talking with the students" and "I left feeling much better than before", there were no negative comments made.

4. Discussion

The experience of the creative health placement has provided valuable learning in how we can embed future developments. Art based activities were more acceptable, and students asked for less dance. The pandemic may have contributed to concerns of touch linked to dance and is supported by [Levett-Jones et al. \(2024\)](#) who note meanings and emotions evoked by the arts can provoke learning, eliciting discomfort may prove a hinderance, potentially causing students without a background and interest in arts to disengage. Further although we did not measure socio economic background of the student, just their exposure to art-based practice, inequalities in health and access to a healthy and sustainable places and community may have impacted on the study. A significant number of students allocated to the placement come from a deprived area, are first generation to university and it is acknowledged within the creative health literature that people who access cultural activities (museums and galleries) and participate in creative activities are disproportionately prosperous and well-educated professionals ([APPG, 2017](#)). This may have impacted on their initial experience and expectations and may explain why the second placement was more challenging as less acknowledged prior experience. However, the skill of the artist to stimulate engagement and align the simulated practice to the real world also contributed. Feedback from both artist and students noted that real life experiences and scenarios aided learning and understanding.

Feedback from students, artists and practice assessors/supervisors will now allow us to shape future placements. Consideration is needed with regards to the placement location and how we manage the transition from theory into practice. We concluded that the mental health first aid course was not formally required. Formulising access to social prescribing offers and aligning to these to the nursing field we anticipate will aid understanding. Further the evaluation demonstrated the frustration of not always having service users, consideration is now needed

how we can attract more people to attend the offer. Greater collaboration and communication between the Artist and the practice assessor/supervisor is also an area for future work. All of us undertook a journey and learning occurred in real time, in particular students overall articulated a journey of enlightenment (Ridgway et al., 2024). Being able to adapt during the placement was a key to test out concepts and enable the placement to move forward. As there was no known literature about a creative health placement a lot of the time until we participated the consequences were unknown and processes were very much trial and error. This evaluation now provides the road map for future placements.

Although we had provided preparatory materials feedback from the students and artists suggested greater preparation for practice was required. We expected some challenges regarding the conceptualisation of the placement, but work is needed to develop entrenched social views of nursing. It is acknowledged that stereotypical views about nursing and tasks they perform persist (van der Cingel and Brouwer, 2021), further as nurses join the profession their own professional identity will be ultimately shaped by their experiences. The NMC (2018a) Future Nurse Annex B reinforces this public perception, making placements that step away from traditional acquisition of skills challenging to comprehend. Work is needed to expand awareness of placement learning opportunities in nursing as 50 % of students felt disadvantaged compared to their peers on traditional placements.

The placement however demonstrated that a key set of soft skills were developed. For adult and child students' exposure to mental health field experience was seen as a positive outcome. Measuring the outcomes of arts in health education (Noonan et al., 2015) is challenging,

particularly in the early stages of an innovative implementation. Nevertheless, despite some issues in introducing the students to the placement, learning and development were evidenced as they adapted to thinking beyond achieving proficiencies and started to develop reflexive and reflective thinking. Students articulated improved communication skills, ability to work collaboratively and enhanced empathy. These attributes are key factors for student nurses in contemporary health care delivery, the nursing role requires a workforce who can care for patients in appropriate ways using the skills of critical thinking, observation, inquiry and interpretation (Casey, 2009; McKie, 2012). These qualities are challenging to develop in students, because soft skills cannot be taught directly by rote, rather, they emerge and are engendered as the student proceeds on a journey of discovery about themselves and others as they explore creative methods. Students on the placement experienced social prescribing activities that took them out of a familiar learning environment, which necessitated active engagement with their own learning (Levett-Jones et al., 2024; McKie, 2012). In doing so, some students were challenged and reported there were times when they felt confusion and self-consciousness; however, most students reflected that out of this process, enlightenment and comprehension emerged as they completed the placement (Fig. 2).

Empathy and compassion can be nurtured among healthcare students as they engage with the arts in meaningful ways, enabling the development of improved perceptual processing, an understanding of nuance, and the broadening of new and divergent worldviews (Levett-Jones et al., 2024). These are not only desirable qualities for nurses to have but are vital core principles in safe working practices (Kirkup,

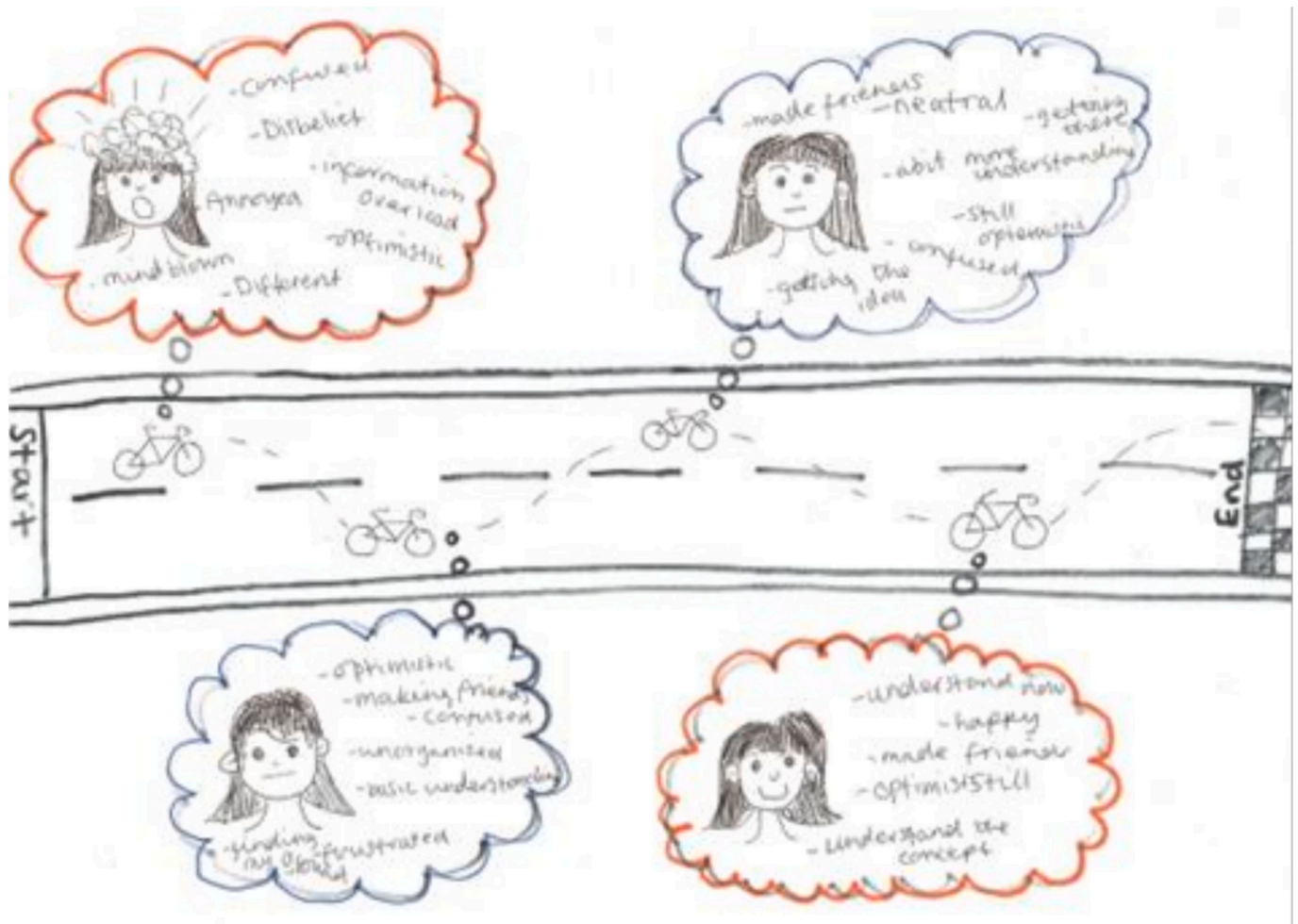


Fig. 2. Evaluation material, drawn responses of their creative journey.

2022). The ability to demonstrate empathy, active listening, and kindness are significant in supporting effective patient care and good teamwork (Kirkup, 2022). Therefore, introducing creative methodologies into nursing education demonstrates a commitment to building rounded programmes of learning that are designed to produce compassionate cultures of care (NHS, 2019). Students experienced a confrontation with uncertainty on the placement, their expectations about what they would learn and the proficiencies they would achieve were challenged by the unexpected context of arts-based learning, which draws from the individual's perceptions and subconscious, thus unlocking access to different types of knowledge (Grindell et al., 2022). The ability to effectively communicate, to read a patient or colleague's body language or the sub-text of their words requires intuitive emotional intelligence, qualities that are difficult to engender through fact-based learning. Hence, Creative Health can introduce new methods of thinking and knowing to nursing students, reflecting the complexity and diversity of contemporary life, patient populations, and the staff who serve them. The conceptual and epistemological shift in approach that the students experienced focuses beyond the biomedical needs of their patients (Williams et al., 2024), to engagement with non-medicalised, holistic ways of thinking and caring. This was explained succinctly by one student who commented that '*you don't just have to just give meds to engage in care with people*'. The implication of the students' learning on the placement is that they can draw from this alternative source of knowledge and techniques when caring for their patients, signposting them to meaningful activities that nurture a sense of belonging, tackle isolation (Stickley and Hui, 2012), and offer non-medicalised sources of hope and meaning in their lives.

4.1. Limitations

Although our study explored the experiences of all those involved in the Creative Health placement it does contain limitations. First, only a small number of student nurses undertook the placement, and a larger research study is needed to continue building knowledge in this area. Secondly, we did not measure wellbeing of participants, and we recommend that future research considers this.

5. Conclusions

It has been seven years since the publication of the Creative Health Enquiry report that recommended education of Health Care Professionals on creative health should be part of their learning. Continued evidence published articulates the benefit of a range of interventions suggesting it would be remiss of educators not to include learning on this. This placement has provided us with evidence that a creative health placement was effective abet with some developments for future cohorts. This placement features in the [National Centre for Creative Health \(2023\) Tool Kit](#) as an example and we have now implemented the placement for all first-year nursing students and won the student nursing times award for Community placement of the year 2023.

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CRedit authorship contribution statement

Victoria Ridgway: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources,

Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Sarah Skyrme:** Writing – review & editing, Visualization. **Russell Henshaw:** Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Formal analysis, Data curation. **Janet Blain:** Writing – original draft, Formal analysis. **Jenny Devine:** Writing – original draft, Supervision, Investigation, Formal analysis, Data curation. **Debbie Mitchell:** Writing – original draft, Supervision, Investigation, Formal analysis, Data curation. **Mark Duffett:** Writing – original draft, Supervision, Investigation, Formal analysis, Data curation. **Rebecca Bailey McHale:** Writing – original draft, Supervision, Investigation, Formal analysis, Data curation, Conceptualization.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A

Creative Health Placement Evaluation Form

1. I have had experience of arts prior to this placement (such as playing an instrument, singing in a group, dancing or visual arts, having an academic qualification in an arts based subject - GCSE, A level, BTEC)

Yes/no

Please explain experience.....

Questions 2 onwards Use of a Likert Scale Strongly Agree–Strongly Disagree.

2. There was sufficient preparatory information prior to my creative health placement
3. The induction week prepared me with sufficiently for the creative health placement
4. The use of the Microsoft Teams tile allowed me to engage with my peers and artists during the placement.
5. The Mental Health First Aid/Mental Health orientation course provided me with sufficient skills to help facilitate creative health activity and the café.
6. I was unsure about facilitating creative health activity at the beginning of the placement
7. The format of the placement was organised in a manner that helped me gain skills and knowledge of creative health
8. The creative health artists showed interest in helping me learn new skills
9. Working with the creative health artists has provided me with insight into creative health practice
10. The creative health placement has helped me to support an artist working in a creative health context
11. Working with the creative health artists has helped me appreciate how I can use creative health skills within my nursing practice

12. The long arm practice assessor was accessible and provided appropriate feedback on my progress at midway
13. The long arm practice supervisor provided appropriate support and guidance and feedback on my progress
14. It was clear which proficiencies I could achieve on the creative health placement
15. With reference to my achievement of the practice assessment document being allocated to the creative health placement disadvantaged me compared to my peers.
16. I was able to achieve the proficiencies in the practice assessment document during this placement
17. Engaging with social prescribing teams has increased my knowledge of health and wellbeing interventions
18. The action learning sets enabled me to reflect on my nursing practice and how creative health skills can be used in future placements
19. The action learning sets allowed me to reflect on my progress and identify areas for learning
20. The café space allowed me to be develop my communication skills through interaction with other people
21. The placement enabled to me to understand the impact of creative health on individuals' health and wellbeing
22. During this placement my perceptions of a typical nursing placement have been challenged
23. I am now more confident in facilitating creative health based activity
24. I would recommend this placement to other students
25. A creative health placement should be a part of the curriculum for all students
26. Overall, this placement met my expectations
27. List 3 key things you have learnt about during this creative health placement (free text answer)
28. Is there anything you would like to change about this placement (free text answer)

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