The Visual Arts in Northern Ireland Hospitals

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SUMMARY
Since 1989 there has been a burgeoning of the visual arts in Northern Ireland hospitals. This paper compares the three organisational models for hospital arts currently operating within the Province and in an overview discusses ways to coordinate working practice for future development of the visual arts in local hospitals.

INTRODUCTION
Within the rapidly changing culture of the National Health Service there is a growing recognition that the visual arts have an effective contribution to make to the quality of both the physical and social health care environments. Art projects have been established in many hospitals, and aesthetic considerations are increasingly being given to newbuild and refurbishment schemes. Within Northern Ireland (NI) there are currently three organisational models for hospital arts: the Royal Hospitals’ in-house Arts and Environment Project; the art programme at Antrim Hospital directed by Health Care Arts, Dundee; and ArtsCare, which acts as an umbrella group in the provision of arts for many NI hospitals. These three models represent, respectively, a local hospital group, a national organisation and a provincial organisation. This paper looks at the structures of the three models and their approaches to the visual arts within the hospital environment, and in an overview identifies common areas of interest and initiatives which could encourage a more innovative development of the visual arts within NI hospitals.

THE ARTS AND ENVIRONMENT PROJECT, THE ROYAL HOSPITALS, BELFAST, 1989-95
The Arts and Environment Project, which was established at the Royal Hospitals in 1989, has the stated objective of improving and enriching the total environment of the hospital. The Project is run by an Advisory Committee, consisting of members of staff and practising artists, and centres on an artist-in-residence. Since the inception of the Project there have been two artists-in-residence, each employed on a part-time basis (22 hours per week). The artist-in-residence has an extensive job description involving a wide range of artistic, administrative and managerial skills, including fund-raising. In addition to producing artwork, the artist-in-residence is also responsible for commissioning and co-ordinating the work of other artists and involving patients, staff and the local community in appropriate aspects of the Project.

The Arts and Environment Project at the Royal Hospitals represented an innovation for hospitals in NI and was viewed by the Department of Health and Social Services (DHSS) as a pilot study for other Health and Social Services Boards within the province. In its first

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four years, Michael Swallow, who was then Chair of the Advisory Committee, and Ruth Priestly, the first artist-in-residence, had the difficult task of establishing the groundwork for the Project. This included building up good working relationships with individuals and departments and establishing the credibility for contemporary art within a highly structured and well-established hospital organisation. The setting up of the Arts and Environment Project was documented in an evaluation of the Project carried out in 1991.3

A wide range of art activities, including the performing arts and creative writing, has been undertaken by the Arts and Environment Project. The visual artwork falls broadly into five categories:

— artwork produced by the artist-in-residence;
— commissioned artwork;
— patient workshops;
— artwork by students from the Faculty of Art and Design, University of Ulster (UU);
— a collection of original artwork for loan to departments within the hospital.

Murals are a dominant feature of the artwork to date. They have been introduced into four prominent public sites: Ruth Priestly’s aquarium and wave murals at ‘A’ Block (1990-92); Eileen Bannon’s Medicinal Herbs and Plants mural (1993) in the link corridor; Brendan Ellis’ Four Seasons mural (1993) at the entrance to the Outpatient Department; and a mural, untitled (1992), by Ben Allen in Chatters Restaurant. Two major site specific sculptures have also been commissioned: a sculpture in wood, untitled (1993) by Owen Crawford and a sculpture in aluminium and copper, Microscope (1994) by Lorna Flanagan (Fig 1).

As the Project has progressed, many staff feel that it is improving the hospital environment, and it has stimulated some staff throughout the site to consider the aesthetics of their own

Fig 1. Lorna Flanagan, Microscope (1994) Royal Hospitals, Belfast.

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working areas. During the course of research by the author for a case study on the Project a number of medical staff indicated that they find it hard to reconcile the Arts and Environment Project with financial cutbacks in clinical areas and remain cynical about the value of art within the hospital environment. Despite the fact that the Project does not receive funding from any medical budget, there remains some resentment that an art project can go ahead while financial constraints in the clinical areas bear ever harder. Such comments would, of course, represent a common attitude among many staff – and public – towards art in hospitals and there would seem to be a need for those responsible for the provision of art in hospitals to highlight the value of creative thought and activity and its benefit to patients and visitors for whom the hospital environment can be both intimidating and threatening. The vulnerability and stress often experienced by patients and visitors underline the need for supportive environments, and a discriminating use of the arts contributes significantly towards creating such environments, giving users a sense of self-identity and self-worth. The quality of the working environment can also have a major impact, for good or ill, upon staff performance, morale and self-worth, an important factor for the Royal Hospitals as a major employer.

The administration of the Project, including fund-raising, is undertaken by the Chair of the Advisory Committee, a full-time consultant physician, and the artist-in-residence.

Sources providing financial support for the Project include the Arts Council, the Gulbenkian Foundation, the NI Voluntary Trust and Hospital Trust Funds.

The commissioning of a new children’s hospital and the appointment of local artist, Rita Duffy, as arts adviser to the design team presents an exciting opportunity for the visual arts to be given a major role in this newbuild, directly influencing the way users experience it. The rebuilding of the Royal Victoria Hospital represents a further opportunity for art involvement from the earliest stage of planning. As with all major capital projects the arts should be considered as an integral part of the planning process, necessitating the appointment of an arts adviser from the outset of planning to allow for co-ordination between all members of the design team including architects, designers, engineers and arts adviser. Now that architects for the new building have been commissioned such an appointment is opportune.

The Arts and Environment Project has become an established feature of the Royal Hospitals. It has now established its credibility and the time is ripe for imaginative, high quality artwork which would be more challenging artistically.

ART PROGRAMME AT ANTRIM HOSPITAL DIRECTED BY HEALTH CARE ARTS, DUNDEE, 1991-95

An Artworks Group was formed in response to the commissioning of the Antrim Hospital, which was officially opened in July 1994, to initiate a programme of art for the new building. Several years into the project the Artworks Group recognised the need for specialist expertise and advice in organising and managing the art programme, and in 1991 Health Care Arts, Dundee were appointed as external art consultants to oversee the project.

Health Care Arts have considerable expertise in introducing and developing art programmes in hospitals throughout Scotland and have wide experience in the area of fund-raising. The Director of Health Care Arts, Elizabeth McFall, hails from County Antrim where her family still lives. She is a graduate of the Faculty of Art and Design, UU. McFall is therefore familiar with social and political factors within NI and has an awareness of the local art scene. The huge administrative workload in organising art in hospitals and the management of commissions is a crucial service which Health Care Arts undertake. Their initial
appointment was for one year, with their contract renewable annually; their current contract expires in October 1995.

Health Care Arts interests focus on the visual arts – they are not involved in the performing arts. They have a major input into the craft sector and are the biggest craft commissioners in Scotland. According to McFall the crafts have a particularly wide appeal in that people are interested in and appreciate how things are made even if they cannot grasp the fuller artistic references or significance. Health Care Arts’ aim is that artwork should be of the highest possible quality and should integrate with the surroundings.

Fig 2. Eamon O’Doherty, *Swans in Flight* (1994) Antrim Hospital.

The Artworks Group, under the direction of Health Care Arts, have been selective in their approach, undertaking a staged introduction of artwork into the new building. A series of artworks was planned to be *in situ* for the official opening of the hospital and the main elements of this were:

— a ceramic commission for the Outpatient Department by Diane McCormick

— two sculpture commissions for the hospital grounds by Brian Connelly and Eamon O’Doherty (Fig 2)

— a schools project

— an exhibition space

The initial programme centres on three major commissions which have set a standard at the outset against which future artwork can be judged. The Artworks Group have resisted ‘decorating’ walls or covering large areas quickly, as is the aim with some large-scale murals, adopting instead a more considered approach.

While the Antrim Hospital is externally attractive – a low-level building with the emphasis upon natural materials, situated in a pleasant rural setting - the interior is, by contrast, predictable, bland and institutional. The main entrance to the hospital has few distinguishing
features and the entrance foyer is cold and unwelcoming. Internally the main corridors of the three levels have a common colour scheme, and conventional hospital signage has been used. At Antrim Hospital the function of the artwork is to humanise and personalise a sterile, institutional environment rather than to complement or enhance a stimulating architectural design. This may be partly due to the nucleus design of the building which precludes a total integration of art and architecture producing as it does a hospital design to a stereotype. Also, the appointment of Health Care Arts several years into the planning process ruled out close co-ordination and consultation with members of the design team from the outset.

While Health Care Arts give leadership and management to art projects, one of their main roles is that of facilitator, enabling local art committees to make their own choices and decisions. This is done through an educative process of presenting examples of good practice demonstrating the richness and scope of the visual arts. As part of this process the Artworks Group visited several art exhibitions, including final year degree shows at the Faculty of Art and Design, UU. This helped to acquaint the Group with a wide range of contemporary art, including some of the more innovative art, and also gave an opportunity to meet new artists.

Considerable time and energy have been expended by the Artworks Group in fund-raising. A ‘percent for art’ policy was not adopted at Antrim Hospital, and with foresight the ring-fencing of a proportion of the building costs to finance an arts programme would have freed the Artworks Group to utilise their energies in the commissioning and purchasing of a greater number of artworks. It is hoped that the experience with fund-raising at Antrim Hospital will encourage those involved in the commissioning of new health buildings to consider adopting a ‘percent for art’ policy.

Fig 3. Terence Gravett, The Magic of Mechanics (1994) Ulster Hospital, Dundonald.

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In March 1994 the Antrim Hospital became operational and, as many of the original Artworks Group are no longer directly involved with the hospital, a new art committee is being formed.

**ARTSCARE, 1992-95**

ArtsCare is a voluntary trust established in 1992 by the DHSS to promote and co-ordinate the development of the arts in health care environs throughout NI. ArtsCare was established in response to the Arts and Environment Project at the Royal Hospitals which was viewed by the DHSS as a pilot project for a local arts organisation operating within the public health care sector. ArtsCare is run by a Board of Trustees who represent a broad spectrum of the arts and health care.

The role of ArtsCare is to work as activator and catalyst in conjunction with hospital and community trusts and district medical units in NI, and this is achieved through establishing a framework of ArtsCare groups in health care setting throughout the province. ArtsCare groups have a large measure of autonomy within each hospital and it is the responsibility of individual groups to identify the arts needs for their own environment. When an ArtsCare group is established, a member of the Board of Trustees is co-opted on to the committee and this allows for co-ordination and support with the core organisation. The groups which have been most successful are those with interested and enthusiastic committee members.

ArtsCare groups can apply to the Board of Trustees for funding for projects but are also encouraged to make their own efforts to secure funding.

ArtsCare is involved in promoting a broad spectrum of the arts including both visual and performing arts. The major input into the visual arts includes:

- (a) the appointment of part-time artists-in-residence at Green Park Healthcare Trust, Belfast, Knockbracken Healthcare Park, Belfast, and Belfast City Hospital
- (b) a commissioned mural at the Ulster Hospital, Dundonald, by Terence Gravett (Fig 3)
- (c) a series of patient workshops at Windsor House, Belfast City Hospital
- (d) a collection of original artwork for loan to individual ArtsCare groups

ArtsCare has developed a strong community arts base. Many of the visual arts projects have patient involvement and it is noteworthy that in the visual arts they have had a major input in the area of mental health, such as long-stay psychiatric hospitals, thus presenting greater opportunities for patient participation than in acute hospitals where the artistic emphasis is usually on environmental enhancement. The appointment of artists-in-residence at Knockbracken Healthcare Park, Green Park Healthcare Unit Trust and Belfast City Hospital has provided a firm base for the development of an arts provision on these three major hospital sites.

In its short history, ArtsCare has made a major contribution to the provision of art in health care environs in NI. ArtsCare groups have been established in units within all four Health and Social Services Boards, increasing awareness of the hospital environment and its potential for the arts. Support from the DHSS, who were instrumental in its establishment, gives it a firm credibility base from which to operate.

With ArtsCare groups growing in number, and the consequent growth in arts activities, the demand on the part-time voluntary Chair and Board of Trustees must be great and it is difficult to see how the organisation can be run on this basis in the long term. With more

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people, services could be extended and enhanced to facilitate the growing number of ArtsCare groups and the development of art in hospitals and other health care units throughout the province.

OVERVIEW
The three organisational models presented here have been largely responsible for a rapid development of the visual arts in NI hospitals over six years. The innovative activity of the Arts and Environment Project at the Royal Hospitals, the educative and managerial expertise of Health Care Arts at Antrim Hospital and the strong community arts base of ArtsCare are all major factors in this development. It is the author's view that there is room for all three models within the province.

There are, however, common areas of interest and initiatives which could be developed for the benefit of all organising bodies in the province. These include:

— (a) the fostering of communication networks at committee level between all organising bodies.

— (b) the dissemination of information, advice and examples of good practice. This could take place through conferences or seminars which encourage debate and dialogue. Both the Arts Council and the Faculty of Art and Design, UU, have played a significant part in encouraging art in hospitals and could have a role in stimulating debate. Such forums should also be of interest to architects and planners within the Estates Services Directorate of the DHSS who, through new hospitals buildings and refurbishment schemes, can influence and encourage a greater degree of integration between art and architecture. The publication of information packs, would also contribute towards improving art practice. The dissemination of information and models of good practice could also be useful in attracting sponsorship for projects.

— (c) education and training initiatives for artists and NHS staff interested in the role of the arts in health care environments. Understanding the processes of artistic thought and activity can be as alien to hospital staff as can the clinical environment for the artist. The marrying of art and hospital practice requires understanding on the part of both artists and NHS staff, and local co-ordination of resources could provide an effective network of training and education initiatives benefitting both hospital users and art practitioners.

— (d) issues of finance and fund-raising. Common sources of funding tapped by all three models include the Arts Council, the NI Voluntary Trust, Association for Business Sponsorship of the Arts, DHSS and commercial sponsorship. Considerable time and energy are expended by committees in raising funds and this is an area in which ArtsCare could take the lead and have a major role as a funding body. Opportunities to apply for funding could be extended to projects which do not come under the umbrella of ArtsCare and, as is good practice, the source of funding would be clearly acknowledged alongside the artwork.

A process of monitoring and evaluation of art projects in hospitals has much to commend it and has great value in maintaining overall standards, improving quality, encouraging innovation and providing reassurance of merit to fund-aiding bodies. Important lessons can be learned which can influence future art practice and provide models of good practice. While evaluation is a major commitment in terms of time and resources, benefits could prove invaluable in the long term development of the arts in local hospitals.

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With co-operation, debate and dissemination of information the firm base which has been established locally could be improved upon and developed, leading to a bolder and more stimulating approach to the visual arts in hospitals and contributing towards the many varied and distinct needs of those for whom hospitals exist.

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