THE DANCE OF COLLABORATION

Leadership lessons for implementing arts practices in healthcare settings to enhance patient care

Research Paper

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INTRODUCTION

The value of the arts to health and wellbeing has been documented in the international domain. However, in Singapore, little has been done to integrate arts practices in healthcare settings in a meaningful way.

This research paper focuses on a creative movement programme, *Everyday Waltzes* conducted by artists from The ARTS FISSION Company (AF), a contemporary dance company in Singapore led by Cultural Medallion recipient Angela Liong, for patients with dementia (and with participation from their respective caregivers) receiving care from the Singapore General Hospital (SGH). This was the result of a collaboration between the Department of Neurology at SGH, and AF, where the collaborators also became the principal investigators for a piece of clinical research on the programme.

Access to the interviewees of this report was made possible by Dr Felicia Low. Dr Low, upon the request of SGH, had solely taken the lead in locating the dance artist and obtaining private funding for *Everyday Waltzes*. Over 2010, Dr Low coordinated meetings held between the staff of SGH and Angela Liong to enable the implementation of the dance research initiative to take place at SGH over 6 sessions in 2011.

Please refer to Annex A for more information on the programme and clinical research.

While the clinical research led by SGH will go some way in providing more evidence to support an approach that incorporates the arts, there remains the organisational challenge of bringing together disparate stakeholders and ensuring a successful collaboration that will meet the desired objectives.

This paper thus uses *Everyday Waltzes* as a case study to draw out valuable lessons using the lens of leadership and organisational development. These lessons may be relevant not just for artists using creative movement but also across different artforms. The knowledge gleaned may also be useful for replicating the beneficial effects of such an integrative approach across various healthcare settings. To this end, a summary chart of the recommendations from this research has also been provided towards the end of this paper for easy reference.

BACKGROUND

This paper seeks to contribute towards research and discourse in the area of Arts in Health in Singapore, specifically in understanding how artists and healthcare staff, can collaborate effectively to enhance patient wellbeing, as well as other benefits that result for all stakeholders involved.

Arts in Health is a field that emerged from the 1970s, largely in countries such as the United States, England and Australia. It currently has a presence globally and there have been increased efforts in recent years to have international conversations around the sharing of practice, research, and further development of the field. Tan (2012) states that "it is clear through existing examples that advocacy of the healing and flourishing quality of art and a belief that art can make a difference in transforming healthcare experience are essential building blocks to conceive the field." A foremost researcher in Singapore of Arts in Health, he believes that the field is in its "embryonic stage", with its first documented efforts in 1998. Thus, any effort that is put into studying such initiatives, conducting research, documenting and critiquing the field would be an important contribution to its development, as well as its legitimacy as a field in Singapore.

It would seem that the current environment and timing in Singapore is suited to consider seriously the benefits of Arts in Health, across a range of settings. A primary reason would be her rapidly aging population, and healthcare issues that accompany being elderly. In an article by *The Straits Times* earlier this year on the launch of a 10-year study on the mental health of the elderly in Singapore, Deputy Prime Minister Tharman Shanmugaratnam mentioned that "the scale of the problem (rates of dementia and depression amongst the elderly) is going to grow rapidly because of our ageing population and we have to act now" (Tai, 2013). According to a 2006 study commissioned by the 15 Asia Pacific organization members of Alzheimer's Disease International (ADI), the region faces a "dementia epidemic". It estimates that Singapore currently has 22,000 people with dementia and that number is projected to increase 9.5 times to 187,000 by 2050 (ADI report 2006, p. 3).

The dementias are a group of diseases characterized by loss of short-term memory, cognitive abilities and daily functioning. The "burden of disease" is measured by the number of years of healthy life lost as a consequence of a condition and dementia has been characterized as being among the most disabling of chronic diseases (ibid., p. 2). The resultant social and economic impact on society is non trivial and there is a need to find new ways of providing care and support to dementia patients and their caregivers that will alleviate the disease burden of dementia.

The challenge now for policy makers is how best to utilise limited resources while improving outcomes for those affected by the disease. Recent approaches to dementia care have sought to go beyond the medical aspects to address the social, interpersonal and emotional needs of dementia patients (Fong et al. 2006, p. 5).

There are positive signs that some non-clinical interventions work well as a complement to conventional types of care. In *The Straits Times* article on the 10-year study mentioned earlier, music and art were two out of four activities conducted as part of a pilot programme where results showed reduced anxiety levels and symptoms of depression (Tai, 2013). Khoo Teck Puat Hospital runs a weekly Music and Activities Programme (MAP) for patients with moderate-stage dementia. This is a continuation of a programme that started in 2006 at Alexandra Hospital that featured storytelling and singing as part of its activities. The current MAP includes singing, music and movement, and memory sequences accompanied by music as well as drumming. Results from a study on the programme have been promising and found that patients who underwent MAP for three hours every week over eight weeks had less depressive and disruptive behavior as a result than non-participants (Wee, 2013).

Other international research has demonstrated that participation in leisure activities, especially dance, is associated with a reduced risk of developing dementia (Verghese et al., 2003). This is due to the combined benefits of dance being an aerobic exercise as well as a social activity. Studies have also shown that dance improves the wellbeing of patients as they start building relationships as well as experience a sense of belonging and lower rates of anxiety (Macdonald 2010). A study conducted by Bupa Care Services (2011, p. 3) based in the UK on the benefits of dance for the elderly found that dance:

- "is inclusive" and that "anyone and everyone can take part";
- can be "tailored to match the physical capabilities of an older person" as well as "reflect the cultural diversity of the older population";
- is a social activity that benefits "both the physical health of older people and promotes a sense of well-being and social inclusion".

Further, the study mentioned that "as non-verbal forms of communication, movement and dance are particularly suitable in the treatment of people with dementia and match well with the concept of person-centered care" (ibid., p. 11).

These findings bode well for Arts in Health programmes for seniors in Singapore. To investigate how the arts can have a greater impact beyond being a form of short-lived leisure activity for dementia patients, a clinical study was conducted by SGH with AF. The findings demonstrated benefit even from a short 6-session programme where participants were found to have improved physical skills, which in turn led to perceptions of increased quality of life and improved behaviours. The study recommends that future runs of the programme should involve a larger sample size and a longer programme to establish the findings, as well as the integration of the programme into regular treatment protocol if the evidence shows significant benefits. This recommendation demonstrates understanding of the potential of extending the benefits of the dance movement programme to more patients, making it widely accessible.

As such, with the hope that increasingly, more Arts in Health programmes will be created in healthcare settings, we should witness more instances of artists being

invited to collaborate with healthcare providers and their recipients. More attention needs to be paid to understanding how these collaborations are conducted, what are the factors that need to be in place for these collaborations to succeed as well as the unique role and the value the artist who utilises arts-based processes brings to a healthcare setting.

OBJECTIVES

In light of the background to this research paper, this research aims to do the following :

1. Examine the success factors that create the conditions for such a unique collaboration to succeed. How might the artists and healthcare professionals (clinicians and administrators) work together to better respond to the needs of patients?

2. Articulate a model for collaboration and leadership that locates artists, and their corresponding arts-based processes or methodology in the context of a healthcare setting. It is hoped that this model would serve as a useful diagnostic and planning tool for both artists as well as healthcare providers seeking to collaborate more effectively to bring Arts in Health programmes to patients and caregivers.

3. Enable all collaborators to better articulate and communicate the benefits of working with artists in healthcare, thereby becoming advocates for the field.

This research paper was based on *Everyday Waltzes*, as spearheaded and implemented at SGH by Dr Felicia Low. However, as this paper focuses on the collaboration between the artist-facilitators from AF and healthcare professionals at SGH, the results and outcomes of the paper are independent of the work and subsequent opinion of Dr Low.

The methodology behind artists working in communities that this paper would like to call attention to is Arts-Based Community Development (ABCD). ABCD is understood as a broad field that has different sub-fields and where the work takes on different forms. Thus, Arts in Health is considered a sub-field within ABCD. The field of ABCD has its own methodologies and vocabulary for discussing impact:

> Arts-Based Community Development is any arts-centered activity that contributes to the sustained advancement of human dignity, health, and/or productivity within a community. These include arts-based activities that:
> - educate and inform us about ourselves and the world;
> - inspire and mobilise individuals or groups;
> - nurture and heal people and/or communities;
> - build and improve community capacity and/or infrastructure.
>
> (Cleveland 2011, p. 4)

The specific questions this research paper seeks to address in light of the creative movement programme by The ARTS FISSION Company for patients with dementia at the Singapore General Hospital are:

1. What are the roles and inherent limitations of the various stakeholders involved in this process?

2. What are some strategies that may be employed to navigate differences?

3. How can the processes of arts-based community development practice within an established institution, with its own set of beliefs and practices lead to social innovation, where new ideas and insights are implemented to create impactful social value?

RESEARCH METHODOLOGY

This research paper utilises qualitative research methods, and a case study approach.

> Case studies can be either single or multiple-case designs. Single cases are used to confirm or challenge a theory, or to represent a unique or extreme case (Yin 1994). Single-case studies are also ideal for revelatory cases where an observer may have access to a phenomenon that was previously inaccessible.
>
> (Tellis, 1997)

The dance movement programme conducted by The ARTS FISSION Company with patients with dementia at the Singapore General Hospital is a unique single-case study, which was "previously inaccessible" as it is the only known dance movement programme to date conducted by artists with a patient group as part of a hospital-based support group programme.

Further:

> Case study is done in a way that incorporates the views of the "actors" in the case under study … (and) are multi-perspectival analyses. This means that the researcher considers not just the voice and perspective of the actors, but also of the relevant groups of actors and the interaction between them.
>
> (ibid., 1997)

As such, the research process involved conducting interviews with the various "actors" in the programme; including questions on interactions between them. This ensured that multiple perspectives were gained which provided for a more rich and layered understanding of the data. This was especially important, as the researchers were not present for the actual running of the programme, having heard about it only after it had recently been completed. Thus, no direct observations of the programme took place, only the reading of programme proposals, research outcomes and first-hand interviews with the various "actors" involved. However, the researchers are familiar with the facilitation and curriculum of the dance movement programme by the same artists/company, having observed them in different non-hospital based healthcare and community settings, where some of the participants are seniors with dementia.

Please refer to Annex B for a list of the research interviewees, as well as research questions posed.

In sum, a total of 10 interviews were conducted, with about 11 hours of audio recording. The interviewees included the principal investigators and stakeholders of the programme from the hospital and arts company, the artists, hospital administrators, some of the programme participants – patients and caregivers, as well as a key Arts in Health proponent and researcher in Singapore. Patients and their caregivers were shortlisted based on a diversity of ethnicity, gender, relationship between patient and caregiver, and willingness to be interviewed.

Data analysis of the interviews involved firstly, a process of transcribing followed by coding. Transcription for the interviews was largely done by tertiary students who were paid a fee. One interview with a patient and caregiver had to be translated from Mandarin into English, and was done by one of the researchers.

The researchers independently coded all the transcribed interviews, organising findings into areas identified by the research questions, as well as taking note of findings that may not fit into the research question. These areas/themes are:

- Leadership
- Collaboration
- Roles
- Challenges
- Strategies
- Innovation/New Ideas

The findings from each theme was then analysed independently by the researchers, followed by discussions as to what the data was demonstrating, relationships that emerged as well as unique findings.

Having data generated from multiple interviewees, together with the reading of documents and theories all contributes towards the validity of this research paper, in a process known as triangulation:

Case study is known as a triangulated research strategy. Snow and Anderson (cited in Feagin, Orum & Sjoberg, 1991) asserted that triangulation can occur with data, investigators, theories, and even methodologies. Stake (1995) stated that the protocols that are used to ensure accuracy and alternative explanations are called triangulation. The need for triangulation arises from the ethical need to confirm the validity of the processes.

(Tellis, 1997)

A mid-term report on the research was then written up explaining the process to date, as well as preliminary findings based on the themes listed earlier. This was circulated to the funding body for this research (National Arts Council), as well as key stakeholders of the dance movement programme – the principal investigators from the hospital and arts company, and the facilitator of Arts in Health programmes from the hospital. The report was accepted by all parties, with no further discussion or amendments requested.

The research findings have been written up in the following section of this paper, with the injection of the "actors" voices as much as possible. As well, recommendations surfaced from the researchers along the way and were noted down for inclusion in the paper.

The process of locating and creating a working model for conducting Arts in Health programmes in hospitals such as *Everyday Waltzes* involved examining the final findings, as well as recommendations from the researchers and seeking to organise them in a way that would be accessible for practitioners from both the arts and healthcare fields. This organisation of the findings and recommendations should be able to serve as a diagnostic and planning tool for future Arts in Health programmes involving artists working with patients in hospitals over a sustained period of time.

RESEARCH FINDINGS

Qualities of a Generative Collaboration

Collaborative advantage is concerned with the creation of synergy between collaborating organisations. Collaborative advantage will be achieved when something unusually creative is produced – perhaps an objective is met – that no one organisation could have produced on its own and when each organisation, through the collaboration, is able to achieve its own objectives better than it could alone. In some cases, it should also be possible to achieve some higher-level 'meta-objectives'; objectives for society as a whole rather than just for the participating organisations.

(Huxham, 1993)

The interviews conducted for this research revealed qualities that were present for a collaboration to be generative, and resulted in positive outcomes for patients. The outcomes achieved for patients could not occur without either organisation's – the artists and medical professionals' contribution and expertise. Furthermore, the research discovered other forms of value this collaboration afforded, as outlined in the section under Recommendations.

Areas that need more attention to contribute towards a more generative collaboration are raised further down under 'Challenges and Strategies'.

Multidisciplinary Team With Common Purpose

Collaborations are richer when people from different disciplines (eg. medical, artistic, administrative, etc.) bring different skills and perspectives to the table, contributing to the common objective. Good collaborators know what each brings to the table and what gaps need to be filled.

Establishing this multidisciplinary team is not an easy process. It involves building a relationship and having a common understanding of the purpose, requiring intentional effort sustained over a significant period of time.

> Gabriel: *"…what we had as an idea could be and was translated by Arts Fission."*

> Michael: *"The clarity of direction is very important for catalysts like arts, in terms of how then do I help you make sense of this thing, by giving you the right language, so when I talk to you, you get a direction and maybe it will help you to want to invest in this. And then we start to negotiate…"*

Clear Roles – Respecting Boundaries, Bridging Differences

Collaborators who are able to collaborate successfully have a clear understanding of their specific roles at any point in time, and respect one another's boundaries. Yet, these are permeable boundaries shaped through a dialogic process which continues to evolve as the "conversation" unfolds.

> Gabriel: *(Definition of collaboration) "…same set of outcomes coming together, ideas put together, all parties understood their roles and each one did their part."*

> Michael: *"Because it's multidisciplinary, the understanding should be established in terms of respect of individual disciplines and openness; the spirit of openness in terms of dialogue and conversation, which I think is the first point to start with. We establish a common understanding that this is a conversation."*

In addition, it is clear that the role of an Arts in Health facilitator within the hospital who serves to bridge practitioners from different fields with different perspectives, is crucial for successful collaborations. In this case, the facilitator was also a key initiator of the programme, and helped make it a reality.

Frequent and Open Communication

This is important especially in collaborations which involve different fields of knowledge and practice. Apart from verbal and written communications, understanding the field of one's co-collaborator through observations of practice is also important.

> Toby: *"I think the most important aspect was the communication. Dr. Shahul and Angela always involved me…"*

> Angela: *"…for one meeting we managed to do for process, he (neurologist) allowed us to observe his clinical session with the approval from the patients. So that was really quite an extraordinary experience for us."*

Ability to Question Assumptions, Improvise and Adapt

There must be a willingness among the team members to be open to different ways of achieving the final objective. During the course of the programme, there was constant experimentation on ways to engage the participants in more meaningful ways.

> Gabriel: *"…as long as you have the idea, or you have the intention, to improve a person's life, I think any and every means or avenue should be explored."*

> Toby: *"Every workshop that she (Angela) did she's always altering, making changes and adjusting."*

> Gabriel: *"Instead of focusing on say, cognitive techniques to try to improve them which can, sometimes well, they do help, it might be better to change the perception of how things change."*

One example would be in the participant makeup. The clinicians selected patients for the programme based on certain inclusion criteria. When the workshops started, the caregivers of these patients also started participating in the activities, causing the dynamic to shift. The artists incorporated this unplanned development into the programme which generated positive results. The artists and hospital staff could not discern between the caregivers and the patients as both groups were engaged equally in the dance process. This dissolution of roles was beneficial as they were set free from the limitations and expectations that usually came with their roles.

Mayu:	"In this dance class, we are all dancers. So they can forget things like 'I have to be a good husband. I have to be a good wife.'"
Angela:	"…the caregivers also were given kind of a different role, they get to see the patient, their charges in a very different light."
Mayu:	I felt everyone was too conscious about them being patients. Sometimes we also need to learn how to forget."

Exercising Leadership Regardless of Role or Position

There were instances in the case study where members of the team exercised leadership in their own unique ways. In this distributed model of leadership, ideas were initiated regardless of one's role and position. In the spirit of experimentation, these ideas were taken up, adapted and adopted as long as they contributed to the overarching purpose.

Gabriel:	"You can push from top down. But you can push also from bottom up. What we are doing is actually bottom up."
Hwee Ping:	"I sort of hide it under the whole community relations portfolio, so within community relations I have to engage community and I have to engage the patients… If I put myself up as an 'Arts for Health' facilitator, no hospital will employ you. However, a community engagement person, I do this this this, plus art. Yes, art is just a tool for me to get to this objective."

Challenges and Strategies

Several challenges surfaced in the course of implementation, both in terms of the partnership between the hospital staff and the artists as well as in the execution of the workshops. The interviewees reflected on the process and offered some observations about strategies that were used or could be considered for future programmes.

Challenges	Strategies
Lack of sustainable funding	Strategic cultivation of support and resources
Limited physical space	Create psychological space
Insufficient engagement time	Devise meaningful content
Difference in expectations	Build trust
Dominance of medical model	Reframe benefits of the arts

Challenge #1 : Lack of sustainable funding

Since the arts are currently not a priority in hospitals, resources are often channeled to other uses such as research. There is often no funding available to hire dedicated Arts in Health personnel even though the hospital administrators interviewed indicated that this role warranted a full time position. Some of the roles that an Arts in Health facilitator would carry out include: advocating the value of Arts in Health programmes, publicise programmes, write grant proposals/mobilise funding for programmes, steward money, manage expectations of stakeholders, facilitate programme implementation.

> Hwee Ping: *"So, you need to be a lot of things to kind of get this going and you can see actually, it is a full-time job."*

> Michael: *"Hospitals need an arts administrator because it is actually a very specific work."*

Such programmes are currently supported by ad-hoc funding. The funding for the hiring of artists for this particular programme was made possible with external funding and this could be a possible route to go for future projects. The downside to that is that only specific donor-favoured projects will get funded. The challenge to get longer-term funding to ensure sustainability remains an issue, as evidenced by the *Everyday Waltzes* programme being discontinued for now due to the lack of funding.

Strategy #1 : Strategic cultivation of support and resources

Sequencing the introduction of art forms with proven therapeutic effects before gradually going into more experimental approaches may be a prudent way of building leverage to push the envelope.

Similarly, cultivating allies amongst peers and superiors to champion the work involves strategic choices such as:

i) identifying those exposed to such ideas and are interested in this work;
ii) seed ideas with various people in the hospitals and respond when the timing is right;
iii) go for small wins and create visibility for successes;
iv) with proven results, expose more people to ideas;
v) invite partners to experience the process and to disseminate ideas;
vi) as more people get access to ideas, let the "energy spill".

> Michael: *"I think localising the project is important also, so that you keep it contained, you seed projects that become tangible in those spaces."*
>
> *"Creating visibility for these works are important, because the more visible they are, the more accessible people have to these ideas."*

> *"I have learned to target doctors who are interested in the arts, or doctors who have been exposed to such ideas, and have intention to pursue such work in the hospital. So I think part of the process is to really sniff out those doctors."*

> *"The strategy is actually to work with the staff first. So that they feel the process, and when they feel that process, like how I felt in that process, maybe they will feel more compelled and open to the idea."*

There needs to be a strong advocate for Arts in Health programmes who can continually focus attention on the issue. Toby is constantly promoting the programmes within SGH, gauging potential support and partnerships. For example, she strategically situates herself by the Arts in Health wall to speak with whomever she can from hospital administration who walks past about Arts in Health programmes.

> Toby: *"I shamelessly self promote, I do, I tell people, everyone I speak with (about Arts in Health programmes)."*

Challenge #2 : Limited physical space

The lack of a consistent, conducive space to conduct the programme was cited as a big challenge. The artists felt that a familiar environment would be important for the patients with dementia to enter into a state where they are able to engage deeply with the programme. Booking the same space at the same time every week proved to be a logistical challenge for the hospital administrators. This was in addition to the challenge that there were no dedicated spaces for such movement-based activities at the hospital.

> Angela: *"The spatial requirement really does play an important part in the success of the session; success meaning like we're able to deliver the curriculum, and with a kind of full concentration they can give us."*

> Toby: *"Angela's requirement when she needed space was that it had to be the same space all the time every week, so it took a little bit of time (to look), that's why this workshop was delayed by several weeks… It's (the hospital) not built specifically, you know, for this kind of work."*

Strategy #2 : Create psychological space

While having a dedicated physical space makes it easier for participants to get into a state of deep engagement, another way of approaching it would be to create the right atmosphere through the ability of the artist to hold the space for people to interact.

> Michael: "A lot of the work is about being present. What I realise at the end of the day is, the art is just the medium. It's the thing that holds all this energy together, and creates space for people to interact. And then through that interaction, it dissipates certain kinds of strangle that the space imposes on the individual as the person is a patient in that space."

The interviews with hospital staff, artists, caregivers and patients revealed that despite the participants coming from different socio-economic backgrounds, the camaraderie amongst them was strong. This seemed to be a result of intentional efforts by the Arts In Health facilitator and the artists to create a safe and familiar environment for meaningful interaction to happen. In particular, a socialised environment enabled a sense of camaraderie amongst participants (both patients and caregivers) because they were all interacting on a level playing field.

> Mayu: "…actually in the end, I did not feel who is patient, who is caregivers, because they all enjoying dancing together."

> Angela: "So hopefully if we could get that sense of camaraderie, of sharing, socialisation, which is very important, nobody look at them as they're weird, everybody was just having fun. Even the caregivers, they're making mistakes. So I (the patient) am not the only one who have problem with this movement or doing something or remembering something…"

> Toby: "…it didn't feel medical, it didn't feel like it was a hospital."

A safe and social environment was also created by having comfortable spaces for participants and artists to interact before and after each session, and some participants also brought home-cooked food and desserts to share with everyone. This aspect of the programme should not be underestimated and contributes significantly to the total atmosphere and environment created, relationships formed and trust built.

> Toby: "There wasn't any tension in the first place, it's only because it was a social setting. … it was so comfortable, it was all, we've reached a certain level of friendship, if you could call it that."

Christine, one of the caregivers who participated in the programme commented that the sessions felt "more like a party":

> Christine: "... in the beginning, in the starting, (and) after the session, you get food … But the get-together, you know it's the get-together ... where they change views and they talk ... And sometimes caregivers do exchange views. They will talk about someone else, and what they do..."

Challenge #3 : Insufficient engagement time

Most interviewees felt that engagement time for the programme needed to be longer for impact to be felt. A longer period of study would also result in more robust findings, which would bolster the credibility of the research and therefore provide evidence for the benefits of such programmes.

> Hwee Ping: *"Unfortunately, I don't have the chance to see it work for the same group over and over again and track the kind of improvement. That would be ideal but very often it's a touch and go, one-off project. So we measure whatever we can measure based on that."*

> Michael: *"In the process of working with hospitals, I realise that hospitals face the challenge of measurement and data, because it's (the programme) not long enough to capture the impact."*

Strategy #3 : Devise meaningful content

Given the limited engagement time, the artists felt that if they had access to patient information prior to the workshops, that would have helped them to develop more relevant content for the programme which would have benefited the participants more. Since the creative movement workshop involved dance imagery, i.e getting participants to imagine scenes that corresponded with the actions they were doing, the artists felt that participants would have responded better if they were stimulated by things/events from their personal history.

> Angela: *"…when you do programmes involving the arts in a medical setting, the artistic process behind devising a programme involves storying. So we need to know the patient's story in order to devise a curriculum that is personalised, that will result in movements that are beneficial."*

The importance of this approach is highlighted in an article featuring a collaboration between a textile artist and a general practitioner:

> During the discussion Susie (the artist) becomes acquainted with the medical theory underpinning each piece, and contributes ideas and thoughts arising from her own experience. In this way, the creative process mirrors the process of shared decision-making in medicine whereby information is shared and refined between doctor and patient before moving towards an agreed plan of action. Susie takes the lead in designing each piece but again it is a collaborative process.
>
> (Lee, 2002)

Thus, having access to specific medical information and being able to discuss its meaning and significance in light of the artistic process, in order to make shared decisions between collaborators is an important aspect of a meaningful and beneficial collaboration.

There may be reluctance or inability to share certain aspects of patient information with the artists facilitating the programme due to confidentiality issues. However, this can be explored between the medical professional and patient beforehand as to the degree of information he/she is comfortable revealing to the artist, and more importantly, the rationale behind sharing the information i.e. enriching the programme design which would benefit patients.

The importance of improvisation as a skill was highlighted in the interviews. The artists were constantly tweaking lesson plans based on the responses of the participants to the music and to the movements. Therefore, the devising process carries through from the design to the implementation phases.

> *Mayu:*   *"I observe them very well. I try to feel. Actually we collaborate with patients, to conduct the class."*

> *Michael:*   *"I think there could be projects that would be designed to actually tap more into the imagination, that tap more into narratives, not in terms of getting them to speak about it, but to actually tease out as a creative outlet, certain notions and ideas that would start giving us access to what they feel."*

Challenge #4 : Differences in expectations among stakeholders

There was a mismatch of expectations about the level of involvement of the doctors in the process. The doctors saw the role of clinician and artist as separate, where each is an expert in his/her own field. In this case study, they limited their scope of involvement to patient selection and conducting pre and post-tests on them, preferring to leave the conducting of the programme to the artists. The artists on the other hand, felt that the programme could have been enriched by ongoing input from the doctors.

> *Dr. Shahul:*   *"My role is to select the patients. Her (Angela) role is to continue with the objective… My role is not to intervene in theirs."*

> *Angela:*   *"The doctor said, 'what we did is we already did our part before you actually started the whole workshop, we did a neuro-psychiatry test', so it's the same set of questions they are going to ask before, and after. But they didn't discuss this clearly with me and that's why all this time, I thought we were left groping in the dark."*

>   *"With the absence of the medical professionals there… I must admit we felt a little bit lost at times, and we don't want to take things for granted and let's just decide to do this, we wouldn't dare."*

Part of the reason for the mismatch lies in the fact that what the artists do is not intuitively understood by the medical professionals. The artists talked about the difficulty of communicating their ideas to the medical practitioners, especially when they did not share the artistic sensibilities of the artists.

The doctors and the artists also had to manage the expectations of the patients and caregivers, e.g. one of the caregivers felt that the pace was too slow and had expected to be taught proper dance steps. Even though a briefing was conducted before the start of the programme, the objective of the programme had to be reiterated to the caregivers during the programme.

Strategy #4 : Build trust

The need to speak the right "language" so that different parties may better understand one another and build trust featured prominently in the interviews. The language offered by the fields of psychology and sociology seemed to be a suitable "bridge" between the worlds of the arts and science. Having a basic understanding of the medical conditions of the patients will also enable the artists to have that "common language" with medical professionals.

> Michael: *"I think sociology negotiates this kind of terms in terms of identity, in terms of health, in terms of society, in terms of how health, illness affects your own identity."*

> Gabriel: *"I guess for both sides, it's going to be communication… psychology has always been sort of in-between two worlds – science and arts."*

> Hwee Ping: *"Angela was good because she could speak our language. She talked about the evidence, how the range of movement has increased."*

Along with that, being able to set expected outcomes based on a common purpose, articulating the process along the way all contribute towards the building of rapport and trust. This also involves setting aside dedicated time to remain in communication with each other.

Non-verbal communication such as experiencing the programme together, observing, feeling, even breathing together contributes a certain kind of "energy" that creates a bond among participants. The artists therefore recommended that medical personnel also take part in such programmes to fully appreciate the process and the benefits.

Some of these benefits have been documented, and in an article detailing the Arts in Health Movement in the US, Palmer (2001) documents instances where medical schools provide opportunities for students to take courses in the arts and humanities, including visual art and other artforms, where "the programmes are designed to help medical students and doctors who are seeking balance between the clinical aspects of medical care and the needs of patients, themselves and their families for tenderness and empathy". In recent years, such opportunities are

revealing themselves in Singapore, in institutions such as the National University Hospital, where a drama practitioner conducts workshops for doctors and trainees in using drama techniques to develop awareness, empathy and improve communication with patients and caregivers.

Palmer (ibid) also provides the example of a literary roundtable held every week at a hospital where healthcare staff met to discuss literature and how this helped sensitise them to becoming better practitioners – "the doctor's job is always an act of creative interpreting" - through learning how to listen and sense better, seeing through multiple perspectives and therefore making better interpretations.

Therefore, being engaged in arts experiences together with their patients as advocated by the artists in the *Everyday Waltzes* programme can afford healthcare professionals new perspectives and perhaps approaches to developing their own healing practice.

Challenge #5 : Dominance of medical model

In the medical model, evidence trumps. What counts as evidence is often what can be quantified. The focus is usually on curative treatments and on the physical body. The value of the artist and the artistic process is seldom recognised. Given the differences in temperament and discipline between practitioners in the medical and the artistic fields, there is unrealised potential benefit waiting to be tapped if we would shift mental models to look at the positive benefits of artistic processes.

> Angela: *"The scientists are trained, or researchers are trained to see things that are very specific. You isolate everything… But I think for us (artists), we're always working in such an organic, holistic way."*

Even in a collaboration, the artist has to frame results in a language that the medical professionals understand in order to gain legitimacy. The project wasn't evaluated from a non-medical perspective even though the artist had a clear vision of what she wanted to achieve, which is for the participants to "establish a strong sense of self". The dominance of the medical model has implications on the power dynamics among the collaborators.

> Angela: *"I got the feeling that whatever we evaluate is like pure observation and the medical aspects of it counts, ours doesn't really count as much."*

There was general consensus that measuring the outcomes of arts-based interventions was very challenging, given their subjective nature eg. quality of life, wellbeing of patients, quality of artwork. There are no easy indicators in arts-based programmes and few artists possess the expertise to conduct proper evaluation. This leads to a circular problem: no funding available for personnel

with expertise, no evaluation conducted, lack of evidence to back up efficacy of arts-based programmes, no funding for programmes.

Strategy #5 : Reframe benefits of the arts

There is a need to articulate the unique value of the arts in order to balance the current dominance of the medical model. Reframing the benefits of arts-based processes and the role of the artist in delivering such benefits confer legitimacy to operate in a healthcare setting.

The arts utilize processes such as improvisation, devising and storying that provides better context for deeper participant engagement. Interventions may be customised according to the specific individual and specific group. The use of indirect learning approaches, experimentation and iteration, tweaking according to participant response in order to develop curriculum ensures that the programme remains relevant and engaging. Artists employ techniques that build rapport with participants, raising the quality of interactions. They are also able to transfer meaningful skills and create an avenue for participants to express their identities.

At the same time, artists should understand the limitations faced by patients and know what the arts can do to complement medical treatment to alleviate their condition. This becomes specific knowledge that bridges the arts and health.

All these approaches contribute towards both intrinsic and instrumental benefits from working with the arts, where intrinsic benefits are "inherent in the arts experience itself and are valued for themselves rather than as a means to something else"; and instrumental benefits are "indirect outcomes of arts experiences", where the arts experience "is only a means to achieving benefits in non-arts areas" (McCarthy et al., 2004). In a study conducted by the aforementioned authors, intrinsic benefits of the arts included value such as captivation, pleasure, the creation of social bonds and expression of communal meaning. Furthermore, they found these intrinsic benefits to be "the fundamental layer of effects leading to many of the instrumental benefits" present in arts experiences.

Thus, the benefits or outcomes of the *Everyday Waltzes* programme revealed through the medical research, of improved physical skills which in turn led to perceptions of increased quality of life and improved behaviours are the instrumental benefits of participating in the programme, and occurred because of the intrinsic value participants experienced. The participants interviewed expressed this clearly, from Christine who was quoted earlier describing the time participants had together as "more like a party", to others:

> Sharifah: *"…my mum was having a lot of fun … the dance-based (activity) is more fun, and she recognizes some of the music and stuff like that … she was more cheerful, and she keeps mentioning about the people in the group, who's the funny ones, who's the comedian …"*

> *Michael:*   *"…that sense of achievement, that sense of accomplishment, is also well-being. Because it's affirmation, it's confidence. And that somehow is intangible, but it goes back into health. You know, in terms of mental health."*

It was the experiencing of these intrinsic benefits – fun (pleasure, captivation) and the social connections that occurred in the arts programme that ensured participation was high, where there was a zero drop-out rate; attendance and participation being an area of concern for other programmes run by the hospital for these patients. The patients and caregivers interviewed mentioned they would have liked for the creative movement programme to continue.

Artists evaluate process and participation, and observe the programme differently from healthcare professionals because of the nature of their field, and the vocabularies they use may sound different. However, they are no less credible or useful for the purposes of ongoing evaluation of the programme, or the final understanding of what has changed in the participants.

> *Michael:*   *"It feels like maybe sometimes we don't have to crunch numbers. I don't know. Maybe it is the qualitative measurements that is important in terms of the design of the project and the design of the question. How do we capture the significance of the experience that we provide in terms of changing their perception, their experience or their quality of life… a lot of measurement tools I've looked at, they're measuring the symptoms."*

RECOMMENDATIONS

## The Metaphor : The Balcony and the Dance Floor

In the book *Leadership Without Easy Answers*, Heifetz (1998, p. 253) used the metaphor of switching between dancing on the dance floor and watching others dance from the balcony to describe the importance of maintaining a balance between action and reflection, between doing and observing. Effective leadership happens when one is able to discern the bigger patterns inherent in a system then strategically intervening to exercise influence.

In our recommendations, we highlight two useful models for thinking about the dance of collaboration.

    i.   **The Strategic Triangle** : Adapting from Mark Moore's (1995, p. 70) strategic triangle framework for public value creation, we propose a diagnostic tool which allows a systemic analysis of the necessary conditions that contribute to generative collaborations between artists and hospitals.

    ii.   **Artist as Leader :** Taking the point of view of an artist, we adapt from the Living Leadership model (Binney, Williams & Wilke, 2012), and look at the choices that an artist must make when leading in the moment to steer successful collaborations within a hospital setting.

The Strategic Triangle

Diagnostic Model for Generative Collaboration between Artists and Healthcare Practitioners in a Hospital Setting
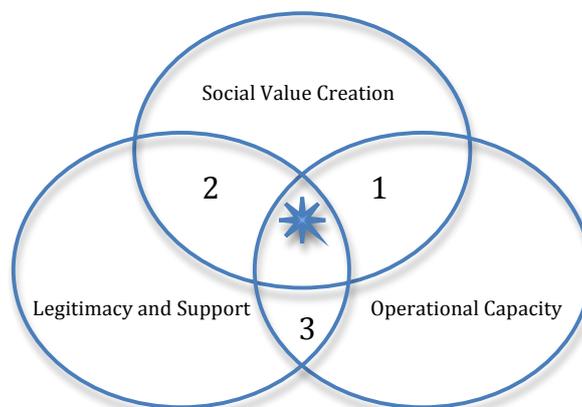
Social Value Creation (substance)
The purpose of the collaboration creates social value by contributing to patient wellbeing

Operational Capacity (organisational capacity)
Partners have the skills, expertise and are able to organise effectively to get things done

Legitimacy and Support (politics)
Resources such as support, authority and money are available to be tapped to sustain the partners' commitment to the endeavor

Using this model and asking the relevant questions, we see that all three components must be in place for true generative collaboration to happen. If one component is missing, we are faced with the following situations as outlined by Moore (2006):

1 – "Wishful Thinking"
We identify what is important and we have the capacity to do it, but lack the legitimacy and support to make a significant and sustained impact.

2 – "We Have a Dream"
The work is recognized as important and there is backing for it, but without the capacity to implement it, the dream will not become a reality.

3 – "Nightmare"
Having the backing and capacity to make something happen is of no use if it is not the right thing to do.

Social Value Creation

- The artist and the hospital should come to a common understanding of what value a particular collaboration will bring. This should extend beyond quantitative benefits and incorporate less tangible but no less valuable qualitative outcomes.

- Redefine patient wellbeing to encompass a more holistic view, shifting to the perspective of healing rather than curing. This involves the humanistic side of care where patients are affirmed as individuals rather than as an embodiment of their various medical conditions. There is a place for multimodality treatment, where the arts complement the treatment at hospitals to support the healing process, leading to both intrinsic and instrumental benefits.

- The hospital as community and social space holds potential for further development, as people – patients and caregivers - are in a psychological space where their current shared experience of being in a hospital allows them common ground to be somewhat vulnerable with each other,

cutting across socio-economic difference. The social bonds formed serve as sources of support and learning through the sharing of experiences, as well as motivation, egging one another on towards health and wellbeing. These social connections, and the opportunity to be with others experiencing similar health journeys are just as important to one's health and wellbeing as medical treatments and procedures.

Operational Capacity

- Take time and be intentional about assembling the right people, preferably with multidisciplinary skills, aligned towards a common purpose.

- Collaborators should have clear roles, respecting boundaries and trusting in the expertise that each brings to the table. They should also ideally have "a mutual desire to learn from each other" and "a sense of equality within the partnership" (Lee, 2002).

- An arts administrator working within the hospital is a key role that needs to be backed up with resources. It is important that this be a full-time position as this person serves the purpose of advocating and ensuring resources are devoted to arts programmes, bridging the different disciplines, managing relationships, coordinating efforts, etc. and is in many ways the lynchpin of a successful collaboration.

    The hospital administrators interviewed thought that while this role is of upmost importance, it is going to be difficult for hospital management to devote financial resources to supporting this full-time position, vis-à-vis other needs of the hospital. As such, the support from other public and private bodies who understand the value the arts brings to healthcare is very much needed in helping to develop capacity.

- Frequent and open communication is necessary for bringing together the different fields. Besides verbal and written communication, the sharing of common experiences, by having artists observe the practice of the doctors and having doctors experience part of the arts programme would be beneficial for creating common vocabularies from the fields of the arts and medicine, cultivating empathy and consequently enhancing collaborations.

Legitimacy and Support

- Reframe the benefits of arts-based processes and the role of the artist in delivering such benefits. This confers legitimacy to these kinds of unique collaborations to operate in a healthcare setting. The role of the artist should be valued for his/her particular approach or leadership style and not just the facilitator of the particular artform. It is through the unique way the artform is facilitated, through the way the artist communicates and the vocabulary used, and the manner in which relationships are

conducted, that contributes towards the benefits the arts brings to programmes such as *Everyday Waltzes*.

Being able to articulate and communicate the value of working with an artist helps contribute towards creating a more equal partnership, where the healthcare professionals are not the only leaders by default because of the healthcare context, possibly generating greater collaborative advantage. The idea of artist as leader is elaborated in the next section.

- Artists should understand the limitations faced by patients and know what the arts can do to complement medical treatment to alleviate their condition. This will require artists to independently read and find out more about specific medical conditions and to understand better how this impacts upon the patient. Tailoring arts programmes towards specific patients' needs then becomes specific knowledge that bridges the arts and health.

  Artists and relevant stakeholders should then locate platforms to showcase and discuss this knowledge and their experiences, developing the field of Arts in Health. Tan (2012) recommends establishing a network for all stakeholders in the field in Singapore, establishing interest groups as well as organising an Arts in Health symposium that also provides opportunities for exchanging learnings with international counterparts.

- In line with the development of a new understanding of healing, evaluation tools should begin to capture these. Therefore, instead of focusing on quantifiable cognitive indicators, it might be useful to change the perception of how things change and come up with new indicators for those areas eg. happiness, satisfaction, quality of relationships. At the same time, this has to be done in close collaboration with medical professionals so that the new methodologies may be validated and deemed credible.

- Build trust and develop better rapport with stakeholders by using "bridging" language from fields like sociology and psychology to foster greater understanding between the worlds of arts and science. Cultivate allies through a sequence of strategic interventions:

  i) Identify potential allies eg. those exposed to and are interested in the work
  ii) Seed ideas with staff at hospitals and be ready to respond when an opportunity presents itself
  iii) Go for small wins and create visibility for successes
  iv) Diffuse ideas, inviting supporters to tap into their networks to publicise the benefits of the work

  Greater trust and understanding between partners should confer some currency for the artist to negotiate the flow of resources to address some of the challenges such as space, funding, time constraints and access to patient information.

Artist as Leader

> A good artist-leader is a cultural animator building and participating in community life. He or she is an analyst able to read situations rapidly and accurately (Arlene Goldbard) thereby acknowledging expertise in people about their lives. He or she is a collaborator who motivates others to share a vision (Lee Ann Norman), a connector, an organiser, a revolutionary, a good negotiator, an entrepreneur and a lover (John Malpede).

> (Linda Frye Burnham, cited in Douglas and Fremantle 2007)

The artist brings a certain quality to any collaboration, possessing unique qualities that enables him/her to exercise leadership in a special way.

Because of the discipline of the arts, artists work organically and are able to see relationships and connections. They are also more comfortable tapping into a wider array of senses when communicating, which makes for a richer and more layered kind of interaction. Being comfortable with the creative process also means a certain level of tolerance for ambiguity and messiness, which is necessary for experimentation to take place and for the best ideas to emerge.

At the same time, being fully present, in the moment, making conscious choices about how one interacts with others shapes the impact of the work that the artist does.

Living Leadership is a theory that is of the view that leaders are most effective when they are deeply engaged in relationship, allow themselves to be shaped by context and when they bring themselves to leading (Binney, Williams & Wilke, 2012). It introduces several leadership dimensions that offer insights into the zones of choices that an artist needs to navigate when relating to others:

- Understanding (between enquiring and knowing)

  An artist as leader needs to balance between being open to gathering more new information vs. taking the lead to make decisions and take action. For example, the artist may devise curriculum based on the story of patients, yet be mindful of the need to constantly tweak the curriculum based on feedback and observation.

- Direction (between acknowledging limits and imagining a better future)

  An artist as leader needs to balance between acknowledging the limitations of present reality vs. maintaining a positive vision of the future. In this case, the artists were clear about the final objective of engaging meaningfully with the patients and they remained open to experimenting with different ways to achieve that. They had the ability to question assumptions, improvise and adapt when circumstances changed.

- Relationships (between getting close and maintaining distance)

  An artist as leader needs to balance between relating with others vs. standing apart to maintain healthy boundaries. In many ways, the artist holds the space for people to encounter one another, facilitating interactions through the process of art-making. This can be an intense process and the artist needs to discern when to disengage and undertake self-care.

- Authority (between letting go and keeping control)

  An artist as a leader needs to balance between empowering others vs. taking responsibility. In this case study, even though roles were clear and boundaries respected, ideas were initiated regardless of one's role and position. For example, patients and caregivers became co-creators as the artist took their stories and suggestions, shaping them into creative movement. A sense of community and camaraderie ensued.

A summary table of this research's findings and recommendations can be found at Annex C.

CONCLUSION

This paper has demonstrated that there are advantages to collaborations between artists and healthcare professionals in healthcare settings. Arts in Health programmes can benefit patients and caregivers in intrinsic and instrumental ways, as well as bring about other forms of value to all the stakeholders involved. However, in order for collaborations to be generative, they need to be carefully orchestrated and managed, and this paper has attempted to provide a diagnostic model to facilitate this process.

It is also hoped that this paper has thrown more light onto how the role of the artist and his/her methodology provides a unique leadership style that is inseparable from the benefits of arts-based programmes that allow for some degree of process, beyond a once-off encounter. It is because of the way artists in this area of arts-based community development lead that they are able to 'educate and inform', 'inspire and mobilise', 'nurture and heal' and 'build and improve community capacity'. Some of these outcomes were witnessed through the *Everyday Waltzes* programme, and perhaps more of them would have occurred over a longer period of time.

It is also because of the short duration of the programme that it was difficult to observe any social innovations, although social value was created. It is not difficult to imagine however, that given a longer period of time and a few iterations of the programme, together with a more mature collaboration, that innovations could occur for all the stakeholders involved eg. new knowledge and approaches to caring for persons with dementia that bridges medicine/sciences and the arts, and persons with dementia feeling more empowered through feelings of well-being and newfound community to have a larger positive presence and contribution in society.

However, considering the pilot programme was only 6-weeks long, it is admirable that it managed to demonstrate positive outcomes for patients' wellbeing, reflecting successful qualities in the collaboration between the artists and healthcare professionals despite the challenges, as well as reinforcing the value and potency of arts-based community development programmes.

Still, there is a significant amount of work to be done in the journey ahead for the field of Arts in Health, especially in gaining legitimacy in healthcare. A longer run of the *Everyday Waltzes* programme, with a larger group size which was previously discussed by the collaborators has been put on hold indefinitely due to the lack of funding. This is unfortunate given the rising needs and numbers of the senior population in Singapore that is further projected at accelerating rates. It is hoped that this paper will go some ways in helping the dance of collaboration to continue.

ANNEX A

Everyday Waltzes: A Creative Movement Project for Dementia Patients at Singapore General Hospital

Background and Research Study

The ARTS FISSION Company collaborated with the Department of Neurology, Singapore General Hospital in 2011 to conduct a 6-session creative movement programme with a group of 10 elderly patients with dementia, along with their respective caregivers. Titled *Everyday Waltzes,* the programme leveraged on the ability of dance to uplift, heal, and stimulate the human spirit, and aimed to empower positive mind and body connection for the participants through performing repeated familiar daily actions/gestures in the dance context. As well, it was hoped that the process of learning the movements would lead participants to re-establish forgotten learned motor skills and deepen deteriorating kinetic memory.

A clinical research study was conducted on the programme, with principal investigators from the Department of Neurology and the National Neuroscience Institute, Singapore General Hospital and The ARTS FISSION Company.

The working hypotheses of the scientific research team was that firstly, the creative dance movement programme would lead to improved physical skills and enhanced perceptions of quality of life, where common difficulties with physical programmes for elderly with dementia is sustained involvement. Thus, it was hoped that by making the physical programme more enjoyable, it would enhance participation across sessions, and hopefully beyond. Secondly, it was hypothesised that the programme would lead to improvements in objective measures of cognitive skills.

The scientific research found that the *Everyday Waltzes* programme helped improve physical skills which in turn led to perceptions of increased quality of life and improved behaviours. However, a larger sample size and a longer programme should be explored to establish the findings and to utilise the programme as a clinical programme.

ANNEX B

Dance of Collaboration – Leadership lessons for implementing arts practices in healthcare settings to enhance patient care

Research Participants/Interviewees & Interview Questions

Interviews for the case study research were conducted with:

- Key members of the *Everyday Waltzes* project team:

a. Angela Liong   Artistic Director, and one of the principal investigators

b. Mayu Watanabe   Artist

c. Dr. Shahul Hameed   Neurologist, and one of the principal investigators

d. Dr. Christopher Gabriel   Psychologist, and one of the principal investigators

e. Toby Hunyh   Curator, SGH Museum & Facilitator for Arts In Health programmes, Singapore General Hospital (SGH)

f. Tan Hwee Ping   Former Facilitator for Arts In Health programmes, Singapore General Hospital (SGH)
- She helped to lay some of the groundwork for the creative movement programme before handing over the project to the current administrator

- 3 pairs of participants – patients and their caregivers:
names have been changed to ensure confidentiality

a. Michael (patient) and Shirley (caregiver)   Husband and Wife

b. Mdm Zainal (patient) and Sharifah (caregiver)   Mother and Daughter

c. Mdm Lee (patient) and Mdm Tan (caregiver)   First Cousins

- An artist, and lecturer who practices, and conducts research in the area of Arts in Health:

    a.   Michael Tan

List of Interview Questions:

Questions for Angela Liong & Mayu Watanabe:

- Can you please explain your interest in working with persons with dementia?

- What was the genesis for the project, what was the process for this like?

- What are the objectives of this programme, and do you think they were met?

- How do you understand your role in this programme?

- Who were the collaborators for this programme, and how do you understand their roles?

- What is your experience collaborating with healthcare/community-based organisations or institutions like? What are the positives, and challenges faced?

- What would an ideal experience collaborating with a healthcare/community-based organisation or institution look like?

- Did the programme result in a performance/presentation, and if so, for whom? Do you think this was a necessary component in the collaboration process, why and how?

- What was the evaluation process for the SGH programme like? What would you keep, and what would you change?

- Do you think these programmes have any social value, and will contribute towards community development? How?

- Do these programmes contribute towards arts education and appreciation? Can they be considered as community arts?

- Where do you think are the participants' voices in these programmes?

- What do you think are the outcomes of these programmes (anything else apart from what might have been mentioned as a result of previous questions), for the various constituencies involved?

Questions for Dr. Shahul Hameed and Dr. Christopher Gabriel

- Can you please explain your interest in working with a dance company for your patients with dementia?

- What was the genesis for the project, what was the process for this like?

- What are the objectives of this programme, and do you think they were met?

- How do you understand your role in this programme?

- Who were the collaborators for this programme, and how do you understand their roles?

- What is your experience collaborating with an arts group like? What are the positives, and challenges faced?

- What would an ideal experience collaborating with an arts group/community-based organisation look like?

- We heard there were positive outcomes and feedback on the programme from participants as well as their caregivers. What is your understanding of this, and why do you think such outcomes were achieved?

- What was the evaluation process for the programme like? What would you keep, and what would you change?

- Where do you think are the participants' voices in these programmes?

- Do you think this programme has any social value, and will contribute towards community development? How?

- Do you think this programme contributes towards arts education and appreciation?

- Do you think there will increasingly be more opportunities for arts-based collaborations with different departments at SGH, and why?

- How do you think programmes like these change the face of healthcare in Singapore?

Questions for Toby Hyunh & Tan Hwee Ping

- What was the genesis for *Everyday Waltzes*, what was the process for this like?

- What are the objectives of this programme, and do you think they were met?

- How do you understand your role in this programme?

- Who were the collaborators for this programme, and how do you understand their roles?

- What is your experience collaborating on this programme like? What are the positives, and challenges faced?

- What would an ideal experience collaborating with an arts group/community-based organisation in a setting like SGH look like?

- We heard there were positive outcomes and feedback on the programme from participants as well as their caregivers. What is your understanding of this, and why do you think such outcomes were achieved?

- What was the evaluation process for the programme like? What would you keep, and what would you change?

- Where do you think are the participants' voices in these programmes?

- Do you think this programme has any social value, and will contribute towards community development? How?

- Do you think this programme contributes towards arts education and appreciation? Would it be considered as part of community arts?

- Do you think there will increasingly be more opportunities for arts-based collaborations with different departments at SGH, and why?

- How do you think programmes like these change the face of healthcare in Singapore?

Questions for Patients and their Caregivers

- How, and why did you participate in the *Everyday Waltzes* programme?

- What was this programme about?

- What did you hope to get from this programme?

- How would you describe your experience of participating in the programme?

- What did you enjoy most, and least about the programme?

- How did you benefit from participating in the programme? What did you benefit most, and least from the programme?

- What was the evaluation process for the programme like? Do you have any feedback or recommendations on this process?

- Do you have any feedback on the artist-facilitator(s) for the programme?

- Do you have any feedback on the way the programme was organised and run?

- Would you have liked to participate in other ways in the programme?

- Has participating in this programme changed your understanding and appreciation of dance/movement? Has it made a difference to your interest in dance/movement? How so?

- Would you participate in such a programme again? Any suggestions on arts-based programmes you would like to participate in?

- Do you think this programme has any benefits for wider society?

- Has taking part in a programme like this changed your ideas or attitudes towards SGH/a hospital? How so?

- Do you have any other feedback, comments, or recommendations?

Questions for Michael Tan

- How did you become interested in Arts in Healthcare?

- What is your practice in this area, as well as research like?

- What part does arts in health play in the overall community arts approach in Singapore?

- What is your experience collaborating with healthcare/community-based organisations or institutions? What are the positives, and challenges faced?

- In your view, how does the arts enhance the quality of care that patients receive? What unique value do arts-based community development practices bring to this process?

- What other social value (besides quality of care) do arts-based community development practices create that might enhance the overall wellbeing of patients?

- Is it possible to measure the social value that is created by such programmes? If so, how? If not, what other approaches might we consider?

- Do you see any conflict between the need to conduct programmes in a way that produces measureable outcomes vs. providing that space for discovery and innovation to happen? If so, how do we balance these interests?

- You are currently mapping the state of Arts in Healthcare development in Singapore. Can you share some of your thoughts on what you see as the main challenges that are currently prevalent in collaborations between artists and medical practitioners in a healthcare setting? Any thoughts on how to address those gaps?

- What is the role of artist facilitators and what are some of the qualities and skills they need to have when working in such a unique context?

- What is the role of medical practitioners and what are some of the qualities and skills that they need to have when working in such a unique context?

- What are some other roles that need to be filled to ensure a healthy ecosystem is in place for a well functioning collaboration to take place?

ANNEX C

Summary Table of Research Findings

Qualities of a Generative Collaboration
Multidisciplinary Team With Common Purpose • People from different disciplines, with different skills and perspectives, contributing to common objective • Establishment of team takes time and intentional effort
Clear Roles – Respecting Boundaries, Bridging Differences • Clear understanding of roles • Respect for boundaries which remain permeable • Role of Arts in Health facilitator as a "bridger" important
Frequent and Open Communication • Verbal, written, observation of practice
Ability to Question Assumptions, Improvise and Adapt • Open to different ways of achieving final objective eg. dissolution of roles
Exercising Leadership Regardless of Role or Position • Ideas were initiated and acted upon regardless of one's role and position as long as they contributed to the overarching purpose

Challenges	Strategies
Challenge #1 Lack of Sustainable Funding • Other priorities so no funds to hire Arts in Health facilitator • Ad-hoc funding	**Strategy #1 Strategic Cultivation of Support and Resources** • Cultivate allies through sequence of strategic interventions • Strong advocate keeping attention of stakeholders on issue

Challenge #2 Limited Physical Space • Lack of conducive space to enable deep engagement with participants	**Strategy #2 Create Psychological Space** • Artist to hold space/energy of the group for meaningful interaction to occur • Create safe and social space to cultivate sense of camaraderie
Challenge #3 Insufficient Engagement Time • Impact not obvious • Difficulty in collecting evidence	**Strategy #3 Devise Meaningful Content** • Access patient information to enrich programme design • Improvise even during implementation phase
Challenge #4 Differences in Expectations among Stakeholders • Different expectations between artists and doctors about level of involvement • Caregiver misunderstands objective of programme	**Strategy #4 Build Trust** • Speak "bridging" language • Set expected outcomes based on a common purpose • Healthcare staff to engage in arts experiences together with patients to fully appreciate process and benefits
Challenge #5 Dominance of Medical Model • Positive benefits of artistic processes overlooked • Difficulty evaluating arts-based interventions	**Strategy #5 Reframe Benefit of the Arts** • Recognise value of the artist and the artistic process • Devise evaluation tools that capture qualitative benefits

Summary Table of Recommendations

The Strategic Triangle - Diagnostic Model for Generative Collaboration between Artists and Healthcare Practitioners in a Hospital Setting

Social Value Creation	Operational Capacity	Legitimacy and Support
• Artist and the hospital have common understanding of value (both quantitative and qualitative) of collaboration • Redefine patient wellbeing (from curing to healing, encompassing intrinsic and instrumental benefits in incorporating the arts in treatment) • Develop potential of hospital as a community and social space for support, learning and healing	• Assemble multidisciplinary team aligned towards common purpose • Have clear roles, respect boundaries, bridge differences • Hire a dedicated arts facilitator/administrator • Frequent and open communication involving verbal, written communication and observation of each other's practice	• Reframe the benefits of arts-based processes and the role of the artist in delivering such benefits • Develop specific knowledge about what the arts can do to complement medical treatment to alleviate patients' conditions • Develop evaluation tools to capture both quantitative and qualitative benefits • Build trust and cultivate allies through the use of bridging language and strategic interventions; then used to negotiate the flow of resources such as space, funding, time constraints and access to patient information

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