

Heritage in Health

A guide to using museum collections in hospitals and other healthcare settings



Erica Ander
Linda Thomson
Guy Noble
Anne Lanceley
Usha Menon
Helen Chatterjee

with a foreword by Laura Phillips and Susan Griffiths



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Foreword

Quality engagement with museum collections enhances wellbeing. An increase in personal wellbeing is never the main objective for a museum professional but working with objects and with diverse participants, who bring with them a breadth of experience, is intensely rewarding. If this occurs for museum professionals what are the benefits for participants?

Museum professionals developing object-based learning activities recognise the powerful effect objects can have to fire the imagination, stimulate creativity, develop self-awareness and self value, encourage cross and inter-cultural understanding, alter perceptions, broaden horizons, distract from day-to-day issues and enable socialising and relationship building.

As a partner on the AHRC funded Heritage in Hospitals programme, the greatest benefit for the British Museum has been the collection of evidence proving that there are real, measurable benefits for participants, evidence much needed across the museum sector.

This Heritage in Health publication provides a clear, thoughtful and sensitive guide for museum professionals with all levels of experience. The focus on healthcare settings places an emphasis on participant welfare alongside collections care and on developing relationships with healthcare staff to power projects and gain an understanding of safety concerns specific to such environments.

The benefits of object-based engagement with audiences are outlined, and there is support for measuring the impact on participant wellbeing for future projects. The value of museums working in healthcare settings is now proven and I hope this guide encourages more museums to reach out to audiences for whom supported interaction with objects can have such a positive impact.

**Laura Phillips, Community Partnerships Manager
Learning and Audience Department, the British Museum**

Taking part in the Heritage in Health project has been an extremely important and valuable opportunity for the Oxford University Museums.

It has allowed the museums to look beyond the traditional role of object handling as a tool for imparting knowledge and understanding. The project has shown the wider, more emotional, implications that simply handling and talking about objects from the past can have.

We are continuing to work with the healthcare partners this project established but have also been able to use the evidence and lessons learnt to expand our offer to other healthcare organisations.

**Susan Griffiths, Community Education Officer
Oxford University Museums**



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Introduction

This guide is aimed at museums and heritage professionals who are or who are considering conducting outreach activities and research within healthcare settings. The guide provides a suggested approach to the most responsible and productive ways of working collaboratively with healthcare partners and within healthcare contexts, placing participants' welfare at its centre. It also addresses concerns around the safeguarding of museum objects.

The guide was developed from a three-year (2008-2011) programme of research carried out by University College London (UCL) Museums & Collections called *Heritage in Hospitals*. Researchers took museum objects into a variety of healthcare settings including acute and chronic care wards of a large inner London NHS Foundation Trust hospital, a psychiatric hospital, two neurological rehabilitation units (inpatient and outpatient) and a care home for older adults. The project explored the health and wellbeing benefits of bedside object handling sessions with patients and care home residents.



1. Conducting museum activities in healthcare

1.1 Reasons to work in healthcare

- The Government and museum funders regard 'health and wellbeing' a priority and working in healthcare settings provides a way by which museums can address this outcome.
- *Heritage in Hospitals* research showed that museum object handling significantly improved patients' perceptions of their health and wellbeing, and provided a positive experience during the hospital stay.
- Evidence from arts in health activities has shown reductions in the need for medication and the length of the hospital stay, better communication between medical staff and patients, particularly in mental health and improved social interaction between patients and carers.
- Taking museum objects into hospitals is a way of introducing patients with less access to museums as a result of long-term physical or mental illness to collections and increasing participation by opening museums to a new audience.
- Hospitals and other healthcare organisations increasingly use multi-agency approaches to achieve their aims and are looking for collaborators and partners to deliver activities that will enhance the patient experience.



1.2 What museums can offer to healthcare

- Social, cultural, intellectual, and even spiritual and philosophical interaction to bed-bound or ward-bound patients.
- Stimulation of the lesser-used senses such as touch and smell.
- Improvement of motor co-ordination through handling objects.
- Improvement of communication between patients, carers and staff.
- Improvements to levels of perceived health and wellbeing and quality of life.
- Professional development opportunities for staff and volunteers.

1.3 Where museums can work in healthcare

- Inpatient wards in general, specialist and psychiatric hospitals.
- Outpatient clinics in hospitals, centres and units (e.g. rehabilitation).
- Residential and nursing care homes for older adults and those needing long-term care (e.g. with dementia or multiple sclerosis).
- Community/day/resource centres/GP surgeries
- People's own homes alongside Social Service providers (e.g. carers, occupational therapists, elderly and mental health teams)
- Hospital schools and children's centres (*not addressed here*)

1.4 Participants who can visit museums

- Service users and carers from Mental Health groups
- Dementia and Alzheimer's groups
- Older adult groups and those in residential care
- Individual adults undergoing neurological rehabilitation
- Staff groups and voluntary services
- Medical students



2. Planning activities for healthcare settings

2.1 Recruiting participants

- Participants' health changes on an hourly basis and whilst individuals may have been happy to participate in a museum activity in the morning they may not feel up to it in the afternoon. It is essential that the session leader is mindful of this.
- It is vital for a session facilitator to develop a good relationship with healthcare staff whom maybe able to identify individuals who are well enough to participate.
- Short-stay patients remain two or three days in hospital so it is better to conduct an activity as soon as possible otherwise, however willing the patient appears, events might intervene (e.g. early discharge or transfer and activities on the wards such as tea and biscuits, unexpected visitors, mobile libraries and hairdressers).
- Inpatient hospitals, particularly teaching hospitals, have a high amount of interruptions of a medical nature (e.g. ward rounds, taking medical histories, administering drugs, procedures, and scans).
- Long term and rehabilitation patients have timetables with scheduled treatments (e.g. physiotherapy, speech therapy) but it can be difficult to find vacant slots for museum activities as these are likely to be allocated to visits from friends and relatives or seen as 'free time' for watching television or sleeping. Again, a good relationship with care staff will enable the effective timetabling of sessions.



2.2 Participants with special needs

- Healthcare staff and carers of participants with special needs should always be the starting point for advice and guidance and it is important to consider whether staff or carer support is needed for an activity.
- Participants with neurological disorders, clinical depression or anxiety may have attention deficits as well as speech and motor difficulties so an activity might need to be split into shorter sections (e.g. one object at a time) and be designed to encourage a smaller amount of participation.
- Older adults or people with dementia or confusion may find it unsettling to find unusual objects taken out of context so a museum activity might need to be simplified or given extra facilitation or simplification though additional pictures and text can be distracting.



2.2 Working with healthcare partners

- Find the right people to approach, firstly the person to authorise the programme of museum activity and secondly, the person who will supervise the activity and help museum staff on a daily basis since they will be able to identify potential difficulties (see Figure 1).
- Outline the benefits of a programme of activity (using case studies and research evidence wherever possible) and explain what the activity consists of and the reasons for doing it.
- Be specific about any practical issues (e.g. frequency, duration, number of participants etc.). If possible, take museum objects to the meeting to help explain the proposed activity.
- Discuss what healthcare staff will be expected to do. Museum staff might not know how much input is needed to get patients to attend and participate so this needs to be determined.
- Let healthcare staff know that their assistance can be vital in recruiting participants and helping them get to the right venue, as they may be wary of committing too much time to an activity, particularly before seeing any benefits.
- Consider how the activity can contribute to the goals of the healthcare organisation by drawing on research to illustrate what the activity can provide in terms of therapeutic benefit and patient recovery.

Figure 1: Approaching the right people

Healthcare context	Who to approach
General and specialist hospitals	Arts Curator/co-ordinator Activities Co-ordinator Voluntary services
Residential care homes and nursing homes	Manager Activities Co-ordinator Volunteer services
Community/day/resource centres/GP surgeries	Social Services Voluntary services Practice Managers

2.3 Determining the focus

- Within healthcare, the patient is the primary focus and museum activity sessions are regarded as secondary to patient needs.
- Most museums carry out activities with an educational focus that are planned and evaluated around broad learning objectives, in line with the General Learning Outcomes (GLOs).
- For museum activities in healthcare, education is not the main focus although the process of learning is associated with health and wellbeing outcomes included in the General Social Outcomes (GSOs).
- Sessions focused on wellbeing use some of the same techniques as those focused on educational including engagement with objects but often have a wider focus, for example, *Heritage in Hospitals* showed that 'stimulation' and 'distraction' were two major ways in which participant wellbeing could be enhanced.



2.4 Potential aims

- To improve the wellbeing of participants.
- To engage participants in an interesting and inspiring cultural activity.
- To increase activity and reduce passivity.
- To relieve boredom and isolation.
- To revitalise participants from lethargy.
- To distract participants from uncomfortable or painful circumstances.
- To encourage participation in a more meaningful activity than is often provided in healthcare settings (e.g. television, other media).
- To encourage participants to not feel like hospital patients, instead to engage in activities using their own identity and personality.
- To give participants the feeling of being in control and participating in an activity in an equal and dignified manner.
- To use objects to make connections with previous experiences.
- To increase communication between participants, visitors and staff and create dialogues to promote understanding about a patient's life and personality.
- To improve participants' ability to explore and discover objects and develop object analysis skills.
- To enhance participants' sensory stimulation particularly for the sense of touch (which is rare in hospital).
- To give participants the opportunity to learn something new.
- To stimulate interest in topics introduced through objects.
- To persuade participants to museum visiting in the future.
- To change attitudes to museums and museum object handling.



3. Developing a programme

3.1 *Advantages of using museum collections*

- Museum objects can be unusual and mysterious consequently they promote amazement and comments, such as 'I have never seen one of those before'.
- Revealing the significance of an object that is not initially apparent can provoke wonder and fascination.
- Social history objects are often used for reminiscence activities with older people though there are benefits in using museum objects from well beyond participants' lifetimes to encourage curiosity and discovery.
- Objects are not usually allowed to be touched, consequently handling can invoke a sense of privilege.
- Some heritage objects carried important meanings for people of other civilizations (e.g. brought luck, healed, represented deities) and have survived a long time because they were treasured.
- Ancient objects (e.g. fossils and archaeological artefacts) can generate reflection upon time and world changes. and prompt people's thoughts about their own place in this chronology and perhaps how small they are in the scheme of things.
- Natural heritage objects can be aesthetically pleasing and stimulate the senses.
- Objects can prompt memories of holiday visits to museums and heritage sites, and other occasions in participants' lives.
- Heritage objects can encourage participants to make connections with television or radio programmes (e.g. wildlife, archaeology).
- Skilfully made objects can remind participants of crafts and skills encountered or places where parents or grandparents came from.
- Art objects can readily engage participants in the scene that they represent or in the artist's skill. Some participants feel easier than others in commenting on the qualities of the artwork, particularly the tactile qualities, as people are not normally allowed to touch pictures and prints in galleries.

3.2 Safeguarding participants

- Infection control procedures are important when objects are passed between participants and venues. Ensuring no transmission of infection between participants and subsequent handlers is achieved by rigorous washing of hands with soap and water or alcohol gel before and after handling.
- Materials such as those for interpretation and packaging need to be washable and regularly disinfected (e.g. laminated and plastic) to comply with infection control procedures.
- It is essential to work closely with healthcare staff who will be able to comment on the suitability of patients to take part in an activity. Patients who require barrier nursing, have tested positively for MRSA or have been exposed to radiation within their current course of treatment, should not be invited to take part in the sessions.
- Objects should be placed within easy reach of participants so they do not have to lean or stretch unnecessarily.
- Where the facilitator sits with respect to the participant is important, as it is good to appear friendly but not over-familiar or intimidating.
- Museum objects can be or look fragile and it is important to be reassuring as the thought of holding them can be nerve-wracking for some participants. Facilitators should model the handling behaviours they would like participants to replicate.
- The term 'museum activity' can elicit connotations that make participants feel nervous, uncomfortable, inadequate or bored. These feelings can be mitigated by the facilitator through confidence building and clear communication of expectations of the session.



3.3 Safeguarding collections

- Safeguarding collections in healthcare can present challenges and needs to be considered in advance since environments are set up primarily to assist patient treatment and recovery.
- Although it is essential to make sure hands are washed before and after object handling, it is also vital to make sure hands are dry before coming into contact with most museum objects.
- It is important to work with conservationists from museums who can carry out risk assessments (see 3.5 below) and regular condition reports on objects.
- Objects should be handled in a safe environment where potential hazards have been removed. The area should be kept free from food and drink or other damaging substances. Facilitators and participants should not eat or drink while handling objects.
- The surface on which the objects are placed needs to be clean and stable with a 'safety net' in place before handling begins, ideally conservation grade foam (e.g. Plastazote).
- The facilitator needs to consider how many objects can safely be looked after in a healthcare session.
- The facilitator should know how to hold and pass objects using good handling procedures but also how to supervise participant handling in a way that allays insecurity but keep the objects safe.
- Transporting objects to the healthcare venue can pose challenges. Objects should be packaged using conservation grade foam contained within robust carrying cases. If trolleys are used there should be sufficient suspension in the wheels to absorb impact and the platform on which the case sits should be sufficiently high off the ground not to be affected by water etc.



3.4 Deciding on the objects

- A variety of cultural and heritage objects, including paintings and other artwork, can be taken into healthcare settings.
- A risk assessment should be carried to check that the objects are safe to use in healthcare settings (e.g. are not sharp or heavy, do not constitute a choking hazard or have not been treated with poisonous conservation), that they meet infection control standards (fabric and soft organic materials may not unless proofed in some way) and that they are sufficiently robust to be handled and transported (see Table 2).
- A decision needs to be made as to whether authentic or replica objects are used since authentic objects may provoke a greater sense of privilege but replicas may be safer.
- Objects should be intrinsically interesting (e.g. with a story behind them) and varied in levels of familiarity to encourage a mix of ease and exploration.
- Objects should be chosen to stimulate the senses in terms of colour, form and texture.



Figure 2. Properties of handling materials

Material	Properties	Effects of handling
Paper	Paper is made from fibrous, absorbent material that takes in liquids and gases around it. Some types of artwork are inherently unstable due to their chemical composition and degrade rapidly.	Handling can crease or tear paper. Oils and salts on hands can cause staining. Paper should be handled as little as possible and lifted with stiff paper or board underneath it for support.
Metal	Metals can be weaker and more brittle than anticipated. Copper is a soft metal, pinkish in colour when clean but easily tarnished to a red-orange. It can acquire a natural and stable patina. Bronze is an alloy of copper and tin. Chemical exposure or natural accumulations over time produce a brown or green patina. Natural patinas are a valuable source of information and hardly ever removed by conservators.	Mishandling of artefacts made from soft metals can lead to damage (e.g. dents scratches, bends and breakages). Oils and salts excreted from bare skin can etch into metals and cause permanent damage (e.g. fingerprints develop into dark marks on uncoated metal alloys). Handling can lead to erosion of natural patina.
Stone	Most types of stone are chemically stable and robust, and less sensitive to light, temperature and relative humidity than other museum objects.	Stones can be weaker than expected and chip easily though their chemical composition is generally not effected by handling.
Bone, Tooth, and Horn	These are porous materials. Bones and teeth are primarily made up of inorganic material to provide strength and rigidity. Bone has a soft organic component (marrow) so it can grow and repair. Tooth is usually whiter, denser and heavier than bone. Horn is made of the same material as fingernails (hard, hair-like filaments cemented together). Bone, tooth and horn can develop a brownish-yellow patina as a natural result of aging.	The high level of porosity in bone, tooth or horn artefacts/specimens renders these objects increasingly fragile and easily broken. Contact with natural oils in skin can result in staining and darkening of bone.
Ceramics and Pottery	In general, ceramics and pottery are quite stable as they are less sensitive to light, humidity and temperature than most other materials. However, most ceramic or pottery items are very hard and, consequently, brittle. Faience is a soft, porous material.	Handling causes ceramics to discolour by absorbing coloured residues from the hands and high heat exposure darkens stains. Pottery can easily crack, chip or break from impact. Glazes can be easily damaged if objects were not fired properly originally.

4. Using findings from the research

4.1 Facilitating the sessions

- Facilitating an object session is similar to other museum outreach activities where engagement with objects is the prime motivation.
- Facilitation of the session should ensure a flow of dialogue so that participants know what the object is and how it should be handled but also how to explore it and get the most from it.
- Facilitators need to be friendly, confident and encouraging to build security and confidence in participants who may be afraid they will say something wrong or act inappropriately.
- Facilitators should help participants make full use their senses including vision (colour, pattern, light and shade), hearing (sounds from shaking and tapping objects as well as conversation), touching (patting, stroking, picking up) and even smell.
- Facilitators can encourage participation by asking questions that can only be answered by touching, handling and turning objects over.
- Facilitators should be aware of medical conditions (e.g. arthritis, stroke, etc.) where participants may not be able to grip objects or hold onto them for very long.
- Facilitators should be aware of mental conditions (e.g. Alzheimer's disease and other forms of dementia, anxiety and depression) that might limit attention span and mean that the time spent with objects needs to be reduced
- Facilitators should encourage exploration and recall of participants' own experiences to strengthen distraction and stimulate feelings of health and wellbeing.



4.2 Collaborative discovery

- An analysis of the recorded discourse from the *Heritage in Hospitals* project sessions revealed a facilitation process that occurred in productive handling sessions that was labelled 'collaborative discovery'.
- Collaborative discovery occurred where the facilitator posed open questions to try to help the participant to explore the object and deduce something about it.
- It is important that participants understand they have something to offer in the interaction.
- Using collaborative discovery, facilitator and participant exchange comments and questions that encourage physical object exploration through which the significance of the object emerges.
- Group sessions can use more structured collaborative discovery exercises to jointly engage the group such as achieving an end goal (e.g. categorising or matching objects).
- Collaborative discovery techniques work well with participants who are already engaged and making appropriate verbal responses. The following conversation (see next page) gives an example of collaborative discovery.



Participant This looks like...

Facilitator It's a bit of a mystery object. What do you think it's made of?

Participant Uh I don't know, is it a shell?

Facilitator It's not a shell, but it is part of an animal, you're getting closer

Participant It's part of an animal, err

Facilitator It's a part that humans have, ...

Participant It looks like a bone

Facilitator Ah yes, very close. In fact it's a tooth

Participant It's a...tooth? This is a tooth? Are you sure?

Facilitator Well the second thing to guess is what animal it comes from, because it doesn't look like our tooth does it?

Participant If this is a tooth, I would say it is probably from the whales... From the sea creature, because it's quite big... Shark?

Facilitator Can you think of the biggest land animal?

Participant Biggest land animal? Its elephant or ...

Facilitator Mm hmm, elephant

Participant It's elephant?

Facilitator Yeah it's an elephant tooth, yeah

Participant Yeah



4.3 Personalised approaches

- Advice should be sought from healthcare staff about personalising approaches for each participant.
- Sessions should be personalised to take into account the needs of individuals not only in terms of their medical condition but also their backgrounds and interests.
- Personalising activities can involve simplification or shortening the length of sessions to compensate for attentional difficulties.
- A personalised approach can focus on specific aspects of a session such as the tactile content (e.g. for stroke recovery).
- Personalising an approach includes creative ways of involving all participants (e.g. 'touching' objects with the back of their hands or other parts of their body if they are unable to hold an object).
- Personalising approached for participants reluctant to respond can include structuring activities around certain objects rather than relying on spontaneously occurring conversation, using deduction type activities (e.g. guessing the use of an object) and changing from participant-led to facilitator-led conversations when necessary.

4.4 Specific challenges with older adults

- Older adults, particularly those in residential care may lack confidence and d poor conversational skills, often not talking to fellow residents so a great deal of encouragement needs to be given in group sessions.
- Sensory impairments to hearing and vision combined with lack of conversation and confidence mean that individual, one-to-one sessions with a facilitator can work better than group sessions.
- Older participants may show a lack of curiosity, no desire to learn anything new or belief that learning is not for people of their age so a different emphasis from that of discovery may need to be used.
- Older adults may suffer from confusion and repetitiveness (e.g. making the same response to every object) and can require considerable facilitator empathy and the use of a more personalised approach.

5. Initiating staff support and training

5.1 Support from healthcare staff

- *Heritage in Hospitals* research showed that museum facilitators were instrumental in promoting wellbeing (new faces with a non-medical intervention) but that input from healthcare staff contributed to the success of the sessions.
- Healthcare staff are essential in encouraging participation (as these are people who are known and trusted), booking rooms, transporting participants to locations where sessions are taking place, dealing with behaviour management issues, letting other staff know an activity is running and recommending it to their peers, evaluating the sessions either formally or informally and making suggestions for improvement or adaption.
- Most healthcare partners are likely to highlight the lack of time staff will have to help however securing the support of one or two crucial members, ideally from the start, can make all the difference.
- Although attending sessions takes up healthcare staff time, benefits include finding out about their patients' interests, past experiences and opinions, and seeing first hand how patients can benefit from museum activities. It can also be beneficial to train healthcare staff to carry out museum activities with patients.



5.2 Hospital training should include:

- Hospital induction including safety procedures.
- Infection control and the importance of hand washing.
- Ethical considerations such as informed consent, right to withdraw, data protection and patient confidentiality
- Seeking approval from medical ethics committees
- Obtaining Criminal Records Bureau (CRB) checks for working with children or vulnerable adults.
- Understanding what non-healthcare staff should and should not do (e.g. lift patients).

5.3 Museum training should include:

- Specifying the aim and objectives of museum activities.
- Taking part in role-play acting as both participant and facilitator to understand how sessions work.
- Familiarisation with museums and the collections available.
- Caring for objects in handling sessions, transportation and storage.
- Handling objects safely and knowing how help other people to handle objects safely (e.g. modelling best practice behaviours).
- Emphasising that shared exploration can be a useful tool to encourage participation and that facilitators do not need to have any specialist knowledge.
- Showing how to make the best use of any informational material.
- Discussing ways of facilitating sessions including encouraging conversation through explorative questions and structured group and individual activities.
- Dealing with potential emotional or behavioural issues of patients.
- Making appropriate responses if participants choose to disclose information, thoughts or feelings about their illness and treatment.
- Encouraging reflection on the sessions (e.g. keeping a reflective journal) with a view to identifying and analysing the most accessible and beneficial activities for participants, building on strengths and noting areas needing improvement.
- Ways of evaluating the sessions (next section).



6. Providing evidence and evaluation

6.1 Carrying out evaluation

- Since museum-related activities are relatively new and their value is not widely known, it is important to achieve a continuing and productive museum presence in the healthcare sector with evidence of benefits and outcomes.
- *Heritage in Hospitals* provided evidence for wellbeing benefits from object handling by using quantitative methods (analysis of psychological wellbeing measures taken pre- and post-session) and qualitative methods (thematic analysis of discourse).
- Mixed methods approaches ensure that different aspects of activities are recorded and analysed, and produce a rich diversity of findings can be presented to different audiences.



6.2 Examples of evaluation methods

- Wellbeing, health status and quality of life measures for self-report by participants before and after a museum session.
- Recording, transcribing and analysing digital audio recordings of discourse from the sessions using ethnographic methods.
- Video recordings for analysis of body language and behaviours (though consent may be withheld if recording appears intrusive).
- Structured interviews (closed questions); unstructured interviews (open questions) or semi-structured interviews (mix of both).
Heritage in Hospitals used semi-structured interviews following a standardized protocol to ensure consistency between facilitators.
- Interviews (structured, unstructured or semi-structured) with healthcare staff, and relatives and carers of participants.
- Questionnaires with open and closed questions for healthcare staff and relatives and carers of participants.
- Creative work such as drawings or 'speech bubbles' on pre-drawn evaluation pictures from participants during the session.
- Certain audiences may require a cost-benefit analysis.

6.3 Evaluating wellbeing

- Within a museum environment most museum staff are familiar with evaluation based on GLOs and GSOs (e.g. audience development).
- Within a healthcare setting, it is less clear which outcomes should be evaluated although the participant s' experience of health and wellbeing during their stay is important to funders and partners.
- *Heritage in Hospitals* research showed that participants could be negatively affected by long-term illness though positively affected by museum activities.
- Since the concept of wellbeing is notoriously difficult to define, it is important to talk to healthcare staff to understand what they would view as improvement in the wellbeing of their patients.
- A little like the concept of learning, wellbeing it is a construct of the resources, experiences and capacities of individuals so it cannot be specifically defined
- The New Economics Foundation (NEF; 2009) provides some useful descriptors (shown below) and a set of wellbeing indicators that can be adapted for museum activities (see Figure 3).

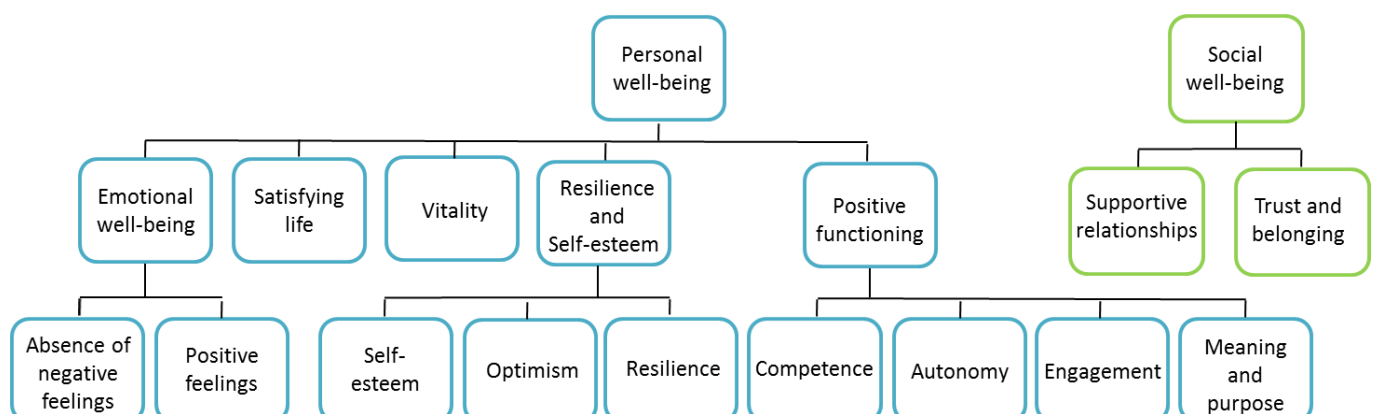
'A sense of individual vitality'

'...to undertake activities which are meaningful, engaging, and which make them feel competent and autonomous'

'...a stock of inner resources to help them cope when things go wrong and be resilient to changes beyond their immediate control'

'...a sense of relatedness to other people, so that in addition to the personal, internally focused elements, people's social experiences – the degree to which they have supportive relationships and a sense of connection with others – form a vital aspect of well-being'

Figure 3: Wellbeing Indicators adapted from © NEF (2009) National Accounts of Wellbeing



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Journal articles

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- UCL Museums & Collections www.ucl.ac.uk/museums
Heritage in Hospitals www.ucl.ac.uk/museums/research/touch/wellbeing

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A guide to using museum collections in hospitals and other healthcare settings

Authors

Erica Ander¹, Dr Linda Thomson¹, Guy Noble², Dr Anne Lanceley³, Prof. Usha Menon³ & Dr Helen Chatterjee^{1,4}

¹*UCL Museums & Collections, University College London, Darwin Building, Gower Street, London, UK*

²*UCL Hospital Arts, University College London Hospitals NHS Foundation Trust, Ground Floor Rosenheim Wing, Grafton Way, London, UK*

³*Department of Women's Cancer, The UCL Elizabeth Garrett Anderson Institute for Women's Health, Maple House, 149 Tottenham Court Road, London, UK*

⁴*Division of Biosciences, School of Life and Medical Sciences, University College London, Darwin Building, Gower Street, London, UK.*

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Contacts

Dr Helen Chatterjee h.chatterjee@ucl.ac.uk

Dr Linda Thomson linda.thomson@ucl.ac.uk

