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Participatory Action Research With Therapeutic Arts Practitioners: Research Capacity Building in a Pediatric Hospital (Recherche-action avec des praticiens des arts thérapeutiques : renforcement des capacités en recherche dans un hôpital pédiatrique)

Candace Lind, Marja Cantell, Sandy Baggott, Marc Houde, and Stephanie Coupal

ABSTRACT

The therapeutic arts (TA) encompass a vast area of practices including art, music, drama, dance, and horticultural therapy in multiple settings. However, TA often lack recognition in hospital settings and may be viewed as expendable programming. Credibility and visibility obtained through research was needed to build effective links to partners and policymakers at a pediatric hospital. In terms of research methods, we used participatory action research to guide the process of facilitating the building of research capacity in TA practitioners. We interviewed eight hospital stakeholders to investigate barriers and facilitators to TA research. Interview themes included: barriers to research; strategies to facilitate TA research; research gaps; and practice gaps. Research capacity growth included a shift from a passive role in research to a more active role; this factor occurred alongside the difficulties of juxtaposing research with practitioner duties. We conclude that with a clearer understanding of the hospital research environment, TA practitioners can build support and a social network for research engagement; this process has begun, in part, as a result of this research.

RÉSUMÉ

Les arts thérapeutiques englobent une vaste gamme de pratiques comprenant l'art, la musique, le théâtre, la danse et la thérapie par l'horticulture, et ce dans de multiples contextes. Cependant, les arts thérapeutiques sont peu reconnus et trop souvent considérés comme des programmes non prioritaires en milieu hospitalier. La crédibilité et la visibilité conférées par cette recherche ont permis de tisser des liens efficaces avec les partenaires et les décideurs dans un hôpital pédiatrique. En termes de méthodes de recherche, nous avons utilisé la recherche-action pour y guider un processus de renforcement des capacités en recherche parmi les praticiens des arts thérapeutiques. Nous avons interviewé huit parties prenantes de l'hôpital pour étudier les obstacles et les entrées pour la recherche en arts thérapeutiques. Les thèmes d'entrevue ont inclus: les obstacles à la recherche; les stratégies pour faciliter la recherche en arts thérapeutiques; les lacunes de la recherche; et les lacunes dans la pratique. Le renforcement des capacités en recherche a permis de passer d'un rôle passif dans la recherche à un rôle plus actif; ce facteur s'est produit parallèlement aux difficultés à combiner la recherche et les fonctions de praticien. Nous concluons qu'en développant une meilleure compréhension de l'environnement de recherche de l'hôpital, les praticiens des arts thérapeutiques peuvent obtenir du soutien et construire un réseau social pour l'engagement en recherche; ce processus a déjà commencé, en partie grâce à cette recherche.

Introduction

The Alberta Children's Hospital (ACH) located in Calgary, Alberta is a 133-bed hospital that provides multidisciplinary inpatient and outpatient services and programs for children, with a vision that provides family-centered health care and incorporates research in its mandate (Alberta Children's Hospital, 2011). The therapeutic arts (TA) programs at the hospital offer a variety of art, music, drama, dance and horticultural therapies. As the TA are a relatively new field of health care practice at the ACH, heightened

credibility and visibility obtained through research was needed to build effective links to internal partners. Increasing the capacity of TA practitioners to engage in research was also viewed as creating opportunities to advance the understanding of the role of arts in health. Arising from an initial curiosity about the visibility and meaningfulness of TA work, mutual interest in conducting research as a means of understanding the impact of TA on children's healing process and the promotion of their health and well-being, the Therapeutic Arts Research Team (TART) was born.

This article focuses on sharing the process related to the development of TA practitioners' research capacity and the outcomes of a small team project to explore the facilitators and barriers to therapeutic arts research. A brief background of the purpose and rationale is presented, along with a description of the development of the TA team. The collaborative, capacity-building research design, and methods used to achieve the project aims are shared. As the research design was process oriented, details of steps we engaged in for practitioner capacity building are shared. Results are divided into sections discussing key stakeholder interview results and research capacity growth in practitioners—as a result of involvement in project activities as coresearchers. Following a discussion of the challenges of the research process, the article ends with a section on next steps.

Background

Therapeutic arts encompass a vast area of practices and contributions to health care; however it remains an area that continues to struggle for visibility and recognition in a traditional setting (Dileo & Bradt, 2009; Raw, Lewis, Russell, & Macnaughton, 2012) such as a pediatric hospital. TA use diverse approaches and modalities to assist in healing and recovery, while promoting the health and well-being of children and their families. These therapies transcend cultures, languages and socio-economic status (Boas, 2006), while providing the opportunity for self-expression and creativity for children and their families (State of the Field Committee, 2009). These approaches to therapy, therefore, go well beyond a biomedical model to have an effect on health and healing (McNiff, 1998; Wikström, 2005). Nevertheless, the value and effects of TA on the recovery and quality of life of hospitalized children are often poorly understood in traditional biomedical settings and biomedical approaches to research (Cohen, 2009; Goodill, 2005), and are therefore in jeopardy of being rendered invisible (Raw et al., 2012) and consequently viewed as expendable programming. Compounding this issue, frontline TA practitioners do not often initiate or engage in formal research projects that could combat potential invisibility, and hospitals are complex hierarchical environments with competing values and unequal voices (Hynes, Coghlan, & McCarron, 2012). Lack of opportunity, training, or

time constitute some of the other barriers to practitioner involvement in research.

The first step taken toward building practitioner research capacity at the ACH occurred prior to our application for research funding. We had established a team identity and an initial TART vision to improve the visibility of the TA within a biomedical model of care. The team consisted of a cross-appointed (university and hospital) psychologist/dance movement therapist-researcher, an academic nurse-researcher, a therapeutic arts discipline lead (manager) and four hospital-based therapeutic arts practitioners representing the areas of music therapy, art therapy, horticultural therapy, and certified child-life specialty. With a background in participatory action research, the nurse-researcher was invited to join the team at its inception to help members explore opportunities to build their research capacity and develop their first research proposal.

Monthly meetings held at the hospital led to a dynamic and engaged process that helped facilitate the therapists' confidence to take on roles of coresearchers for the project. The group brainstormed research interests, which led to the development of many practice-driven questions that were then categorized into three overall research themes: the impact of TA on children and their families during their hospital stay; long-term impact of TA; and impact of different TA modalities. The members of the TART first wanted to improve the visibility of TA within a biomedical model of care delivery, however. Research funding was obtained to explore the landscape of barriers and facilitators to TA research within a hospital setting, and to seek out strategic partnerships for future research.

Research design

Participatory action research (PAR) is a form of action research that was used in the approach to develop capacity in this fledgling research team, and continued to be used for team decision making in every step of the research. Action research has been described as employing a relational paradigm that creates and supports social network building (Bradbury-Huang, 2012). A commitment to working together with local problem owners in a participative approach provides the foundation of action research designs (Levin, 2012; Stringer, 2014). Action researchers help to

change a prevailing vision of service professionals from that of technicians to “creative investigators” who can be partnered with to achieve locally meaningful research outcomes (Stringer, 2014). In this capacity, practitioners may act as coresearchers (Hynes et al., 2012).

As a collaborative approach, PAR informed the development of the TART through its emphasis on working in partnership with non-traditional researchers: the TA practitioners (McVicar, Munn-Giddings, & Abu-Helil, 2012). This form of research employs an action-oriented, critical consciousness-raising means of working with people who have often been excluded from active involvement in research—to address issues or questions that arise from their own practice settings, and create positive change (Breda et al., 1997; Olshansky et al., 2005). PAR is grounded in the reality of practice and as such has been suggested as an ideal approach to empower practitioners to develop their own knowledge (McVicar et al., 2012). Outside academic researchers’ roles must incorporate high ethical and moral standards, and incorporate democratic and social justice principles with their deep involvement in local transformation processes (Levin, 2012). Ethical communication strategies in action research include attentiveness, acceptance, truthfulness, sincerity, and openness (Stringer, 2014). An outside academic researcher becomes more of a research facilitator with a less directive role, employing a consensual approach to inquiry (Stringer, 2014). A key component of a participatory process is the attention to openness and engagement with practitioners (Hynes et al., 2012)—important guidance that drove our project approach.

A criticism of action research approaches has been that although many of them incorporate participants as coresearchers, few of those participants become coauthors on papers published from the research (McVicar et al., 2012). Authorship is expected from academic researchers; however this should not limit practitioner coauthorship of papers. An additional challenge may be practitioners’ confidence levels and experience in authoring manuscripts for publication, necessitating further capacity building for this aspect of research. This article attempts to bridge that gap.

Methods

The aim of this small research project was twofold: first, using a qualitative approach, conduct interviews

with key hospital stakeholders to investigate the barriers and facilitators to TA research in a pediatric hospital; and second, to build the research capacity of the TA practitioners (and seek out future research partners). Our guiding research question was: Who are the key stakeholders within this environment, and how can we align with their interests and build support for our research projects? This project was approved by the Conjoint Health Research Ethics Board of the University of Calgary.

Monthly TART team meetings were held at the hospital where project decisions were made. Guided by the principles of PAR, our regular TART meetings were the forum where we discussed our evolving plans such as: (a) develop our interview guide questions (see Appendix), (b) identify key stakeholders for potential interviews, and (c) plan how to access potential interviewees. A research assistant was hired to assist with research activities such as organizing and conducting interviews. TART meetings were augmented by email contact, and other face-to-face contact. Key TART decision and activity steps are listed in Table 1.

Table 1. List of key TART decision and activity steps.

1. Making plans as a group: deciding on the purpose of key stakeholder interviews.
2. Developing an interview guide together (see Appendix).
3. Deciding upon a list of potential stakeholders to interview.
4. Making plans concerning: how to access the stakeholders, including how to introduce TART and its mandate and our research assistant’s role. Guiding the research assistant in structuring the interview process.
5. Analyzing transcript data. All TART members were given a copy of the analysis guide developed by the nurse-researcher.
6. Discussing and validating the evolving themes from data analysis.
7. Planning next steps, that is, strategizing and deciding who to invite to a stakeholder potential partnership meeting with TART.
8. Holding an initial stakeholder partnership meeting with two ACH researchers who had been invited to a follow-up TART meeting. During this meeting they asked TART to compile a list of potential researchable questions to discuss at a second meeting.
9. Brainstorming potential new TART research questions to present to the two ACH researchers; rewriting, strengthening/changing questions. A list of 32 questions was developed.
10. Setting up a voting process to narrow down the list of 32 research questions to a more manageable number resulted in a list of eight questions to present to the researchers. Questions were further discussed and refined.
11. Discussing research or other literature each TART member was aware of, and gathering resources to help with literature search, as preparation for the second meeting with the two ACH researchers.
12. During (both) meetings with the ACH researchers, TART members focused on sharing TART’s research interest areas, potential researchable questions, answering questions, clarifying, and ensuring each TART member’s perspective was added to the discussion.
13. Identifying research gaps (e.g., in TA in general, or in more specific areas such as TA effects on building children’s confidence) and sharing these gaps during the meetings with the researchers.

An early step in this project was to identify selected key stakeholders within the ACH. TA practitioner insider-knowledge, information, and connections were crucial to the success of this step. During a meeting, the TART brainstormed a list of 10 potential interviewees. Consistent with a PAR process, the team developed an interview guide (see Appendix) with the focus of introducing the TART, exploring the needs and interests of the stakeholder, and gathering feedback on possible barriers and facilitators for planning a future research proposal (to help narrow the range of proposal ideas to one important and feasible project). The intent of the interviews was also to help establish the visibility of TART and establish partnerships with interested partners within the hospital through exploring mutually interesting research overlap. Written, informed consent was obtained from each interviewee immediately prior to the interview process and all interviews were audio recorded and transcribed verbatim. Eight face-to-face semistructured interviews were completed with stakeholders who represented a range of professions and levels (i.e., from frontline staff to managers and researchers) across a number of programs and areas such as spiritual care services, oncology, and neurosciences. The interviews assisted in establishing levels of research interest and needs among service providers (e.g., unit staff nurses), decisionmakers, policymakers, and other potential partners.

Data analysis

In the transcript data analysis step, although all TART members were given a copy of the analysis guide and the option for involvement in the initial analysis process, none of the practitioner members engaged in this initial analysis due to competing time demands. The research assistant was trained in Kvale's (1996) method of data analysis by the nurse researcher and together they completed the initial work of theme development before presenting this to the rest of the TART members. All team members were then involved in the remaining stages of data analysis via team meeting discussions of evolving themes arising from the data, discussion about the meaning of the data, refining understanding of the data, revision of themes, discussion about supporting data and exemplars, and confirming the trustworthiness of the data. Through facilitated discussion, team members also

reflected on the credibility of the findings, and the practical relevance of the findings.

Results

This section will be discussed in two parts: first the results from the key stakeholder interviews, and second a discussion of the research capacity growth experienced by TART practitioner members through their active involvement in the research.

Key stakeholder interview results

Themes from the eight interviews were organized into categories: barriers to TART research (and to research in general at ACH); strategies to address barriers to TART research (and to facilitate involvement); research gaps; and practice gaps (at ACH).

Examples of general barriers to research included: prioritizing research in an environment with limited time and resources is difficult "...the challenges [include]...having people who have the time to do the research who aren't being pulled in a bunch of other directions to provide care, do this, that or the other, [and] get funding for the research" (interview 7). Furthering these challenges, the value of TA may be unclear, unrecognized, or hard to measure: "...it's hard when you don't have those measuring sticks to know whether you're actually making a difference" (interview 1). Worse, with programming potentially jeopardized: "...I sense a value for [TA]...but how do you quantify that value...? Should they continue to get funding? Is that money well spent from taxpayers?" (interview 7).

Suggested strategies to overcome research barriers were to include a physician as a champion or partner on research proposals: "I often involve [physicians] on my research projects so that they have a bit more of a vested interest" (interview 1). Positioning the TA more prominently through wider communication and marketing to staff was also suggested: "...reach the whole Department...put it out there...not just, like, 'this is who we are', but like 'we have interest in playing a role in research [too]'. ... That way it makes people think about it" (interview 8). Building upon this thought, strategies for positioning oneself as an essential part of a multidisciplinary practice team could include: "Just getting the word out and proclaiming the [TA programs are integral to the] leading edge nature of the...hospital" (interview 6). Further,

positioning oneself on multidisciplinary research teams was recommended: "...collaborate with people. Like, you have to find people who are doing research...and find ways to find where the overlapping interests are and where you can contribute" (interview 8). It was suggested that issuing invitations to key influential players must be considered in the initial stages of proposal development.

Research gaps included a significant gap in the effectiveness of TA: "Because if it's truly beneficial to families and to kids, we should understand why so we can maximize the benefit, and we should promote it" (interview 7). Research on the experience of families in a hospital was described as inadequate; and to further anecdotal evidence, local studies of the calming effects of TA on children should be undertaken. More TA program evaluation research was also suggested: "...to show benefit of the therapeutic arts program or new ideas in the therapeutic arts program" (interview 8).

Practice gaps included a need to increase patients' participation in "normal activities" to help bring familiar, comforting activities into an institutional setting. TA activities are viewed as normal because they include day-to-day activities such as art or music that children engage in within their schools or communities. The practice gaps that stakeholders suggested would benefit from further exploration using TA research were: (a) understanding how TA facilitate connections between health care providers and patients/families, (b) poor assessments of families' needs, and (c) unaddressed non-medical needs of families.

Research capacity growth

The TA practitioners themselves were asked what it had been like to engage in this research. Questions included: Tell me (a) what being a member of TART has been like for you; (b) what have the difficulties been; (c) what have been high points for you; (d) how has being a member of TART affected your practice, or your outlook (i.e., how you think about your practice/work now).

A discussion about research capacity growth led to comments about the challenge of being a clinician and having to "switch gears" to thinking about research during our meetings—especially in an environment in which clinical work proceeds at a pace much quicker than research. Although challenging, overall the

research process (especially the brainstorming sessions and team decision making) was enjoyable. Practical learning included skills in working within a team and using consensus decision making, learning the multiple facets of setting up a research project, and a deeper understanding of the research climate and opportunities within one's own institution. TART members also felt it had been a positive experience to move their professions forward, providing "food for thought" for their own practice. The hands-on experience led to increased confidence in engaging in future research projects, and learning that one's preconceived notions of the difficulties of research are not necessarily an accurate portrayal. This demystifying process led to new understanding that practitioners engaged in research do not have to complete all time-consuming research tasks by themselves or without resources. However data analysis may be particularly challenging, requiring initiative and deeper hands-on involvement by more formally prepared research partners.

We noticed that TART members became more aware of research projects going on around them and asked themselves new questions such as: "how could we be involved in that?" This is a shift from viewing oneself in a passive role in research (e.g., being asked to provide resources for, or to collect data for, someone else's project) to a more active one (e.g., how to negotiate a coinvestigator role rather than just become a helper on someone else's project). Some are actively looking for more collaboration opportunities, exemplifying an ideal action research outcome of beginning steps in "...build[ing] a supportive network of collaborative relationships that provides them with an ongoing resource" (Stringer, 2014, p. 16). A new "research-mindedness" occurs when an incident in practice raises the question of whether it could be an interesting research project with which to further engage. This shift in thinking represents an ideal action research outcome: the development of a critical consciousness (Khan, Bawani, & Aziz, 2013), and individual capacity to engage in further research (Stringer, 2014). Research involvement also led to broadening practitioners' role to extend beyond just carrying out their own practice tasks, to a deeper understanding of how they portray themselves and TA, in general, to other practitioners, which is important for sustainability in an interdisciplinary practice setting. Using theory and the research literature to show the benefits of TA is part of

enhancing the profile, sustainability and meaningfulness of the TA for children's healing and well-being in a hospital environment. Membership in TART was described as "increasing our energy" along with enhancing the thoughtfulness of one's practice, and the presentation of that practice to others.

Discussion

In addition to leading to a greater understanding of barriers and facilitators to TA research at the ACH, the interviews enhanced individual interviewees' overall awareness of TA at the hospital, and promoted a specific awareness of TART's research mandate, facilitating our search for partners for future research proposal development (see Table 1). As a number of interviewees were not familiar with research demonstrating the benefits of TA, an opportunity exists to highlight and share research in areas such as the calming effects of music therapy, anxiety reduction related to art therapy, or studies that have measured the impact of TA on children's recovery from trauma. This project and future potential projects will contribute to heightening others' awareness of the research base underlying TA.

A brief handout of the different TA available at the hospital was offered to interviewees, assisting a TART goal of heightening the visibility of the TA. Overall, we discovered there is strong support for TA and TART activities throughout a number of areas in the hospital, which is important for the success of future research partnerships.

Limitations of this research are the small sample size and the selection of the potential participants pool by TART members; the findings are not representative of all staff or decision-makers, have limited generalizability to other hospitals and other settings. Yet because of the visibility of the process and the collaborative effort of the researchers, there is a decision trail that can be very helpful to other institutions and may help them recognize similar factors that are relevant to their institutions and take further research actions that help delineate if these factors are relevant to their own settings. Moreover aggregated information can be collected when multiple studies are completed using a similar approach in different settings. Cross-comparisons that differentiate settings can be helpful as well.

During one meeting discussion a TART member pointed out that a number of members had been involved in others' research projects in the past, but had not received recognition for that role. The team discussed negotiating more formal roles such as coinvestigators or collaborators as a route toward highlighting TART's role in research, accomplishments in research and overall value in an environment in which TA are at times invisible and not as likely to be valued as much as other services in a hospital. TA may be more at risk of being viewed as expendable services in times of budget cuts. More formal roles in research projects could lead to more credibility, bring opportunities to be involved in subsequent publications, and help build individual practitioners' practice portfolios. This conversation led to a discussion about updating the TA hospital webpage to list the research projects that the practitioners have been involved in as well, to further heighten the visibility and value of TA to the wider hospital community.

Some team members experienced indirect, unanticipated positive benefit from engaging in this research project. For example, data from interviewees was immediately useful for one TART member during interdisciplinary meetings with other colleagues because that member had gained a greater understanding of TA marketing needs and of the overall research and practice climate and opportunities at the hospital.

Challenges experienced

Throughout the research process, we experienced common challenges discussed in the literature, such as: "Some co-researchers may find the demands on their time too great; others will worry about whether they are 'doing enough'" (Morton-Cooper, 2000, p. 42). We experienced difficulty keeping project momentum going when the team lost members, experienced competing practitioner duties that sometimes led to individuals missing a team meeting, and with the relative infrequency of meetings (i.e., monthly).

It was challenging for practitioners to carry out research alongside daily practice. Research is not often considered part of day-to-day practice in health care delivery (Stringer & Genat, 2004). We experienced barriers to research engagement consistent with the issues identified in the literature: time constraints; potential increased workload; lack of experience, skill,

or confidence; and research credibility. Challenges in conceptualizing practitioners as researchers arose not only from within oneself but also from within the institutional setting; for example, the hospital administration required assurances that this research capacity development project would not take time away from practitioner duties.

We experienced losses over the duration of the project. At the beginning of the funding we lost the hands-on involvement of the TART cross-appointed inside researcher member, but made a decision as a TART team to continue with the project; we also experienced the unanticipated subsequent loss of two TA practitioners over the duration of the grant. Multiple scheduling challenges both with the TART meetings and with other meetings with hospital researchers to discuss future research partnerships created delays in accomplishing our research tasks.

Plans for next steps

Consistent with sustainability as a desired outcome of PAR (Stringer, 2014):

1. Initial steps were taken with two hospital researchers to develop another research proposal.
2. Research capacity development was extended by cowriting this manuscript on the findings of the project.
3. Strategies were brainstormed to continue to build visibility, such as revising the TA website content to highlight its research base.

The development of research capacity in TA practitioners led to the first stages of a partnership between researchers and practitioners for a subsequent proposal to continue building hands-on research experience. Demonstrating a shift in TART leadership, one TA practitioner member has taken over the role of organizing and facilitating follow-up meetings with the two hospital researchers. TART sustainability may also benefit from a more recent influx of new TA practitioners.

Conclusions

We feel the PAR project helped build research capacity in TA practitioners as evidenced by our active involvement in the small study undertaken and subsequent reflections on research capacity development.

Morton-Cooper (2000) eloquently expressed one of our hopes: “What really matters is that you brought practitioners together...you enabled them to work together and to think critically about their situations. Those skills and attributes developed through involvement with your study will stay with them...” (pp. 96–97). With a clearer understanding of the hospital research climate, TART built support and a network for research engagement (Bradbury-Huang, 2012). Research questions arising from practitioners and collaboratively developed into interdisciplinary projects offer promise for heightening the visibility of the TA along with contributing to the knowledge base for TA impact on children’s health and healing (Raw et al., 2012), for helping to address the “precarious vitality of arts-based health research” (Cox et al., 2010, p. 119). The ongoing challenge will be to keep momentum in (a) a biomedical environment, (b) with TA staff turnover, and (c) ongoing time management challenges, because active research involvement is not often encompassed in the roles practitioners are hired for in a hospital.

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References

- Alberta Children’s Hospital. (2011). *Programs & services*. Retrieved from http://www.calgaryhealthregion.ca/ACH/programs_services/programs_services.html
- Boas, S. (2006). The body of culture. Transcultural competence in dance movement therapy. In H. Payne (Ed.), *Dance movement therapy: Theory and practice* (2nd ed., pp. 112–131). London: Routledge.
- Bradbury-Huang, H. (2012). Value of action research in new healthcare: The importance of advancing action research through relational networks. *Action Research*, 10(4), 332–335.
- Breda, K. L., Anderson M. A., Hansen, L., Hayes, D., Pillion, C., & Lyon, P. (1997). Enhanced nursing autonomy through participatory action research. *Nursing Outlook*, 45(2), 76–81.
- Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing.

Arts & Health: An International Journal of Research, Policy and Practice, 1(1), 48–62.

- Cox, S. M., Lafreniere, D., Brett-MacLean, P., Collie, K., Cooley, N., Dunbrack, J., & Frager, G. (2010). Tipping the iceberg? The state of arts and health in Canada. *Arts & Health: An International Journal of Research, Policy and Practice*, 2(2), 109–124.
- Dileo, C., & Bradt, J. (2009). On creating the discipline, profession, and evidence in the field of arts and healthcare. *Arts & Health: An International Journal of Research, Policy and Practice*, 1(2), 168–182.
- Goodill, S. W. (2005). *An introduction to medical dance/movement therapy*. London/Philadelphia, PA: Jessica Kingsley.
- Hynes, G., Coghlan, D., & McCarron, M. (2012). Participation as a multi-voiced process: Action research in the acute hospital environment. *Action Research*, 10(3), 293–312.
- Khan, K. S., Bawani, S. A. A., & Aziz, A. (2013). Bridging the gap of knowledge and action: A case for participatory action research (PAR). *Action Research*, 11(2), 157–175.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Levin, M. (2012). Academic integrity in action research. *Action Research*, 10, 133–149.
- McNiff, S. (1998). *Art-based research*. London: Jessica Kingsley.
- McVicar, A., Munn-Giddings, C., & Abu-Helil, C. (2012). Exploring the development of action research in nursing and social care in the UK: A comparative bibliometric review of action research designs in social work (2000–2010). *Action Research*, 10, 79–101.
- Morton-Cooper, A. (2000). *Action research in health care*. Oxford, UK: Blackwell Science.
- Olshansky, E., Braxter, B., Dodge, P., Hughes, E., Ondeck, M., Stubbs, M. L., & Upvall, M. J. (2005). Participatory action research to understand and reduce health disparities. *Nursing Outlook*, 53(3), 121–126.
- Raw, A., Lewis, S., Russell, A., & Macnaughton, J. (2012). A hole in the heart: Confronting the drive for evidence-based impact research in arts and health. *Arts & Health*, 4(2), 97–108.
- State of the Field Committee. (2009). *State of the field report: Arts in healthcare 2009*. Washington, DC: Society for the Arts in Healthcare.
- Stringer, E., & Genat, W. J. (2004). *Action research in health*. Upper Saddle River, NJ: Pearson Education.
- Stringer, E. T. (2014). *Action research* (4th ed.). Thousand Oaks, CA: Sage.
- Wikström, B-M. (2005). Communicating via expressive arts: The natural medium of self-expression for hospitalized children. *Pediatric Nursing*, 31, 480–485.

Appendix: TART stakeholder interview guide

The therapeutic arts and healing garden programs at ACH offer a variety of art, music, and horticultural therapies. A number of therapeutic arts practitioners and researchers came together to form the Therapeutic Arts Research Team (TART). I am the research

assistant for the team and joined the project this past summer. As stated in the consent form, this TART team includes Sandy Baggott who helped set up this interview as well as art, music and horticulture therapists working at the ACH. The team also includes two other researchers: University of Calgary's Dr. Candace Lind and Dr. Marja Cantell.

TART was developed to explore areas of research need to heighten the evidence base used to guide therapeutic arts practice, and to help build the credibility of the therapeutic arts. TART's mandate is, in part, to understand the impact of the therapeutic arts on children's healing, health and well-being at ACH.

The purpose of this interview is to explore facilitators and barriers to TART research and identify potential partners for a future TART research project. For the purposes of this interview, the terms "therapeutic arts" will include music therapy and horticultural therapy (which you may know as the healing gardens program). I will start the interview with a general question:

1. Can you tell me about your role at the ACH?
 - a) Briefly, what goals are you or your department working toward?
 - b) What are the challenges with these goals?
2. Can you describe what an ideal patient or family experience at the ACH should look like?
 - a) PROBE (use probes only if needed): From your perspective, is there anything missing from patient or family experiences or care?
3. What has been your experience with, or what have you heard about, the therapeutic arts programs (TAP) including the healing gardens at the ACH?
 - a) PROBE: What specific programs are you familiar with (or have you worked with)?
 - b) PROBE: What has your program or practice area benefited from?
 - c) PROBE: How do you feel therapeutic arts impact your work with a child?
 - d) PROBE: Who is affected most: the family or the child?
4. What are your areas of research interest at ACH? What area of research are you curious about at the ACH?
 - a) Have you been involved in research?
 - b) What were the challenges?
 - c) What were the successes?

- d) Where, if anywhere, would you see some overlap with TART's research interests?
 - e) PROBE: If you had a wish that could come true, what topics or general areas would you love to see some research done on?
5. Do you see some potential areas of research at ACH that TART could become involved in?
- a) (if yes) Can you please describe these?
 - b) (if no) PROBE: What are the challenges faced by patients that often cannot be met through medicine or nursing?
 - i. Is there a potential for TAP to meet those needs?
 - c) (if no) PROBE: What would you like to see from a TART research project?
6. What would you see as some possible barriers to carrying out therapeutic arts research within the ACH environment?
- a) What suggestions do you have for handling those barriers?
7. What or who do you see as some possible facilitators for carrying out therapeutic arts research within ACH?
- a) PROBE: What or who might help us get our research under way?
 - b) In your opinion, where should we place our efforts?
 - c) Who else should we talk to?
8. Have I missed anything? Is there a question you wished I had asked?
9. Any other thoughts?
- (Finally, the following question is not asked if it is quite evident from the interview that the person is not interested or is unable to participate in, or partner with TART for a future research proposal):
10. Would you be interested in attending a future TART meeting, once we have completed all our interviews and have a sense of the direction of our first proposal, to discuss a possible research partnership? If so, please give me your preferred contact information for this follow up.
- Extra question probes (for use as required):
- a) What particular modalities (i.e., music, art, horticultural therapy/healing gardens) could have specific benefits for your clinic/practice setting?
 - b) Could you tell me more about that?
 - c) What was involved in that?
 - d) Could you give me an example of what you mean?
 - e) How did it begin?
 - f) Then what happened?