



Creative Arts Therapy in Patient Care: The Perspectives of Clinicians in a Nigerian Tertiary Institution

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Authors' contributions

This work was carried out in collaboration among all authors. Author FOO designed the study and wrote the protocol. Author OOO carried out the field work. Author EOO managed the design and performed the statistical analysis. Authors AAA and AMO wrote the draft of the manuscript. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JAMMR/2019/v31i930323

Editor(s):

(1) Dr. Oyewole O. Olufemi, Department of Physiotherapy, Olabisi Onabanjo University Teaching Hospital, P.M.B. 2001, Sagamu, Ogun State, Nigeria.

Reviewers:

(1) Abdul Kader Mohiuddin, Bangladesh.
(2) Edgar Amatuzy, University of São Paulo, Brazil.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/53456>

Original Research Article

Received 20 October 2019
Accepted 23 December 2019
Published 03 January 2020

ABSTRACT

Aim: To assess the level of awareness and perceptions of Creative Arts Therapy (CAT) among practicing Nigerian clinicians in Obafemi Awolowo University, Teaching Hospital Complex (OAUTHC) Ile-Ife with a view to determining their willingness to incorporate CAT as an adjunctive tool in their routine patient care.

Methodology: A Cross-sectional study carried out at the general outpatient department, medical outpatient department, Surgical outpatient department and Dental Hospital units of OAUTHC between April 2018 and September 2019. One hundred participants were selected using simple random method from the pool of clinicians. Data were collected from the participants using self-administered structured questionnaire. Data were analyzed using STATA 14 statistical software.

Results: A total of 100 clinicians participated, 46% male 54% female. Their average age was

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23.9±2.1years. Seventy-one (71%) were medical practitioner while 29(29%) were dentist. Resident doctors made up 70% of respondents while 30% were consultants. As a necessary adjunctive tool, about one-third 31(31%) strongly agreed, 42(42%) agreed while only 1(1%) participant disagreed. Dance was chosen as the most relevant art to clinical practice by 36(36%) of respondents. Significant improvements by CAT on patients' prognosis was strongly agreed with by 36(36%), 50(50%) agreed, 18(18%) were indifferent. The majority of respondents attributed lack of available institutions offering Creative Art Therapy courses a major hindrance to its clinical application. The majority 90(90%) of clinicians agreed to the possible incorporation of Creative Art Therapy into the Nigerian healthcare system. Nine participants (9%) strongly agree to prescribe art therapy if such services are readily available in Nigerian healthcare system, 62(62%) agree, 25(25%) were indifferent while 4(4%) disagreed.

Conclusion: This study showed that a larger percentage of clinicians, claimed awareness of Art therapy being used as an adjunctive tool in patient care, and believes in its therapeutic benefits. Lack of facilities was identified as an obstacle to the use of art therapy in patient care.

Keywords: Creative art therapy; patient care; perspectives.

1. INTRODUCTION

The arts can help wellbeing, aid recovery from illness and support longer lives better lived [1]. This was one of the key messages in the inquiry into the role of arts in health and social care conducted by the All-Party Parliamentary Group (APPG) and partners; which beamed a search light on the growing momentum surrounding the arts and health movement [1]. Art provides a temporary and relaxing escape from reality through expression in a nonverbal way [2]. Images, symbols and development of creative material produce positive feelings and relief, minimizes negative thoughts, and provides a less traumatic experience in the face of challenging situations [3]. Art therapy is considered a care option for patients and their family facing the difficult situations of hospitalization [4]. Patients, families and health professionals can benefit from art therapy through its remarkable transformational effects [5].

Creative art therapy (CAT) is usually prescribed following medical and surgical treatments, or sometimes simultaneously especially in cases of mental health conditions. The focus is mainly on the person and "process of creating" the artwork, rather than on the aesthetic outcome of the artwork itself [6]. Unlike other therapies, art therapy can take the patient away from their illness by shifting their focus away from the illness or disabilities [7]. This helps the clinician to see the patient as a whole being, and not just a physical body that needs only medico-surgical treatments [7]. Through helping patients to be more productive with their lives CAT addresses the limitations of the biomedical model. It leads to re-experiencing normality and personal power, even in the short period of creative engagements

[7]. Today it is widely practiced in a variety of settings including hospitals, psychiatric and rehabilitation facilities, wellness centers, forensic institutions, schools, crisis centers, old people's homes, and other clinical and community outreach settings but not popular in African population [8]. During art sessions, art therapists' harnesses clients' inherent capacity to create art to enhance their physical, mental and social well-being. It can be done in individual, couple, family or group therapy formats [8].

Several studies have reported the therapeutic value of CAT. Modeme & Sunday-Kanu observed that music performance is a good therapy for stress management and would consequently prolong the lifespan of Nigerian academics [9]. However, the awareness level of the federal university academics on the health benefits of CAT was low [9]. The therapeutic value of painting and human psychology in Nigeria, was reported by Johnson Abodunrin [10]. He observed that mood elevation and emotional stability were the associated therapeutic value of painting [10]. Ruth Hettrampf and Margareta Warja in a systematic review investigated the effect of creative arts therapy and arts medicine on psychological outcomes in women with breast or gynecological cancer [11]. Their results suggest that CAT may be effective for improving psychological outcomes and more research on gynecological cancer patients are recommended with trials aimed at improving body image and addressing sexual function and related concerns [11].

Although it is practiced in the United State [12], United Kingdom [12], Australia [13] and few African countries such as Rwanda, Kenya, Uganda (host of the 2013 International Arts In

Medicine Conference, in partnership with the University of Florida Center for Arts In Medicine) and in South Africa (host of the first African institute for Art Therapy) [14], it is still relatively new in the Nigerian clinical practice. CAT is gradually making inroads into the Nigeria health care space with the advent of the arts in medicine project by tender arts Nigeria in 2015. Applying this innovative therapeutic method, it has helped patients at the drug unit of Federal Neuro-Psychiatric Hospital, Yaba, sickle cell patients undergoing treatment at Sickle Cell Foundation Nigeria and Children with Cancer at the Lagos University Teaching Hospital [15].

Studies have shown a lack of awareness of the therapeutic benefits of arts among clinicians in Nigeria which is a reflection of the apathic attitudes of most Nigerians to art generally especially in the area of art education [16]. The perception of art therapy as an adjunctive tool in patient care, among informed and uninformed clinicians in Nigeria is yet to be determined. This may give an insight into the insignificant use of art therapy as an adjunctive tool in patient's care especially in the management of patients with chronic terminal diseases who may not respond well to routine analgesia and therapeutics.

CAT has tremendous effects on the prognosis of patients that have been involved in such, combined with medical and surgical managements [17]. However, the level of awareness, and the knowledge of clinicians to the significance of this adjunctive tool in patients' management as well as their willingness to incorporate it has not been given enough consideration in the Nigerian health care system. The aim of the study is to assess awareness and the perception of practicing clinicians to art therapy and their willingness to incorporate it as part of patient care.

2. METHODOLOGY

2.1 Study Design

This is a cross-sectional study conducted among clinicians at OAUTHC. The study was carried out at the general outpatient department, medical outpatient department, Surgical outpatient department and Dental Hospital units of OAUTHC between April 2018 and September 2019.

The clinicians were selected using simple random sampling method. A box containing 10

wrapped marked paper (5 marked Yes and 5 marked No) was presented to each consenting clinician. Only those who picked yes were recruited into the study.

2.2 Sample Size

Sample size was estimated as follow:

$$\text{Taro Yamane Statistical Formula: } n = \frac{N}{1+N(e)^2}$$

N = Total population

Number of resident doctors= 305, Number of consultants =153

N= 305 + 153= 458

e = Margin of error = 0.10

$n = 458 / [1+ 458 (0.10)^2]$

$n = 458 / 5.58$

$n = 82.1$

Attrition rate of 10% (rounded off to 8 participants) was added to the calculated sample size, giving a total of 90. To further increase the confidence of the results, 100 clinicians were recruited.

2.3 Data Collection

Data was collected using self-developed structured questionnaire which was organized into sections. Section A recorded information on their biodata such as age, sex and specialty. Section B recorded their knowledge on CAT while Section C recorded their opinion on possible use of CAT in patient's management. All participants answered all questions proposed in the questionnaire. Questions were asked to determine level of awareness, perception, attitude towards recommending CAT and willingness to incorporate CAT into patient care. Likert scale with five anchors and response points was used to measure participants perceptions and opinion. Internal reliability of psychometric scale was determined with Cronbach's alpha (=0.75).

Data was analyzed using STATA 14. Descriptive statistics was used to analyses sociodemographic like sex, marital status, educational level and so on. Mean and ranges were used to describe continuous variables. The relative proportion of participants who agree or do not agree with CAT therapy and other associated qualitative variables was analyzed using frequency and percentages.

3. RESULTS

There were 54 (54%) female and 46(46%) male respondents with an average age of 23.9 ± 2.1 years. About two-third 61(61%) of them were in their 4th decade of life. Medical doctor respondents were 71% while dentists were 29% Table 1.

A greater percentage of clinicians, 72% have heard about the term “Art Therapy” while 68% have been involved in one form of art or the other or have artistic skills as shown in Table 2.

When involved in art processes about 26% feels happy and fulfilled with 57% feeling indifferent. Dance as an art therapy was chosen as the most

Table 1. Demographic characteristics of participants

Variables	Frequency n	Percentage %
Gender		
Male	46	46.0
Female	54	54.0
Age Mean age (years)= 23.9 ± 2.1		
<26	18	18.0
26-40	61	61.0
41-50	16	16.0
above 50 years	5	5.0
Professional background		
Dentistry	29	29.0
Medicine	71	71.0
Status		
Resident doctor	70	70.0
Consultant	30	30.0

Table 2. Artistic orientation and level of awareness on art therapy

Questions asked	Percentage (%)
Do you have artistic skills or are you into any form of crafts?	
Yes	68.0
No	32.0
Which skill/crafts are you involved in?	
Drawing/painting	4.0
Dancing	53.0
Music	3.0
Drama	12.0
Knitting	14.0
Sewing	7.0
Paper crafts	5.0
Others	2.0
How do you feel when you engage in art/crafts?	
Happy & fulfilled	26.0
Indifferent	43.0
Others	31.0
Have you ever heard of the term ‘Art Therapy’?	
Yes	72.0
No	28.0
Which art modalities do you think is most relevant to clinical practice for its therapeutic benefits?	
Drawing	18.0
Painting	26.0
Dance	36.0
Drama	8.0
Crafts	12.0

relevant form of therapy applicable in clinical practice with 36%, painting 26% and drama as least practice at 8% (Table 2). Clinician perception to art therapy showed an affirmative response of 73% of respondents agreeing to its efficacy to improve patient's prognosis although with reservation that it will require a long time for its effect to manifest.

As a necessary adjunctive tool in patient care, most of the respondents replied in the affirmative (73%), with 31% strongly agreeing to this fact, and more than half of the study population believes in its significant improvement on patients' prognoses. A greater number of clinicians felt it will take a long duration of time for its effects to take place on patients. Limitations to the use of Art Therapy in Nigerian healthcare had lack of facilities/institutions to be the main reason (71%) while lack of time, on the part of clinicians ranked second, and inability of clinicians to see its significance in patient care had the least value (30%) (Table 3).

Most clinicians will prescribe adjunctive treatment modalities (e.g. psychotherapy) if necessary but a larger percentage replied in the affirmative, only if the benefits to patients are known to them (Table 4).

Almost all the respondents preferred an art-integrated facility as opposed to a strict clinical environment for practice, and also hope to see significant improvement in patients' prognoses. Two thirds of the study population would like to develop their artistic skills, or if non-existing would love to learn such, to give a broader range of therapeutic options for their patients. Working hand in hand with a licensed art therapist, 25% of the respondents strongly agreed, 50% agreed, 17% were indifferent to the question while 18% disagreed although less than this ratio (37%) agreed to readily prescribe it, even if such services were made available with a large percentage being indifferent to this. Most claimed they have time to take courses on Art Therapy and also supports passing a policy for its incorporation into the Nigerian healthcare system, if they take up an administrative position.

4. DISCUSSION

The results of our study showed that most clinicians that work either as a dentist or a medical practitioner at OAUTHC, knew about Art Therapy and its therapeutics effects. A study by Er Modeme et al. reported a low level of awareness on music therapy amongst Nigerian

Federal Universities academics [9]. The difference in the outcome of both studies may be as a result of the study population. Our study was carried out among medical academics who are more likely to be more knowledgeable on various therapeutic options than general academics.

Most clinicians chose dancing as an art form to be the preferred option for relevance in clinical practice. This is at variance with the observation of Johnson Adelani Abodunrin in a study on a population of victims of trauma of different natures [10]. He concluded that painting had therapeutic values on the human psychology and recommended the clinical environment to be designed for beauty and calmness [10]. The varied study population may likely be responsible for the difference in the outcomes.

The lack of awareness observed in some respondents in this study shows a gap in the medical education curriculum as most clinicians who were aware reported their knowledge of art therapy from outside the classrooms, from online medical courses, social media or referrals from co-professionals usually practising outside Nigeria. This lends credence to an observation by Malcolm Cox et al, that there is a lack of purposeful alignment between the medical education and the healthcare delivery systems thus creating a gap between health professionals' education and their delivery of clinical services [18].

Most respondents have prescribed some form of adjunct care in the past, but fewer reported recommending such to fellow clinicians, even when the benefits were well known. This could be due to the biomedical model upon which the medical education curriculum and practice in Nigeria is based on, which has some limitations as it focuses on medical and surgical treatments of ailments and diseases alone [19].

Stuckey and Nobel found out that using art therapy in healing and public health does not contradict medical views rather exploration of the different modalities that can be employed and/or are available, helps in better understanding of the relationships between creativeness and therapeutics [20]. Our study however reveals that hindrances to the use of Art Therapy in the Nigerian healthcare system is more of a problem of lack of facilities on ground for such programs, rather than lack of time on clinicians' part to take extra courses on it, or poor perceptions of clinicians towards it.

Table 3. Perception of clinicians on art therapy

Opinions	Strongly Agree %	Agree %	Indifferent %	Disagree %	Strongly Disagree %
Art therapy is necessary as an adjunctive tool in patient care	31	42	26	1	0
Art therapy has significant improvement on prognosis	36	50	18	6	0
Art Therapy will take an unusually long duration for its effects to take place	23	62	8	7	0
I have a high level of faith in the efficacy of art therapy for therapeutics	22	39	34	3	2
Art therapy sounds strange and unreasonable to me for use in clinical practice	2	15	29	52	2
I have prescribed adjunctive therapy for my patients before (e.g Psychotherapy)	19	51	25	5	0
I would recommend art therapy to fellow clinicians	2	13	22	38	25
Hindrances to use of art therapy by clinicians include lack of time to take a training on adjunctive therapy	11	28	47	9	5
Hindrances to use of art therapy include inability to see its significance in patient care	7	22	51	16	4
Hindrances to use of art therapy include lack of training institutions offering such courses	8	63	25	4	0

Under investigation

Table 4. Willingness of clinician to incorporate art therapy into patient management

	Strongly Agree %	Agree %	Indifferent %	Disagree %	Strongly Disagree %
I will prescribe adjunctive treatment modalities e.g psychotherapy to patients,if necessary	9	53	27	9	2
I will prescribe Art therapy for patients, if I know its benefits	9	62	25	4	0
I would love Art therapy to be incorporated into patient care	23	67	8	2	0
I hope to see significant improvement in patient's prognosis following Art therapy	30	62	8	0	0
I would like to develop any form of artistic skills as a clinician, for broader therapeutic options	20	58	22	0	0
I would recommend such training or adjunctive treatment to colleagues	22	59	16	2	0
If motivated (e.g. for resume building experience, opportunities for researches, professional identity development etc), I would take a course in Art therapy	21	57	22	0	0
If art therapy services were made available, I would readily prescribe such	9	28	42	12	9
I have time to study or take a course on non-medical/non-surgical therapeutic modalities	22	41	35	0	2
If I were in an administrative position to effect a change, I would you pass a policy for incorporation of art therapy into the Nigeria healthcare system	25	57	18	0	0

A large percentage of the clinicians in this study preferred an art-integrated medical facility as opposed to a totally clinical environment. This is in agreement with observations by Iyendo et al. [21] and Johnson Abodunrin [10]. Timothy et al reported that deliberate aesthetic design of an hospital's architecture in form of pleasant views, sceneries, greeneries, artwork and music-incorporated designs serves as a very powerful, positive distractions for patients away from their pains and for staffs as well [21].

5. CONCLUSION

The results showed that a larger percentage of clinicians, both dentists and medical doctors claimed awareness of Art therapy being used as an adjunctive tool in patient care. More than half of the participants believed in its therapeutic benefits and its potential to improve patient prognosis. Lack of facilities was identified as a major obstacle to the incorporation of art therapy in patient care.

CONSENT AND ETHICAL APPROVAL

Ethical clearance was obtained from The Institute of Public Health (IPH), Obafemi Awolowo University, Ile Ife (protocol number IPH/OAU/12/1283). Written informed consent was obtained from all participants. Only those who gave informed consent participated in the study.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:
The peer review history for this paper can be accessed here:
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