

Arts Observation Scale (ArtsObs)

Manual

Introduction

The Arts Observational Scale (ArtsObs) is a tool for the evaluation of performing arts activities in healthcare settings. This manual intends to explain to users exactly how to use ArtsObs. Users are advised to read the manual alongside the evaluation form itself and practise applying the scale before testing it in a live setting. For more information on the tool or details on its validity, please refer to Fancourt & Poon (in progress).

Overview

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1. Quantitative data

a Demographic data

The scale captures basic demographic data on the activity and participants. Prior to starting the activity, observers should provide the ward name, date and activity being observed. During the activity, it will be necessary to find a way to identify participants. If participants are bed-bound, this identification can be their bed number. If they are in a communal space, it may need to be a unique descriptor, such as their colour clothes. Sex and age can also be approximated, such as M60s (male aged 60-70) or F20s for (female aged 20-30). Demographic data can also be recorded on the number of patients and clinical staff who attend (Qs 14 and 15). And an overall rating can be given for whether it brought a positive effect to a ward using the following scale:

1	Not at all	The activity brought no benefit or even negative effects to the ward, causing complaints, missing its target audience or getting in the way of staff.
2	Yes, a little	The activity helped lift the mood of the ward, bring a sense of calm or have a small beneficial effect on patients, relatives or staff
3	Very much so	The activity was almost universally liked, or made a significant difference to the feel of the ward.

b Mood scores

See Qs 1-2 and 7-8 on the evaluation form.

The mood scores allow you to tell whether an activity made a participant happier than they would have been without the activity. Participants should be rated both before and after the activity as somewhere on the scale from 1 to 7.

Ratings should be made based on the faces, headline words (in bold) and other associated words:

						
1 (visibly expressed)	2 (moderate)	3 (mild)	4 (neutral / unresponsive)	5 (mild)	6 (moderate)	7 (visibly expressed)
Angry	Frustrated	Sad	Calm	Satisfied	Happy	Excited
Depressed	Restless	Bored	Reserved	Focused	Receptive	Delighted
Aggressive	Anxious	Listless	Quiet	Alert	Entertained	Appreciative
Distressed	Irritated	Tense	Still	Relaxed	Interested	Enthusiastic
Hostile	Upset	Distracted	Passive	Content	Amused	Friendly

c Set criteria

Set criteria are aimed to be constant across all activities in a centre to enabling activities to be compared during evaluations. For healthcare settings, these set criteria are recommended to be 'relaxation' and 'distraction'.

i. Relaxation

See Qs 3 and 9 on the evaluation form.

Participants' reactions should be rated 1, 2 or 3 depending on how many relaxation 'signs' they are exhibiting.

1	Not at all	No change evident.
2	Yes, a little	One or two changes evident.
3	Very much so	Multiple changes or pronounced changes obvious.



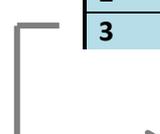
Signs to observe	
Muscular relaxation in the face or limbs	Slow breathing
Jaw relaxation	Shut eyes
Soft lips and resting tongue	Falling asleep

ii. Distraction

See Qs 4 and 10 on the evaluation form.

Participants' reactions should be rated 1, 2 or 3 depending on how many distraction 'signs' they are exhibiting.

1	Not at all	Attention entirely focused on hospital or current medical state
2	Yes, a little	Attention split between hospital / current medical state and the arts activity
3	Very much so	Attention entirely focused on the arts activity



Signs to observe	
Direction of sight line	Level of engagement with the arts activity
Topic of conversation with relatives/staff	Use of other distractions (e.g. books or TV)
Visible expression of unpleasant sensations (e.g. pain)	

d Flexible criteria

See Qs 5-6 and 11-12 on the evaluation form.

Flexible criteria can be added depending on the activity being evaluated. These could include level of engagement, improvements in confidence or other similar measures. For each flexible criterion, a rating table and a 'signs to observe' table should be created.

2. Qualitative data

a Feedback

See Qs 16-17 on the evaluation form.

Alongside quantitative data, ArtsObS enables the collection of personal feedback and quotations from patients, relatives and staff. Observers should undertake a combination of discreet observation and active engagement with participants in order to gather both informal comments shared between participants and more formal statements from those involved in the project. Depending on the more detailed questions behind the evaluation, observers may wish to prompt participants to talk about certain aspects of the project, but questions should remain as open as possible. Precise questions or semi-structured interviews should be conducted separately. No personal data need be recorded, but observers should record basic data on the role of the person being quoted, e.g. 'parent of paediatric patient', or 'staff nurse.'

b. Case studies

See Q 18 on the evaluation form.

Observers can also gather more detailed accounts of responses to activities. For example, if any participants show a particularly strong response such as singing along to a music session or being distracted from a painful treatment, this can be recorded here. If potential case studies are observed, these can be supplemented with more facts from staff and relatives to provide a better picture of the impact