

AKADEMI DANCE WELL REPORT

An Evaluation of 8-weekly Dance Well Workshops at the Royal London Hospital from June-August 2017

Abstract

This evaluation provides an overview of the Dance Well workshops at the Royal London Hospital for Older People's Services, including observational evidence as well as feedback from staff of the Royal London Hospital

In partnership with:



Felicity Beach, MSc, BSc

With thanks to the Royal London Hospital, Vital Arts and the Older Peoples' Services Occupational Therapy team; Susan Atkinson, Esther Bissett, Jennifer Bolas & Alex Burrows.



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Dance Well Workshops at the Royal London Hospital

The Royal London Hospital (RLH) is a leading and internationally renowned teaching hospital based in Tower Hamlets, East London. The Older People's Services (OPS) Therapy Team at the RLH met with the Dance Well Akademi Organisation to collaboratively deliver dance workshops for patients in OPS. The team met to identify group aims, objectives, a risk assessment and decide upon session content.

The Workshops were managed by Claire Farmer, Dance Well Project Officer with the Assistance of Giulia Ghinelli, Dance Well Project Assistant. Dance Artist, Jesal Patel led the South Asian style dance and movement workshops each week, and Felicity Beach, MSc observed and evaluated each workshop delivered.

The style of dance used for the workshops was Kathak, a South Asian style of dance native to Northern India. Kathak is an ancient story telling device, originating in the Hindu temples as a means of portraying the tales contained within the Mahabharata and Ramayana, Hindu scriptures.

The Occupational Therapists of the OPS at the RLH were also involved in the weekly workshops, inviting patients on the ward to participate and also taking part in the workshops themselves to support patients. The Occupational Therapy team also collated feedback from the patients involved in the workshops which was shared with the Dance Well Project team following the completion of all eight workshops.

The workshops ran on Tuesday afternoons from June to August 2017. Seven of the weekly workshops took place in a room on the Older People's services ward at the RLH and one of the workshops was delivered to individuals at their bedsides, to cater for those who were bed bound but still wanted to participate in the sessions.

Workshop Aims

Numerous evidence has supported the suggestion that physical activity through music is one way to improve physical abilities, balance and coordination (Granacher et al., 2010, Rochat et al., 2008). It has also been found that music can assist an older adult in becoming more aware of their body within space while contributing to their general well-being. As dance is an activity which often utilises music as an accompaniment, it is possible that it would have similar outcomes.

The aims of the dance workshops were as follows:

- To improve positive health and well-being
- To enhance engagement and social inclusion on the ward
- To promote a sense of independence

Session Overviews

Group workshops

Each workshop was planned out as 60 minutes in length with the majority of sessions running on average for 50 minutes, allowing for late starts and breaks during the session. The seven weekly workshops based in the Kathak dance style followed a similar structure including a warm up phase, story-telling movements, work with props and a cool down phase. All movements were carried out seated as patients had impaired mobility. Music for the workshops combined classical South Asian with popular music.



Section of workshop	Example of dance movement
Warm up (5-10 minutes)	Following the dance artist. Mobilising joints, head movements, twisting, hand exercises for dexterity, reaching, clapping and clicking, foot and hand tapping, rhythm-scapes. Repetitive movements gradually building into sequences.
Story Telling (10-15 minutes)	South Asian mudras to convey emotions and animals, movements gradually built into small phrases to tell a story. Patients copying the movements of the dance artist
Work with props (10-15 minutes)	Working with individual props such as dandiya sticks and paper plates or group props such as a stretchy band which all patients worked with together. Movement patterns and rhythm-scapes.
Cool Down (5-10 minutes)	Following the dance artist. Breathing, gentle dynamic stretches, rotations/twisting of spine, eyes closed work.

Figure 1: Group workshop session structure.

Bedside Sessions

One of the eight weekly sessions was conducted at patients' besides due to a low number of supporting occupational therapists available to assist, and a number of the patients being bed bound. Each patient was visited for approximately 15 minutes and the workshops concentrated largely on hand movements for dexterity and the use of props. The patients were asked to follow the movements of the dance artist and a mixture of South Asian and popular music accompanied the session.

Section	Example of movements
Warm up	Gentle mobilisation of the head and shoulders, breathing exercises and reaching with arms, clapping with patient sitting up in bed
Hand	Using a stress ball to articulate fingers and work on grip, clicking
movements	
Work with props	Using dandiya sticks to beat out rhythms, following the movements of the dance artist, scarfs to join the dance artist and patient for swaying and other similar movements

Figure 2: Bedside session structure

Patient Demographic

Many of the inpatients on the Older Person's services ward at the RLH have cognitive impairments such as dementia, chronic obstructive pulmonary disease (COPD), or heart conditions. Participants involved in the workshops altered on a weekly basis, largely due to patients being discharged or having prior commitments e.g. hospital procedures. A small number of participants returned for multiple weeks, but no one participant attended the complete eight sessions. There was a mixture of male and female patients each week. Over the eight weeks, 21 participants attended the workshops with an average of three participants per session. 20 of the 21 patients were able to complete the full 60-minute dance session that they participated in.



Results

Arts Observational Scale

A Dance Well workshop evaluator was employed to observe all eight workshops within the RLH using the validated Arts Observational Scale (ArtsObS) (Fancourt & Poon, 2016). The ArtsObS was designed for use in health care settings, to evaluate performing arts activities, and has been deemed a reliable way of assessing the impact of arts projects in such an environment. The evaluator used the ArtsObS to assess the influence of the Dance Well South Asian dance workshops on inpatients' happiness levels, both before and after each workshop, and other set mood criteria including: relaxation, confidence, distraction from their illness/hospital setting and levels of interaction with others. Happiness of patients, both before and after the workshops, was scored on a seven-point Likert scale using the criteria in the table below (figure 3).

Likert scale score	Happiness level
1	Angry (visibly expressed)-depressed, Aggressive, distressed, hostile
2	Frustrated (moderate)-restless, anxious, irritated, upset
3	Sad (mild)-bored, listless, tense, distracted
4	Calm (neutral/unresponsive)-reserved, quiet, still passive
5	Satisfied (mild)-focussed, alert, relaxed, content
6	Happy (moderate)-receptive, entertained, interested, amused
7	Excited (visibly expressed)-delighted, appreciative, enthusiastic, friendly
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Figure 3: ArtsObS Happiness level Likert scale scoring criteria

The other mood criteria were scored on a 3 point Likert scale ranging from 0 to 2 using the criteria in the tables below (figures 4-7).

Relaxation level	
Not at all	No change evident
Yes, a little	One or two changes evident
Very much so	Multiple or pronounced changes obvious
Y	'es, a little

Figure 4: ArtsObS Relaxation level Likert scale scoring criteria

Likert scale score	Distraction from illness/hospital level	
0	Not at all	Attention entirely focused on hospital or current
		medical state
1	Yes, a little	Attention split between hospital/current medical
		state and the arts activity
2	Very much so	Attention entirely focused on the arts activity

Figure 5: ArtsObS Distraction level Likert scale scoring criteria

Likert scale score	Confidence level	
0	Not at all	Remains removed from group, not answering
		prompts from teacher
1	Yes, a little	Engages occasionally, responds with gentle
		prompting
2	Very much so	Offers suggestions when prompted, enters the
		circle to perform movements

Figure 6: ArtsObS Confidence level Likert scale scoring criteria



Likert scale score	Interaction level	
0	Not at all	Remains internally focused, not making eye
		contact
1	Yes, a little	Moments of interaction with others in the
		class/teacher before returning to internal focus
2	Very much so	Interacting with others in the room and props

Figure 7: ArtsObS Interaction level Likert scale scoring criteria

The overall effect of each workshop on the group was also scored by the evaluator, determining how positive the effect of the workshop was on the group, this was scored on a 3-point Likert scale ranging from 0-2. The criteria can be found in the table below (figure 8).

Likert scale score	Positive Effect level	
0	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
1	Yes, a little	The activity helped lift the mood of the ward, bring
		a sense of calm or having a small beneficial effect
		on patients, relatives or staff
2	Very much so	The activity was almost universally liked, or made a
		significant difference to the feel of the ward

Figure 8: ArtsObS Positive Effect Likert scale scoring criteria



Arts Observational Scale Results

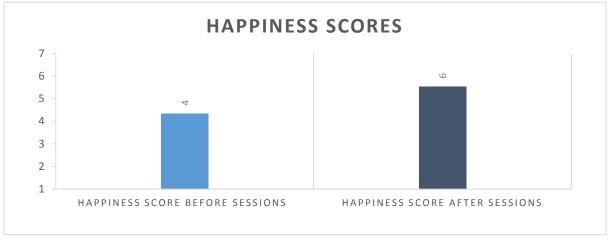


Figure 9: ArtsObS happiness scores

Figure nine shows the happiness scores recorded by the Dance Well Workshop Evaluator both before and after the workshops across all eight weeks, including both group and bedside sessions. On average patients started the sessions at a score of 4 (*Calm (neutral/unresponsive)-reserved, quiet, still passive*) and finished the session with a score of 6 (*Happy (moderate)-receptive, entertained, interested, amused*) on the Likert scale. All Patients' happiness scores increased from pre-to post workshop.

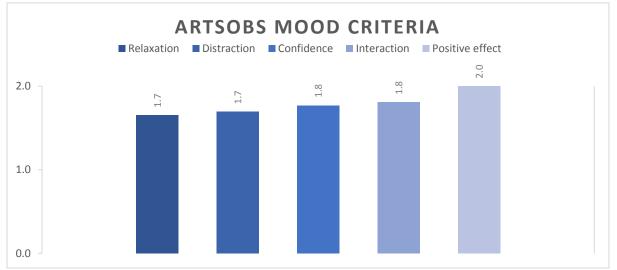


Figure 10: ArtsObS Mood criteria scores

Figure 10 shows the results for the eight workshops, both group and bedside sessions, for the remaining mood criteria and the effect of the session on the group/ward. As the workshops progressed, patients' relaxation increased and they appeared to be largely distracted from the hospital setting and their conditions. Patients' confidence and levels of interactions with both the dance artist, assistant and other patients all increased throughout each session. Every workshop was observed to have a positive effect on the group and therefore scored a 2 (*The activity was almost universally liked, or made a significant difference to the feel of the ward*) for each session.



Evaluator Observations

Across the course of the eight weeks at the Royal London Hospital, the Dance Well Workshop Evaluator observed the group workshops and bedside sessions, noting patients' responses and interactions.

A number of common responses were observed across the eight sessions, quotations from patients and Occupational Therapists (OTs) contributed to the Dance Well Workshop Evaluator's observations to gain an overall anecdotal picture of the workshop's effectiveness.

Patients' Enjoyment

During both group workshops and bedside sessions, patients' facial expressions and comments suggested that they found the movement to be enjoyable. Patients were frequently smiling and laughing whilst carrying out the dance actions.

"observing you both, you look like you are having a nice time" - OT

"at least it is a laugh" - patient in response to OT

When asked at the end of the sessions by both OTs and the dance artist, patients commonly responded that they had enjoyed themselves. This aligns with the responses collated in the OT patient questionnaire (Figure 11).

"I enjoyed it, it was a laugh" - patient following session

"it was something different" - patient following session

Patient Interaction

A positive outcome of the sessions was the interaction both between patients, and between patients and the Dance Well team members. Patients frequently commented that they enjoyed the interaction with others in the workshop. Group work involving the use of props such as passing a scarf from one patient to the next, encouraged interaction and conversation which seemed to add to the positive, friendly atmosphere in the room.

"it's nice to see some people isn't it"- patient

Patients' Response to Music and Reminiscing

The sessions used a combination of both classical South Asian and popular music styles. Across the course of the workshops, patients responded particularly well to popular music from the 1960's, with a number of patients singing along to tracks and speaking about how they used to dance to similar music when they were younger. The style of music used for each exercise appeared to have an impact on the atmosphere within the group, for example the upbeat, fast paced tracks usually evoked smiles and foot tapping from the majority of patients, whereas the slower tracks used for the cool down element of the workshops usually resulted in patients appearing more relaxed with slower breathing and at times eyes closed.

"did you enjoy that?" - dance artist

"Yes, I did, it brought back memories of the ballroom" - patient in response to dance artist



Impact of Sessions on Movement

Observation of the eight sessions allowed the evaluator to witness the impact of the dance actions on the functional movements of the patients involved. As the hour-long sessions progressed, patients' movements became increasingly more confident and appeared to become easier to initiate and carry out.

The sessions incorporated coordination exercises which patients copied from the dance artist leading the workshops. Prior to one of the sessions an OT stated that coordination and movement initiation was difficult for a number of the patients. The dance movements visibly appeared to aid the patients in simple coordination actions such as marching and clapping whilst tapping feet.

The sessions also appeared to relax the patients, particularly towards the end of the workshops when their body language and actions such as yawning, eye rubbing and slow breathing, seemed to suggest that they had worked hard and were relaxing as a result of the physical exercise. A few patients stated that they felt tired following the sessions however it should be noted that this was said in a positive way.

Patients' Desire to Return for Next Session

Following each session, the dance artist and Dance Well team usually asked patients whether they would consider returning next week, to which the majority of patients responded that they would providing they were still on the ward. The patient questionnaire administered by the OTs confirmed that the patients would indeed consider returning for the following sessions (Figure 15). However due to the nature of the inpatient ward, some patients were unable to return due to appointments and discharge from the ward.



Patient Feedback

Patient Subjective Outcome Measure

The OPS Therapy Team developed a patient subjective outcome measure and following each group workshop (7/8 sessions) this was administered to the patients who participated. The results of which can be seen in figures 11-15.

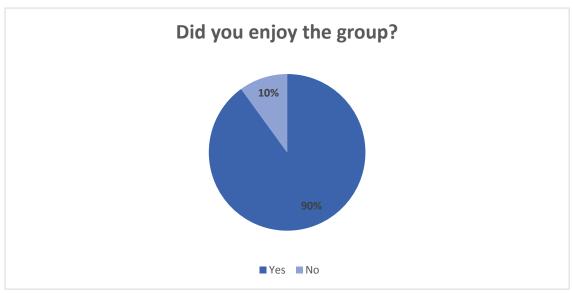


Figure 11: Patient questionnaire responses for 'Did you enjoy the group?'

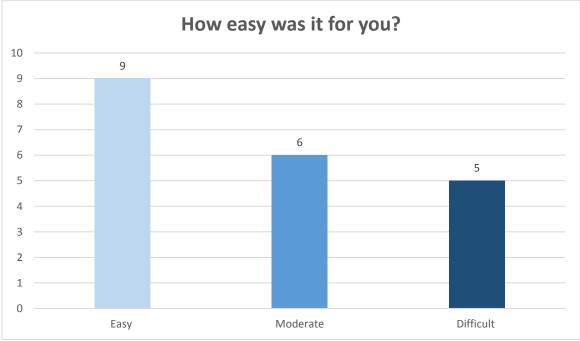


Figure 12: Patient questionnaire responses for 'How easy was it for you?'



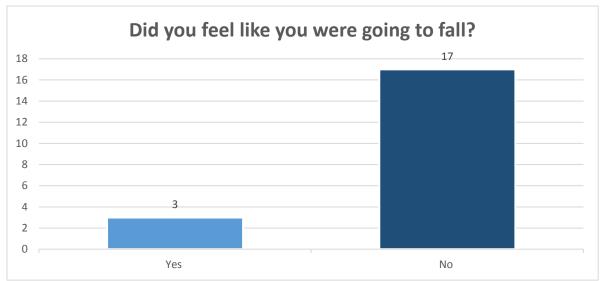


Figure 13: Patient questionnaire response for 'Did you feel like you were going to fall?'

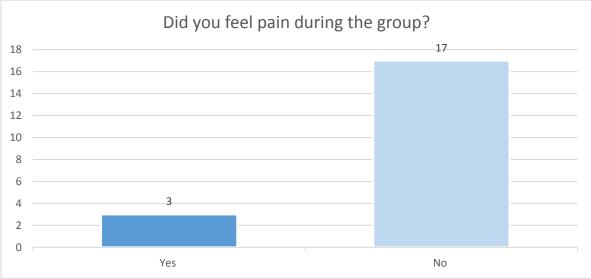


Figure 14: Patient questionnaire response for 'Did you feel pain during the group?'

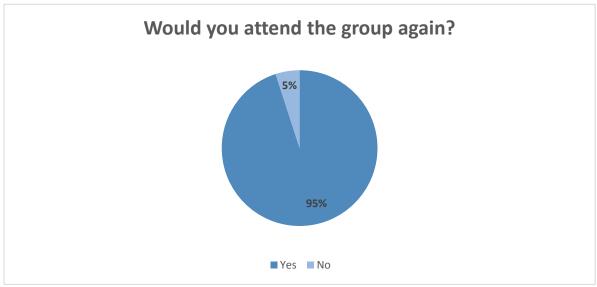


Figure 15: Patient questionnaire response for 'Would you attend the group again?'



The results of the Patient Subjective Outcome Measure suggest that patients responded positively overall to the workshops, demonstrating a willingness to return to future sessions and indicating that overall the workshop sessions were pitched appropriately for the patients.

Limitations

Due to the nature of the workshops provided by Dance Well in the Older Peoples' Service Wards at the Royal London Hospital, there were certain limitations which may have impacted upon the evaluation element:

- Subjective nature of ArtsObS measure
- Fluctuation of attendance due to hospital appointments and discharge
- Limited time available around sessions to speak with OTs for feedback
- Patients conditions meant interviews were not possible to gain individual feedback
- Although the structure of sessions remained consistent across the eight weeks the content differed each week
- Availability of patients to participate during afternoon following lunch

Summary

The Akademi Dance Well Project Workshops at the Royal London Hospital were implemented to assess the effectiveness of dance movement sessions for Older Peoples' inpatient services. Although there were a number of limitations when evaluating the workshops, the subjective observations, staff and patient feedback suggested that the sessions had a positive impact on the patients who participated.

The OPS Therapy Team reported that the workshop enhanced patient engagement, proving dance to be an effective therapeutic medium. It was found that the workshops had a positive impact on social engagement and interaction and that given the high risk of falls in the patient group, there were no falls throughout the eight workshops. The findings of the OPS Therapy team were in line with the observations of the Workshop Evaluator, further strengthening the support for this type of workshop to be made more available to OPS frequently.

The sessions appeared to have a positive impact on patients' happiness and mood levels and encouraged them to have confidence in their movement whilst providing a distraction from their condition and hospital setting. The workshops appeared to have a positive overall impact on the room and all those who participated. Patients seemed engaged and the dance actions accompanied with various types of music encouraged them to reminisce and enjoy the workshops.

95% of patients stated when asked that they would be happy to return for the following sessions and that they did not feel unsafe or incur any pain during the dance sessions, suggesting the positive impact of the workshops.

Combining the qualitative observations of the Dance Well Workshop Evaluator with the patients' comments and Occupational Therapists results and feedback, it is suggested that the Dance Well Workshop provided by Akademi had a positive effect on patients' movement and overall wellbeing, allowing an opportunity to engage with other patients. The workshops met the aims outlined at the beginning of the project, therapy teams should utilise external agencies such as Dance Well Akademi to enhance OPS service delivery.



Dance Well Project Officer: Claire Farmer Dance Well Project Assistant: Pia Zicchi

Akademi, Hampstead Town Hall, 213 Haverstock Hill, London NW3 4QP

T: 0207 691 3210 W: <u>www.akademi.co.uk</u> E: <u>info@akademi.co.uk</u>

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