



SOCIETY FOR THE ARTS IN HEALTHCARE

2007 Membership Survey Summary Report

In July and August of 2007, the Society for the Arts in Healthcare (SAH) conducted the first annual membership survey to learn about member arts in healthcare programs and initiatives, and find out what programs, services and information would best serve the field. Out of the approximately 1,500 members who have e-mail addresses, 564 (37.6%) responded to our survey. Of those 564 respondents, 485 (85.9%) completed the survey. According to a survey random sample online calculator (www.custominsight.com), our survey has about a 96% confidence level with a 4% error rate. This summary report includes an analysis of some of the findings, highlights of the 30 survey questions and sample comments. SAH will consider these findings in the development of a three-year Strategic Plan, to guide in improving member benefits and creating programs designed to meet member needs.

Highlights:

SAH obtained a great deal of information about who our members are and what their work is in the field. Many of their responses support existing program plans and ideas, including the creation of a professional arts in healthcare journal, establishing national research and advocacy agendas and increasing webinars on organizational capacity building and program development. New suggestions by members include creating a “Featured Member of the Month” for the website and networking with the film industry to develop documentaries and include arts in healthcare in television programming. Several members commented on the need for greater opportunities for international programs and increasing funding opportunities for programs and research. Although nearly three fourths of the respondents believe it would be of value to have Special Interest Groups (SIGs), several (about 20% of the comments) felt that SAH lacked the resources to effectively initiate SIGs—running the risk of spreading ourselves too thin and diluting our energies, which should be reserved for more important initiatives.

Findings:

Questions 1 & 2: How members learned about SAH and their primary reasons for joining SAH

The majority of the member respondents (51.7%) said they learned about SAH from their colleagues. Another 21.6% found SAH through an Internet search. The top three reasons for joining SAH included:

1. Networking with arts in healthcare peers (76.7%)
2. Eligibility for grant programs (43.8%)
3. To support SAH's mission (41.7%)

Twenty-three percent (23.3%) also said that they joined to receive the newsletter and have access to conference proceedings.

Question 3: SAH resources/services/programs that members have used/participated in

The top five ranked resources/services/programs in the “excellent or most used” category include:

1. Attending one or more conference (56.7%)
2. Read/post news to SAH Connections (38.9%)
3. Applied for a J&J/SAH grant (37.9%)
4. Read SAH e-News Brief (37.7%)
5. Used SAH website resources (35.1%)

The bottom five ranked resources/services/programs in the “poor or least used” category include:

1. Applied for a Blair L. Sadler award (65.1%)
2. Participated in SAH renewal seminars/webinars (58.6%)
3. Received SAH consulting services (58.0%)
4. Looked for/posted jobs on SAH’s website (56.7%)
5. Attended SAH regional meetings or symposia (45.8%)

Questions 4 & 5: Whether SAH should increase opportunities for members to showcase their programs and resources and how this should be done

The vast majority of member respondents (95.5%) felt that SAH should provide additional opportunities for showcasing members’ work. Of the six suggestions listed in the survey, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Create a professional arts in healthcare journal (84.3%)
2. Create a speakers’ bureau to promote members as speakers (80.1%)
3. Q&A interviews with member experts to post on SAH’s website (73.6%)
4. Photo gallery of members’ work on SAH’s website (68.3%)
5. Juried online gallery with rotating exhibits (52.4%)
6. Program to help members schedule their traveling exhibits (52.2%)

Other suggestions included:

- Support and promote member publications
- Showcase award winning films by SAH members at the conference or on the website
- Compile member films and resources for member access online
- Highlight a Featured Member of the Month
- Create a searchable database of programs and services
- Provide more opportunities for international members
- Create an online space for members to share best practices
- Showcase member work organized by geography and by populations served
- Create an archive of moving works and traveling exhibits

Questions 6 & 7: Whether SAH should provide more professional development opportunities to members and how this should be done

Most respondents (94.0%) indicated that SAH should provide more professional development opportunities to members. Of the seven suggestions listed in the survey, the following percentage of respondents ranked them as 5="very important" or 4="important":

1. Regional seminars on program development (84.9%)
2. Regional seminars on capacity building and sustaining programs (81.1)
3. Regional seminars on evaluating programs (75.4%)
4. Webinars on developing programs (72.5%)
5. Webinars on evaluating programs (72.3%)
6. Webinars on capacity building and sustaining programs (71.1%)
7. Create an online bookstore with discounted resources (68.5%)

Other suggestions included:

- Hold smaller regional festivals and meetings
- Develop a mentorship program
- Help professionalize the field by conducting a salary and job description survey
- Create more international opportunities for training and networking/find more ways to include members who reside outside of the US
- Increase development of the Canadian experience—the American model does not work in Canada/build opportunities and a presence in Canada
- Provide artist subsidies and scholarships to attend the conference
- Provide more training and opportunities in the west
- Hold a panel discussion on hospital art galleries at an annual conference
- Create presentations for hospital administrators/decision makers to educate them on the importance and vast possibilities of arts in healthcare programs

Questions 8 & 9: Whether SAH should have a stronger role in research and what those roles should be

Ninety-two percent (92.2%) of member respondents felt SAH should have a stronger role in arts in healthcare research. Of the six suggestions listed in the survey, the following percentage of respondents ranked them as 5="very important" or 4="important":

1. Establish an online searchable research database (86.3%)
2. Disseminate research findings to the broader public (86.3%)
3. Advocate for more research dollars in Congress (81.9%)
4. Set a national research agenda (80.6%)
5. Create a peer-reviewed arts in healthcare research journal (79.2%)
6. Expand the Research Special Interest Group (70.8%)

Other suggestions included:

- Offer research grants
- Offer training programs specific to the research process/teach artists how to conduct research and evaluate their programs

- Set a North American research agenda to include Canada/advocate for research in each member nation/be more inclusive of international members re: research grants
- Help create opportunities to integrate research results into larger medical journals—Journal of Pediatrics, APA publications, etc.

Questions 10 & 11: Whether SAH should advocate for arts in healthcare with Congress and how this should be done

The majority of member respondents (86.3%) indicated that SAH should advocate for arts in healthcare with Congress. Of the five suggestions listed in the survey, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Set a national advocacy agenda (85.4%)
2. Conduct Congressional education sessions on Capitol Hill (81.9%)
3. Create an e-newsletter to educate Congress members and health legislative aides (77.5%)
4. Establish an Advocacy Special Interest Group (72.7%)
5. Create a letter writing campaign for members to write their Congress members (67.8%)

Other suggestions included:

- Create an e-mail based method for members to contact their members of Congress when an important bill is coming up
- Remember, SAH is an international organization and Congress does not affect all members—create a model that can be used in every member country
- Have a SAH member appointed to advocate in Congress/establish an arts in healthcare lobbyist
- Get involved with veterans and their issues in healing
- Work with therapeutic arts organizations to increase awareness of the role of clinical use of arts in healthcare
- Work with the Joint Commission/National Coalition of Creative Arts Therapy Association/Changing Education Through the Arts/Americans for the Arts
- Several comments regarding: The first priority in this country should be to secure healthcare coverage for the 48 million Americans without healthcare insurance (implied that SAH should assist with this)
- Advocacy may distract SAH from more important activities/it is more important to raise awareness with the general public

Questions 12 & 13: Whether SAH should take a more active role in educating the public and providing members with opportunities to educate the public and how this should be done

Most of the member respondents (93.4%) indicated that educating the public was an important role for SAH and our members. Of the five suggestions listed in the survey, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Create an online press center for the media to access information (83.0%)

2. Create model press releases and editorials for members to use (79.7%)
3. Hold press conferences at the annual conference and special events (74.9%)
4. Provide training for members on working with the media (71.4%)
5. Establish a commemorative day/week/month to celebrate and promote arts in healthcare (66.5%)

Other suggestions included:

- Network with the film industry to develop documentaries and include arts in healthcare in television programming
- Create workshops and presentations for University leadership and leaders of healthcare organizations to educate them about the importance of and opportunities around arts in healthcare
- Create a short seminar curriculum for arts in healthcare professionals to take to local universities and present to healthcare students
- Create PowerPoint presentations for members to use in their communities
- Develop definitions/clearly delineate roles of the continuum of arts in healthcare professionals from volunteers to therapists
- Educate granting organizations on the importance of supporting arts in healthcare
- Encourage galleries, museums and other arts venues to exhibit work done by patients (offer a percentage of sale to go back to the cause)
- Network with state and local Arts Councils to help promote arts in healthcare

Questions 14, 15 &16: Whether a regional/local network structure would be valuable, what roles these networks should have and how SAH should support the networks

Many member respondents (86.6%) saw value in developing a regional/local network structure. Of the six suggestions listed in the survey on the roles for these networks, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Host regional/local meetings (84.0%)
2. Advocate for arts in healthcare at the state and local levels (83.2%)
3. Address local arts in healthcare issues (82.8%)
4. Provide programs and services to members (82.2%)
5. Recruit additional SAH members within the region (71.1%)
6. Create regional/local e-newsletter (66.3%)

Other suggestions included:

- Connect people locally and regionally to enhance their basic skills
- Identify expertise and leaders in regions to act as a resource to others
- Information about local/state funding for programs
- Expand outreach to local groups that might not otherwise be identified
- Expand opportunities for artists to exhibit work

Of the three suggestions listed in the survey on how SAH should support the networks, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Provide advocacy support (78.9%)
2. Provide grants to support networks (77.9%)
3. Assist in regional meeting/event planning (72.2%)

Other suggestions included:

- Include international members in a network/Canadian Chapter/European Branch—a lot is going on in the UK, Netherlands and Germany/offer international grants
- Provide key presenters or models (Tool Kit) that networks can build meetings around
- Provide access to “experts/consultants” for regional meetings
- Offer regional caucuses at the annual conference

Questions 17, 18 &19: Whether a Special Interest Group (SIG) structure would be valuable, what roles these SIGs should have and how SAH should support the SIGs

Nearly three quarters of the member respondents (74.8%) saw value in developing a SIG structure around specific topics and interests. Of the six suggestions listed in the survey on the roles for these SIGs, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Host meetings on special interest topics (80.2%)
2. Provide programs and services to members (78.1%)
3. Address special issues (76.9%)
4. Advocate for arts in healthcare within specific issues (76.4%)
5. Recruit SAH members with special interests (70.1%)
6. Create a topical e-newsletter (65.6%)

Other suggestions included:

- Build opportunities for persons with specific interests to network
- Support high quality research on specific topics
- Generate sustaining funding ideas
- SAH appears to be spread too thin to initiate new groups/be mindful of diluting energy/don't think SAH is large enough for SIGs/be careful about taking too much on/premature

Of the three suggestions listed in the survey on how SAH should support the SIGs, the following percentage of respondents ranked them as 5=“very important” or 4=“important”:

1. Provide advocacy support (74.9%)
2. Provide grants to support SIGs (70.2%)
3. Assist in topical meeting/event planning (68.5%)

Other suggestions included:

- Disseminate information/findings from SIGs to the larger SAH membership
- Endorse programs deemed most effective by SIGs
- Contact list by SIG on SAH website
- Set up webinars on special interests
- Set up SIG networking groups at the annual conference

Questions 20 & 21: Whether the respondents would recommend joining SAH to a colleague and what incentives would encourage these referrals

Most of the member respondents (93.2%) said they would recommend joining SAH to a colleague. The following are some reasons why they would make this recommendation:

- Ability to meet like-minded colleagues, networking, best practices ideas
- Provides a broader perspective on the work we are doing/promotes understanding of the big picture/part of a larger arts in healing community
- Great resource for information and inspiration
- Listserv works—a member became my client
- Definitive source on integrating arts in healthcare
- Opportunities for professional development and networking (most comments included networking)
- Support SAH's mission/SAH supports our mission
- Keep connected on what's happening at the national and international levels
- Encourage multidisciplinary work/cross-pollination of ideas
- Strength in numbers/larger voice/more can be accomplished

However, nearly ten percent (9.5%) would not recommend joining SAH to a colleague. The following are some reasons why this recommendation would not be made:

- Have not yet seen a benefit/no follow through
- Too expensive for the return (many “expensive” comments)
- No specific ways to become involved
- Lack of research focus
- Healthcare goes beyond the medical environment/we work outside of a hospital setting
- Only joined to apply for a grant
- Rural areas are being ignored
- Very disappointed in Nashville meeting
- Professional creative art therapists are not finding new or helpful information

Of the five suggestions listed in the survey for incentives to encourage a referral for a colleague to join SAH, about half (50.4%) would want a discounted membership fee. Another 39.3% thought a complimentary drawing for a conference registration was a good incentive. One quarter of the respondents (26.5%) would make a membership referral for the chance to receive a free product or publication. Another 26.9% said that none of the listed incentives would encourage them to recommend SAH membership. Seventeen percent (17.0%) had other suggestions for incentives. The following are a sample of those suggestions:

- Additional discounts for larger groups—10 or more members

- Travel allowance/assistance with travel costs
- Free consulting services
- Several comments on lower membership fees and conference registration fees
- Several said they did not need incentives

Questions 22 & 23: Other resources or networks that members use to support their work and other arts in healthcare leaders in the members' geographic area

A total of 307 members responded to the question about other resources or networks that support their work. Some sample responses included:

- State Arts Councils/Regional Arts Commission/VSA Arts
- Professional Journals
- MedLine/PSYCHinfo/PUBMED
- Universities
- Local Libraries
- Several National Organizations (American Music Therapy Association, American Art Therapy Association, American Dance Therapy Association, American Alliance for Theatre and Education, Center for Health Design, Alzheimer's Foundation of America)
- Some Canadian Organizations (Live in Canada, Learning Through the Arts, Living Through the Arts, BC Hospice Palliative Care Association, local/provincial/national Arts Councils)
- Several State Organizations (North Carolina Arts in Healthcare, MN Music Therapy Association, Arizona Bereavement Alliance, Georgia Lawyers for the Arts)
- Foundations (Foundations for the Arts & Healing, The California Wellness Foundation, Robert Wood Johnson Foundation)
- Government Agencies (NEA, SAMHSA, CDC)

Only 142 members provided names of arts and healthcare leaders in their geographic areas. A complete list of responses can be provided by request to Evlyn Baker at evlyn@thesah.org.

Questions 24, 25 & 26: Members were asked if they would be interested in learning more about SAH committees or task forces, which committee/task force they had interest in and if they were interested in learning more about becoming a Board member

Less than half of the member respondents (46.4% or 209 people) had interest in learning more about committees or task forces. Out of those respondents that indicated interest, 49.0% (98 people) indicated interest in the Research Committee, 43.6% (89 people) wanted to know more about the Conference Planning Committee, 35.3% (72 people) wanted more information on the Development Committee, 13.7% (28 people) indicated interest in the Membership Task Force and only 2% (4 people) wanted to know about the Finance Committee. About one quarter of the respondents (23.2% or 102 people) wanted more information on becoming a Board member.

(* Responses to Question 27 are at the end of this Survey Summary Report)

Questions 28 & 29: Requested information on the members' area of expertise and type of organization at which they worked

The top ten areas of expertise for the member respondents were:

1. Arts Administration (34.0%)
2. Multidisciplinary (30.0%)
3. Health (29.6%)
4. Painting (29.4%)
5. University/College (28.5%)
6. Mental Health (27.9%)
7. Drawing and Writing (both at 23.9%)
8. Caring for Caregivers (23.7%)
9. Music (21.6%)
10. Palliative Care (20.3%)

Another 27.3% indicated "Other" as their area of expertise. Some of these examples included:

- Hospital Administration
- Film Making
- Fundraising
- Nutrition/Dietetics
- Health Promotion
- Art Therapy
- Social Work
- Substance Use/Addictions
- Culinary and Horticultural Arts
- Research

The top ten organizations at which respondents work were:

1. Hospital (39.6%)
2. Arts Organization (13.1%)
3. Medical School (7.1%)
4. Other Academic Setting (5.7%)
5. Consulting Firm (3.8%)
6. Art Center (3.6%)
7. Hospice/Palliative Care and Long-term Care Center (both at 3.0%)
8. Nursing School and Clinic (both at 2.2%)
9. Association, Corporation, Foundation and Hospice (all at 1.6%)
10. Assisted Living Facility, Continuing Care, Design Firm, Governmental and Rehabilitation Facility (all at 1.1%)

Question 30: Number of respondents who entered the drawing for a free SAH conference registration and hotel accommodations

Out of the 564 respondents who completed or partially completed the survey, 405 (71.8%) entered the drawing and provided at least their name. Most of the respondents (401) to this question also provided an e-mail address.

Question 27: Additional comments about members' programs and how SAH can best serve them

A sample of these comments included:

- Would like to see more support for and focus on certified and trained professionals in Therapeutic Arts such as board certified music therapist and registered art therapists
- Tap into the community of professionals who are creative arts therapists and have been working in healthcare for years
- I have been a Board member and my time and talents were not well used
- Several comments on the conference being too expensive
- Help with securing funding for start up programs
- Work with state Arts Councils to help them provide training for their rostered artists to expand their work into healthcare
- One SIG idea is University-level educators who teach arts in healthcare courses
- More functionality on the website besides visual arts—music clips, video clips of dance and other performances
- Provide more revolving/traveling art exhibit opportunities
- More use of e-technology such as webinars
- Improve international networking and programs
- Offer members medical insurance options and access to legal resources
- More research that demonstrates the impact of our work, which can be used to seek funding
- Reach out more to local grass roots artists/increase support for artists working in the field
- Consider building chapters outside of the United States (Puerto Rico)
- A greater focus given to community/environmental health care issues vs. individual/hospital-based programs.
- Increase opportunities and resources beyond the visual arts, have performance arts play a larger role in SAH resources and meetings

(*Comments were edited for brevity)