

ORIGINAL ARTICLE

Dance for Health: The perceptions of healthcare professionals of the impact of music and movement sessions for older people in acute hospital settings

Hilary Bungay PhD, MA, HDCR, PGCLT, Reader in Health and Wellbeing  | Clare Jacobs MA, DCR(T), Senior lecturer

School of Allied and Public Health, Anglia Ruskin University, Cambridge, UK

Correspondence

Hilary Bungay, School of Allied and Public Health, Anglia Ruskin University, Cambridge CB1 1PT, UK.
Email: hilary.bungay@aru.ac.uk

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Abstract

Aim and objectives: To explore staff perceptions of the impact of weekly music and movement sessions involving older patients and staff on the wards where 'Dance for Health' sessions take place.

Background: Dance for Health is a programme of weekly group dance sessions, which take place on wards in an acute hospital setting. Recent research demonstrates the value of creative arts activities in clinical settings across the globe. However, there is little research exploring the impact of dance programmes for frail older people in acute hospital settings, or healthcare professionals' perceptions of the impact of these sessions on patients, staff and the ward environment.

Method: A qualitative descriptive approach was used. Twenty-one semi-structured interviews were conducted with staff who had supported patients participating in Dance for Health and the ward managers where the sessions took place. Data analysis was undertaken using a thematic analysis approach.

Findings: The sessions challenged staff assumptions about older patients' musical preferences and the level of physical activity patients were able to undertake. Staff felt that the shared experience and interactions within the group enhanced staff-patient relationships. Staff taking part in the sessions reported feeling pleasure seeing their patients enjoying themselves and valued being a part of delivering the sessions.

Conclusion: The *Dance for Health* programme in an acute hospital setting has the potential to promote person-centred care through encouraging self-expression and individuality. It is a meaningful and enjoyable activity, which encourages physical activity and social interaction and enriches the aesthetic experience of the hospital environment.

Implications for practice: This is the first study reporting on the use of dance sessions for older people in an acute hospital setting. Dance for Health had a positive impact on staff attending the sessions and enhanced staff-patient relationships. Staff support is key for effective delivery.

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KEYWORDS

acute care, arts and health, dance, healthcare professionals, older people, staff perceptions

1 | INTRODUCTION

Across the globe, there is a growing interest in the health and well-being impacts of arts activities in different health and social care settings, demonstrated by the increasing evidence base in the international literature (WHO, 2019). A number of recently published rapid reviews including Wilson, Bungay, Munn-Giddings, and Boyce (2016) and Boyce, Bungay, Munn-Giddings, and Wilson (2017) give credence to the potential value of incorporating arts activities into clinical settings. However, whilst much of the research focuses on the impact on those participating, there is also recognition that arts activities taking place in healthcare settings can have a positive impact on the staff working in that arena.

Wilson et al., (2016), investigating staff perceptions of the value and impact of the arts in healthcare settings, found that the majority of staff believe that engaging in arts interventions has a positive impact on patients' health. In addition, Wilson et al. appraised research on the impact on health professionals of the arts interventions in the work environment and found that the staff reported positive personal outcomes including improved patient/staff relationships, improved mood, decreased stress and improved well-being. This resonates with the work by Sonke et al., (2015) who reported that the benefits for nurses of arts programmes in medical-surgical environments in North America included improved nurse-patient communication and increased job satisfaction when they see benefits for patients.

Wilson et al., (2016) also identified a diverse range of arts interventions taking place in healthcare settings, for example music listening, visual arts, creative writing and dance. However, only one article included in the review focused on dance, and this was ballroom dance in a dementia care unit (Guzman-Garcia, Mukaetova-Ladinska, & James, 2013). Staff perceived that classes provided an opportunity to socialise and communicate, as well as having an impact on residents' satisfaction and well-being. Significantly, staff also expressed a personal sense of satisfaction when residents took part. Searches of the wider literature and the internet have not identified evaluations or research on dance programmes provided for older people on acute wards, and therefore, this article offers a unique insight into staff perceptions of a programme of dance workshops 'Dance for Health' provided for older people in an acute hospital setting.

The 'Dance for Health' programme provides dance workshops for older people admitted to an acute hospital in the East of England. Patients admitted to the Department of Elderly Medicine wards, and older people admitted to the Stroke Unit are invited to take part in a weekly music and movement activity, facilitated by a dance artist. The programme takes place on seven wards. The sessions are introduced as music and movement sessions. There is no exercise

What does this research add to existing knowledge in gerontology?

- Across the globe, there is growing recognition that arts interventions can have a positive impact on the health and well-being of older people in a range of clinical and community settings.
- This is the first study reporting on staff perceptions of dance sessions for older people in an acute hospital setting.
- Dance as a group activity can strengthen staff/patient relationships and enhance communication.

What are the implications of this new knowledge for nursing care with older people?

- Seeing older patients move during the dance sessions can challenge staff perceptions of patients' physical capacity.
- Dance sessions, which engage patients and staff, make staff feel good and can increase job satisfaction.
- Dance interventions have the potential to enhance person-centred care in an acute hospital setting.

How could findings be used to influence policy or practice or research or education?

- In practice, group dance sessions could be an alternative method of increasing physical activity of older patients and reduce the risk of deconditioning.
- Further research is required to explore the extent to which physical activity levels increase because of taking part in dance sessions on the ward.

regime imposed, and no choreography and patients are invited to move and express themselves and to participate in the activity to the degree that they feel comfortable. The sessions start with gentle music and movements as a warm-up. During the middle of the sessions, the music is livelier and movements more active, and as the session draws to a close, quieter, slower music is used for cooling down and relaxation. However, it is important to highlight that the musical choices for the sessions are patient-led, with patients given the opportunity to choose familiar and favourite pieces of music (for more details on the sessions please see Bungay, Hughes, Jacobs, and Zheng, 2020). Ward staff attended the sessions to support the dance artist, and in case a patient became unwell, they also supported the patients encouraging them to move and join in with the session. The

majority of staff who attended would also dance with the patients and joined in with singing and conversations.

The programme is supported by a project coordinator, an experienced registered nurse, who is also the Falls Prevention Coordinator for the whole Trust. The project coordinator liaises with wards where the sessions take place, helping staff to identify patients who may benefit from taking part. The sessions are scheduled for an hour on each ward and take place in the ward day rooms. The programme was funded for 2 years by the Dunhill Medical Trust, and this included funding for an evaluation.

2 | METHODS

To explore staff perspectives on the impact of the programme, a qualitative descriptive approach within the interpretivist paradigm was adopted, and semi-structured interviews were undertaken by HB and CJ. This formed part of a wider evaluation which used a mixed methods approach and included structured observations of the sessions and semi-structured interviews with patients. Findings from the wider evaluation including the findings from interviews with patients are reported elsewhere (Bungay et al., 2020).

Hospital staff involved in the programme were identified for interview by the programme coordinator and the dance artist. Interviewees were selected based on being ward managers where the sessions took place, or staff who had attended the sessions. In addition, the project coordinator, dance artist and a volunteer who helped with the sessions were also interviewed. Participants were able to comment on the content and delivery of the sessions, and their perceptions regarding the impact on patients attending the sessions, and the impact on staff and the ward environment. The ward managers were invited take part to discuss the implications for management of the ward where the programme took place.

The project coordinator made the initial contact with interviewees and this was followed up by an email invitation from the evaluation team, which included the participant information sheet and consent form for the interview. The interviews ranged from 7 to 55 min and took place either in staff offices or in the ward dayrooms. They were conducted either by HB or CJ and were audio recorded for accuracy and transcribed verbatim. Staff were invited to review the transcript to confirm their responses, but no-one took up the offer to do so.

Thematic analysis was undertaken using Clarke and Braun's (2014) six stages of analysis. To answer the specific objectives of the evaluation, the analysis initially followed a deductive approach starting with the predefined aims of the project. However, through an inductive approach, the data were also explored to identify new themes and reflect the accounts of the participants. Initially, both authors read all transcripts and made preliminary notes, a coding framework was developed and agreed, and both authors conducted preliminary coding of the transcripts. NVivo version 11.0 was then

used for detailed coding. The team discussed the final coding and development of the main themes following this process to reach consensus.

Because this was an evaluation involving an intervention in current use and met the criteria of an evaluation as defined by the Health Research Authority (HRA, 2016), the project was registered with the Safety and Quality Support Department at the Cambridge University Hospitals Trust (reference number PRN:6594). The ARU Faculty Research Ethics Panel (FREP) also approved it. All members of the evaluation team had completed the relevant ethics training provided by the University, and all had enhanced DBS clearance.

3 | FINDINGS

Semi-structured interviews were conducted with 21 staff including the programme coordinator, dance artist, volunteer, research sister, sisters/charge nurses (7), consultants (2), ward clerks (3), healthcare assistants (3), student nurse (1) and an occupational therapy assistant (1). All but four of those interviewed had attended at least part of one session; those who had not attended a session were all ward managers. The data are presented under four headings: (a) Practicalities of delivering dance sessions on a ward, (b) Perceived impact on staff, (c) Challenging assumptions and (d) Developing social relationships. Quotes from participants are used to illustrate the findings, and each participant has been allocated a number to preserve anonymity.

3.1 | Practicalities of delivering dance sessions on a ward

At least one member of ward staff was required to be present for each dance session, in order to assist the dance artist if someone became ill. Some wards designated a specific member of staff to be present each week. On one ward, this was the ward clerk; on another, it was one of the research nurses but in most cases it was one of the ward nursing team. Often a key individual or small team would organise the ward routine to prepare patients for the sessions, prioritising certain patients and relieving staff from their other duties on the ward to accompany individuals to the group. This core group of staff appeared to 'buy in' to the benefits of the dance sessions and motivated those around them. They tended to have their views positively reinforced by attending the group. Within the groups, these staff members would encourage patients to move to the music and support them if they wanted to dance.

If the ward lacked a staff member that was familiar with the group, then they would allocate someone to join the session on the day. This person might be quite enthusiastic and join in, but others were disengaged and appeared unwilling to take part in the activity or to interact with the patients except if patients required nursing support.

Releasing staff so that they could attend the group had an impact on the staffing levels left on the ward. This could have a positive impact if patients requiring less care were in the group, as the staff could focus on the remaining patients, or it could be a negative impact if patients with high care needs were present in the group requiring more staff to attend to support those patients.

I think, from a staff nurse point of view, it's a little bit more difficult to say, because we are so busy with doing the drugs, we're so busy based on the ward. It is sometimes really, really difficult to release the staff because it does make the ward short, especially if you've only got, maybe, two or three patients.

(Participant 11)

We find if we've got a session going on then the weight of the ward itself is lessened because there aren't so many patients. Nurses have time to breathe and catch up with their workload.....

(Participant 3)

For a group to run effectively on a ward, it needed support from the senior ward team and the healthcare staff working on the ward. The commitment of the ward staff was instrumental in the ensuring that the groups were able to go ahead every week.

Sometimes it can affect it if we're short on staffing, and then it's finding a staff member to go into the dance group. Then, it can be a bit like, 'Oh, should we really do it today?' We always seem to find a way. We always try and find a way to get somebody in and help along.

(Participant 14)

3.2 | Perceived impact on the staff

Staff interviewed remarked on the positive effect of the sessions on their own mood. For those who had been present in the session, these feelings included a feeling of relaxation, and a decrease in stress.

For me, I suppose, and I know this sounds really odd, but I can be running around like a headless chicken, I'll go into a session, I'll come out of that session feeling quite relaxed.

(Participant 1)

I could be having the worst day of my life and I could be feeling like I really don't want to come to the session, but I come to the session regardless because that's my job role, and then I leave the session feeling so much better, because I've been able to relax.

(Participant 5)

Staff attributed the feeling of relaxation to having a break from the ward routine and thinking about something different. They felt this enabled them to return to the everyday ward activity refreshed. During the interview, the project coordinator also remarked that the change in body language of staff taking part was noticeable, commenting on seeing staff very busy running around on the ward beforehand and then leaving the session with 'more of a spring in their step'.

Staff linked the pleasurable feelings that they experienced to watching the patients enjoying the dance and music. The research team also observed staff who remained working on the wards looking in through the windows and smiling at the ongoing sessions. These staff reported how seeing the patients enjoying themselves lifted their own mood.

They were dancing to 'Dancing Queen' on Friday, I was in here having a quick break, I had to go out and have a quick look. I just looked through the window for about five minutes, just watching them, and it was lovely to see. That just cheered me up, you know, frantic Friday. Anyway, it made me feel really happy and like, 'Yes, this is why I come into work. This is why I do my job'. You do have times when you do question why you do nursing, because it's not always the easiest of jobs. But, when something like that happens, you see patients smile, and you think, 'Yes, this is why I do it'. It makes it worthwhile.

(Participant 11)

Witnessing and sharing the enjoyment of individuals who were within their care was linked by staff to their job satisfaction. Interviewees noted how the wards were busy and that working in some areas could be hard. However, seeing someone in their care enjoy a session and appear to benefit as a result gave them increased satisfaction in their role.

I mean, as I said, I find it a really positive experience. I always feel quite energised by going to the groups, which when you work in the NHS, morale can often be quite low. I think for me to really feel positive about something that I'm doing at work is great.

(Participant 4)

Some staff that we observed seemed less comfortable within the groups and appeared awkward with the music and movement, in general these staff members only came when they had to. This was not reflected in the interviews, but one interview respondent talked about the effect that she had seen on a young member of her team who she described as 'hip and cool'. This member of staff had initially been uncomfortable attending the sessions, but her manager remarked how her attitude had changed with the staff member seeing the value in the group. She now attended the group most weeks and was singing along and encouraging others to engage with the group activities.

It's just incredible how somebody's perceptions about something can change like that. That's just one member of staff that that's had that effect on. I'm sure that has an effect on everybody, but that's the one I've really noticed it on.

(Participant 11)

3.3 | Challenging assumptions

Stereotypical views of the music preferences and movement capabilities of older people were often dispelled through the sessions. Bungay, Clift, and Skingley (2010) reported that music choices made for older people are often traditional, music hall type songs which actually predate the older generation who lived through the rock 'n' roll movement. However, assumptions still persist, as, for example, the dance artist noted that staff came to sessions expecting Frank Sinatra and music from a similar era but actually within the group a wide range of music was requested. Patients could request any music that they wanted to hear, and the dance artist had an extensive music library on an ipod which she could draw from. If there were no requests, then the dance artist would give suggestions for the group to choose from.

The lady last week asked for Pink Floyd, so that was quite entertaining, because we were all sitting here with these 70, 80, 90 year old ladies who were listening to Pink Floyd and they were doing their movements and stuff, so it's just lovely.

(Participant 18)

In addition, if participants came for several sessions, staff would remember their preferences and sometimes suggest other artists that they might enjoy listening to. These exchanges were outside the usual care conversations and brought a personal touch and a sense of individuality for those within the groups.

The other way in which assumptions were altered related to the level of activity that a patient could or would do. Patients in the group would dance and move to the music in a way that felt natural to them and appeared to gain confidence in their physical ability from this.

I think it gives them that boost, it gives them a little bit more energy. Yes, I think they do sometimes take back to their bed-space what they've done, especially if they're doing the movements and that. They are a little bit more active..... Rather than saying, 'Can you get me this commode?' They'll be like, 'Can I walk out to the toilet?' because they've got up and done a little bit of dance they think, 'Oh, I can actually do this', and it's given them the little bit more confidence and a little bit more oomph.

(Participant 6)

'With some patients they cannot move, obviously, their legs, but somehow they were moving. Somehow, they were encouraged to move by someone else helping them to do some definite movement',

(Participant 20)

3.4 | Developing social relationships

The theme expressed most strongly and consistently throughout the staff interviews was the perceived positive change in relationship that occurred between the staff and the patients. Staff felt that the interactions within the Dance for Health group meant that they got to know the patient as an individual and that aspects of their life as a younger person would be illuminated in a way that did not happen during day to day interactions on the ward. This was described by two interviewees as 'humanising' the patient.

Staff felt that getting to know more about the person in their care and the change in the relationship which followed was one of the most positive effects of the group. In interview, staff shared anecdotes relating to patients' experiences within the groups which had given them enjoyment and satisfaction. One staff member described how through being in the sessions she had learnt more about what patients had done in the past, such as what jobs they had had, and felt it had helped her to see them as individuals and not just patients. Similarly, one of the consultants who had joined a group discussed how he had heard about people's lives and interests, which he would not normally find out about during a consultation. He reflected on how it was interesting to hear how patients spoke to each other about their hospital stay and what they perceived was happening to them, conversations which he would not otherwise have heard.

For some of the patients that came to the Dance for Health groups, conditions such as dementia or stroke affected communication. Sometimes these patients would be very withdrawn on the ward but would respond to staff within the groups, and they would sing along or tap their feet. This helped staff to see aspects of the individual which at other times were hidden by the older person's underlying medical condition.

There was one patient, he used to be a very quiet patient and he used to sit in the corner all day long and he came into the session once and started tap dance and singing. So, it really changes their personality, you see them in a different light if that makes sense, it really opens them up.

(Participant 12)

The shared endeavour of singing and moving together is described by McDermott, Orrell, and Ridder (2014) as musical connectedness and was beautifully summarised by one of the Health Care Assistants.

I don't feel like I'm their care provider, I feel almost on their level, if you know what I mean, just one of the posse, one of the gang.

(Participant 5)

The change in relationship between staff and patients also continued after the session had finished and could have longer lasting effects on their relationship. Staff would continue to reminisce about the group with the individual or they discussed it with visiting family to involve them in the activity that had taken place.

4 | DISCUSSION

Staff reported that patients responded to Dance for Health by moving not only during the sessions but also appeared more confident to move when the session had finished. This is important as it has been estimated that during hospitalisation older adults may spend 83% of their hospital stay in bed (Falvey, Mangione, & Stevens-Lapsley, 2015), and this can lead to decline and deconditioning (Aurora, Garg, Corona, & Walters, 2014). If, as a result of seeing patients moving in the dance sessions, staff are inspired to encourage patients to continue moving and so maintain levels of independence and thus fitness during their stay, this has potential benefits for the staff too. The more independent the patient is the less risk of injury there is to staff as a result of a reduced need for manual handling (NHS Employers, 2014).

For both staff and patients, hospital wards are often visually uninspiring with high levels of noise, and the environment is structured around habitual practices and is highly contained by routines. Within this environment, there can be little opportunity for creativity or self-expression, and in such an environment, both patients and staff may experience aesthetic deprivation, yet an aesthetically pleasing environment contributes to an overall feeling of well-being (Caspari, Eriksson, & Naden, 2006).

For some staff, bringing dance and movement into the ward may disrupt the routine and behaviours of staff and patients, and this may have a negative effect on their mental well-being. Yet, Moss and O'Neill (2014) suggested that aesthetic enrichment of the ward environment is likely to have a positive impact on staff well-being thus promoting good care. Visual arts have been found to stimulate conversations with patients, and increase nurse-patient communication (Wikström, Westerlund, & Erkkilä, 2012), increase staff well-being and reduce staff stress (Ford, Tesch, Dawborn, & Courtney-Pratt, 2018). This current study found that dance and movement sessions promote staff-patient relationships and indicated a positive impact on staff well-being.

Nursing is a highly emotional occupation whereby nursing staff have to deal with stressful and emotional situations often within a short-staffed environment. The staff attending the sessions reported improved mood and a reduction in stress. The positive effect on staff mood was attributed to the altruistic pleasure derived from seeing patients enjoying themselves. Sonke et al. (2015) describe

this as the 'happy patient/ happy staff effect' in which staff report greater fulfilment due to patients having a more positive experience.

The *Dance for Health* programme encouraged people's individuality by making sure that patients and staff introduced themselves to others within the group. Patients were also encouraged to choose music that they wanted; this triggered conversations where staff learnt more about the patients they cared for. Within a busy ward environment, many of the care interactions that staff have with patients are task focused. This, combined with the effects of illness, may lead not only to the patient's own sense of self being lost, but also staff failing to recognise or know the person as an individual. However, familiar activities can help maintain individuality and provide a link to the sense of self from before the person became ill (Nanton et al., 2016). In the sessions, patients had the opportunity participate in dance a 'normal' activity and to share their stories with others in the group including the staff. Thus, the interactions between patients and staff went beyond those of the usual care interactions and created a more equal relationship helping to create the possibility of truly holistic care. Moreover, during interviews, staff could remember individuals that had 'come to life' within a group. For the extent of the session, the people within were enabled to feel included, accepted and given a sense of purpose. Brooker and Latham (2016) identify these as characteristics of person-centred care that enable people to maintain a sense of personhood. However, the challenges of applying these within an acute care setting can be considerable.

4.1 | Limitations

There are some limitations to this study. The interviews were conducted with managers who had an overall perspective of the ward and where the programme fits within each setting, and staff who had attended the sessions. All those interviewed were extremely positive and enthusiastic about the sessions. It would have been useful to capture the views of staff who had not attended the sessions or had expressed negative views about the programme. There were times during the observations when some ward staff did not appear supportive of the sessions going ahead. However, despite all staff on the ward who had had some engagement with the programme being invited to be interviewed, none of these staff agreed to take part. It would have been interesting to explore the reasons behind these negative perceptions to understand further the challenges for staff working within the busy ward schedule. In addition, the study took place in an acute setting in the UK and further research will therefore be required to look at the transferability of the findings to acute settings worldwide to take account of different cultural and organisational contexts.

5 | IMPLICATIONS AND CONCLUSION

The support of ward staff for the sessions to run effectively is key. Staff need to be present when the sessions take place because they support the patients in their movements but also in the event of

someone becoming unwell. When considering introducing similar sessions on acute wards, staff presence in the sessions must be taken into account, alongside the optimum number of patients attending, which will depend on the size of the space available for the activity to take place. The timings of the sessions are also important to fit with both the patients' day and the ward schedule including lunchtimes, staff breaks and visiting times. Each ward needs a 'champion' who will promote the activity to patients and staff, but there also needs to be commitment from staff at all levels for effective delivery.

Despite the resource issues for staff on wards where the sessions take place, we found that the sessions did have a positive impact on the staff. Seeing the patients enjoy themselves gave the staff pleasure. The activity also helped to challenge staff assumptions and views regarding the physical abilities and capabilities of the patients in the sessions. The extent as to how much patients could achieve and actually move was a surprise to both those interviewed and those supporting the sessions who commented on patients' activity levels and how they exceeded their expectations. Staff valued the different level of interactions with their patients as the dynamic changed between them during the sessions. Staff learnt more about patient's histories, which enabled new relationships to build and conversations to take place after the session had finished.

Dance for Health promotes person-centred care through encouraging self-expression and individuality. It is a meaningful and enjoyable activity, which encourages physical activity and social interaction and enriches the aesthetic experience of both patients and staff.

Implications for Practice

- This is the first study reporting on the use of dance sessions for older people in an acute hospital setting.
- Dance for Health had a positive impact on staff attending the sessions and enhanced staff-patient relationships.
- Staff support is key for effective delivery.

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CONFLICT OF INTEREST

The authors confirm there is no conflict of interest associated with this study.

AUTHOR CONTRIBUTIONS

HB led the study including design and ethical approval, and undertook data collection including interviews. CJ contributed to study

design, topic guide and conducted interviews. HB and CJ both conducted data analysis, and writing, reviewing and editing the manuscript.

ORCID

Hilary Bungay  <https://orcid.org/0000-0001-8202-4521>

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