

Title: *Coalescing*

Cross-pollinating

Crystalising

Developing and Evaluating an Art Installation about Health Knowledge

Keywords: *Arts-based Knowledge Translation, Interdisciplinary Collaboration, Arts and Health, Qualitative Evaluation, Auto-ethnography, Australia*

Authors:

1. Chloe Watfern^a ^, chloe.watfern@unsw.edu.au ORCID: 0000-0002-0756-6547
2. Zoi Triandafilidis^b ^, zoi.triandafilidis@health.nsw.gov.au ORCID: 0000-0001-6187-4703
3. Priya Vaughan^a ^, p.vaughan@blackdog.org.au ORCID: 0000-0002-1016-619X
4. Barbara Doran^c, Barbara.Doran-1@uts.edu.au ORCID: 0000-0003-3951-4546
5. Ann Dadich^d, a.dadich@westernsydney.edu.au ORCID: 0000-0001-5767-1794
6. Kate Disher-Quill^e, hi@katedisherquill.com
7. Peter Maple^e, petermaple@hotmail.com
8. Louise Hickman^f, lhickman@uow.edu.au ORCID: 0000-0002-5116-6559
9. Michele Elliot^e, info@micheleelliot.com
10. Katherine M. Boydell^a, k.boydell@blackdog.org.au ORCID: 0000-0002-1464-8532

^ equal contributors

*Corresponding author: Priya Vaughan, Address: Black Dog Institute, Hospital Road, Randwick, NSW 2031, Australia. Telephone: +61 2 9065 9172. Email: p.vaughan@blackdog.org.au

^a Black Dog Institute, UNSW, Hospital Road, Randwick, NSW 2031, Australia

^b Central Coast Research Institute, Central Coast Local Health District Gosford, NSW 2250

^c Faculty of Transdisciplinary Innovation, University of Technology Sydney, 15 Broadway Ultimo, NSW 2007

^d School of Business, Western Sydney University, Locked Bag 1797, Penrith, NSW 2751

^e Independent Artist, Artist in Residence at SPHERE KT Platform, Sydney, NSW, Australia.

^f Pro Vice-Chancellor (Health), University of Wollongong, South Western Sydney Campus, NSW, 2170, Australia

Abstract: The HIVE is an arts-based knowledge translation (ABKT) project that showcases work undertaken across Maridulu Budyari Gumal: the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). Here, we present two distinct forms of data (reflective and evaluative) to tell the story of The HIVE and outline the project's achievements and shortcomings. Reflective data is used to describe the process of establishing a creative, cross-disciplinary collaboration, in order to devise and produce The HIVE. Evaluative data is used to assess the impact of The HIVE on audiences. By presenting reflective and evaluative data together, we highlight that impact in ABKT cannot be reduced to an assessment of audience engagement with an ABKT end-product. While audience impact is vital, in our experience, The HIVE also had a powerful impact on the researchers, health service users, artists, and others who worked together to create it. The process of creating The HIVE informed research- and art-practice change, forged interdisciplinary networks, and enabled the growth of new patterns of knowledge sharing and collaboration. The reflective and evaluative data we present attest to different forms of impact resulting from the creation and exhibition of an ABKT project.

1.Introduction

Trying to string a sentence together

to create a narrative of the process

the words start suggesting something to you;

a rhythm takes hold (From notes taken by researcher Chloe Watfern

during a meeting about The HIVE.)

This article reports on The HIVE, an arts-based knowledge translation (ABKT) project taking the form of a visual art installation including photography, sculpture, drawing and textiles.

The HIVE showcased work undertaken across Maridulu Budyari Gumal: the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). SPHERE is comprised of 14 organisations in Sydney, Australia, including research groups, universities, local hospitals, health districts, and speciality health networks. These organisations collaborate to expand and enhance healthcare and healthcare systems.

In this article, we share two distinct forms of data (reflective and evaluative) to tell the story of The HIVE and explore the project's pitfalls and successes. Reflective data were produced via autoethnographic journaling, curated conversations held as public events during The HIVE's exhibition, and poetry produced by creators of The HIVE. Poetic works were produced during a *found poetry* (Lafrenière, Cox, Belliveau, & Lea, 2013) workshop. The workshop was hosted after the completion of The Hive, and was intended to facilitate reflective thinking about the collaborative creation process we had just engaged in. The workshop was facilitated by Susan Cox in December 2019. Drawing on this material, we outline the development of the installation and the experiences of those involved. In particular, we highlight the challenges and positive outcomes of establishing a cross-disciplinary language, coming to grips with ABKT, navigating different systems of

knowledge, and managing time. We elucidate both the process and outcomes of creating The HIVE by describing two projects that formed part of the installation. Complementing this personal, reflective material, we also share results from evaluative research to assess audience engagement with The HIVE (using surveys, observational field notes, and vox pops (short, unstructured interviews recorded with research participants)). The HIVE aimed to share health research knowledge in a creative and engaging way. Our evaluation sought to assess audience experience of the installation, and capture the intellectual and emotional impacts resulting from viewing with this arts-based knowledge translation output. Data collected suggests the installation was engaging and interesting to viewers, although there is more that can be done to make ABKT projects, like this, accessible and meaningful for audiences.

In sharing this material, our goal is two-fold. First, we seek to contribute to the growing body of research on ABKT in the health sector (see for example, Hall et al., 2019; Jones, 2006; Parsons & Boydell, 2012). Our insights inform and are informed by ongoing work in this field, showing how artistic inquiry can at once translate and expand health research and practice. Second, in presenting reflective and evaluative data together, we highlight that impact in ABKT cannot be reduced to an assessment of audience engagement with an ABKT end-product. While audience impact is vital, in our experience, The HIVE also had a powerful impact on the researchers, health service users, artists, and others who worked together to create it. The process of creating The HIVE informed research- and art-practice change, forged interdisciplinary networks, and enabled the growth of new patterns of knowledge sharing and collaboration. The reflective and evaluative data we present attest to different forms of impact resulting from the creation and exhibition of The HIVE.

1.1. A Word on Form

Before we proceed, we would like to comment on the form of this article. Across the text we incorporate evocative accounts of The HIVE – sharing poetry (like the fragment above),

images, and personal ruminations. We do this to celebrate different ways of knowing (Eisner, 2007) and to illustrate the individual perspectives and experiences that have shaped this work. Like most writing published in academic journals, this article is a collective endeavour. It is written by a mixed group of people: researchers, clinicians, artists, writers, and individuals whose work straddles both creative and clinical/research spheres. Whatever our background, we are all committed to investigating and giving voice to complex health issues through the tools provided by the arts (Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012; Boydell et al., 2016). In this article we put these tools to work, drawing on the arts to present our collective endeavours through what might best be described as a collaborative autoethnography (CAE) (Cord & Clements, 2010; Hernandez, Chang, & Ngunjiri, 2017; Lapadat, 2017). Autoethnography capitalises on the communicative power of story (Frank, 1995) to it integrate affect, empathy, and diverse viewpoints into the research space, it also acknowledges writing as a useful means of inquiry (Ellis, Adams, & Bochner, 2010; Richardson & St. Pierre, 2005). CAE allows for multivocality. In this article, it has allowed us to work together to share our personal reflections.

In interrogating our collaborations through a polyphonic act of writing, we are performing a kind of meta-reflection that is not without risk. For example, how do the democratic values that underpin CAE play out over the course of writing, as some voices rise and others take a back seat (Hernandez et al., 2017, p. 252)? Or what happens when writing evolves into something that cannot qualify as ‘research, and which escapes every power, including the power of sense’ (Pławski, Szwabowski, Szczepaniak, & Wężniewska, 2018, p. 1007)? Here we have sought to balance poetics, equity, and sense to produce a story that expresses our experience of The HIVE in a cohesive and evocative way.

While seeking to capture meaning through the *content* of this text, we are also interested in highlighting and serving *form*. After all, creative undertakings demand that we consider, not

only *what* is said, but *how*. The *how*, in this case, is collaborative, dialogic, and diverse. Thus, this whole text, not just the parts demarcated with italics and indentation, could be conceived of as bricolage (Yardley, 2020). Throughout this article, our words intermingle: some written now, and some written then, some by ‘we’ and some by ‘me’.

Just like our voices, the data that inform our reflections about The HIVE and its outcomes are multiple and varied: journal entries, photographs, diagrams, sketches, artist statements, conversations captured in snatches, and in the minutes from our many team meetings. In interrogating this material, we engaged in a modified form of thematic analysis to discern ‘some level of *patterned* response or meaning ...’ (Braun & Clarke, 2006, p. 82; 2013) across the data. Priya and Chloe familiarised themselves with the data, reading and re-reading material closely and making notes about their impressions as they read. After this they utilised NVivo 12, to code this material in order to generate what Braun and Clarke have identified as initial or preliminary codes: capturing interesting features in a systematic way across all data sources (Braun & Clarke, 2006, p. 87). In particular, they focused on discerning key moments, issues, or ideas relating to team collaboration. Engaging in this preliminary analysis helped the coders gain a sense of the diverse experiences and viewpoints encapsulated by the varied and disparate data set. It also helped them to identify what Fels calls ‘tug on the sleeve’ moments (2012), as well as moments of shared feeling, points of conflict, and key learnings from our collaborative process. Reading and coding reflective journal entries and other materials generated by collaborators allowed Chloe and Priya to briefly inhabit other points-of-view, expanding their understanding of the mechanics and impacts of our collaboration. Rather than refining the initial codes identified by searching for themes (as directed by Braun and Clarke), the coders then discussed the preliminary coding process and their initial findings (central points of interest, any issues or ideas that seemed broadly endorsed across multiple sources of data) with the authorship team. They sought to

determine if these points of interest reflected the teams' recollections and feelings regarding important moments, event and issues arising from the collaboration. This process of sharing was undertaken via emails and team meetings, with Priya taking notes to make sure team feedback and discussion was captured. The most important and pertinent themes (which form the basis of section 3 of this paper) emerged as a result of collaborative discussion amongst the authorship team. The themes presented here were included due to consensus about their relevance and importance. Alongside reflective material, we also present evaluative data, produced via surveys, vox pops, and observational notes. Our summary of this material takes the form of a single authorial voice (a more traditional form of academic storytelling); but it too is the result of collective analysis and interpretation.

2. Background

Over recent years, there has been a growing turn to the arts as a way of producing and disseminating knowledge relevant to the health sector (Boydell et al., 2012). From the use of participatory artmaking during the research process (Vaughan, de Jager, & Boydell, 2021) to the presentation of research findings through performance and other forms of storytelling (Speechley, DeForge, Ward-Griffin, Marlatt, & Gutmanis, 2015; Boydell, 2011) the arts provide many opportunities to enrich communication and collaboration between individuals, communities, researchers, and others.

Arts have an important role to play in the emerging discipline of knowledge translation (KT). Broadly speaking, KT aims to close the gap between what we 'know' and what we 'do' in real world healthcare settings. For example, it aims to shorten the average of 17 years that it takes for healthcare research to be embedded into practice (Morris, Wooding, & Grant, 2011). As a dynamic, iterative, and non-linear process, KT involves the synthesis, dissemination, and exchange of knowledge (CIHR, 2020). When done well, it involves multidirectional engagement between researchers, health service users, carers, health service

providers, policymakers, educators, and others (Lee & Garvin, 2003). Traditionally, KT activities occur at the end of a project to communicate results. However, there are positive impacts associated with integrating KT activities across the project lifespan (Archibald & Kitson, 2020).

Arts-based knowledge translation (ABKT) draws on the arts to share knowledge, engender dialogue, and facilitate engagement with research (Kukkonen & Cooper, 2017). ABKT can reach diverse audiences not typically engaged by traditional academic outputs (Rieger & Schultz, 2014). ABKT can also highlight the importance of different ways of knowing (Kontos & Poland, 2009). Further, ABKT can be understood as a form of multimodal communication. There is growing acknowledgement that knowledge acquisition is facilitated and shaped by diverse modes of communication beyond the spoken and written word. Recognising and utilising diverse communicative modalities (including art and design) widens the scope for effective communication to diverse audiences (Kress & Leeuwen, 2005; Ravelli & McMurtrie, 2015).

ABKT is underpinned by a belief that the arts move people by affecting them emotionally, viscerally, and cognitively. However, the impact of ABKT initiatives are rarely systematically evaluated (Boydell et al., 2012; Parsons and Boydell, 2012). The small body of research that has evaluated ABKT initiatives largely reports positive outcomes. For example, ABKT has been shown to raise awareness and generate new understanding about patient experiences for both healthcare providers and the public, and to normalise ongoing struggles with illness for health service users (Colantonio et al., 2008; Lapum et al., 2014; Mitchell, Jonas-Simpson, & Ivonoffski, 2006; J. Parsons, Heus, & Moravac, 2013; Riches et al., 2018)

Notwithstanding these promising results, the development of ABKT ‘has been hindered by a lack of consensus about how to substantiate the value of arts, particularly at the level of

practice, leading to a perception that the evidence base is weak' (Daykin, Gray, McCree, & Willis, 2016). Researchers have acknowledged the difficulties inherent in the evaluation of ABKT initiatives, which often are complex and affect people in highly individual ways. Lafrenière and Cox (2012) suggest consideration of impact at a range of levels: from how the work makes audiences feel to whether it moves them to change in salient ways. In this article, we focus on two forms of impact: that experienced by The HIVE collaborators and that experienced by the audience.

2.2 The HIVE's Inception

The HIVE was an initiative of SPHERE's KT Strategic Platform. The KT Platform was established to share research and health knowledge generated by SPHERE's Clinical Academic Groups (CAGs). SPHERE includes 16 CAGs each with specific health-focused remits. For example, there are CAGs for ageing, cancer, healthy urban environments, mental health etc. (Maridulu Budyari Gumal, 2022). The HIVE connected the KT Strategic Platform's artists-in-residence with seven innovative research/clinical initiatives. Artists were tasked with creating an artwork that communicated the knowledge and experiences produced by their assigned initiative. The focus of these initiatives was diverse and included the wellbeing of children from refugee backgrounds, palliative care, and the influence of music on mental health. When The HIVE collaboration began, some initiatives were complete or nearing completion, others were still in process. The research approaches underpinning these initiatives were diverse, with various projects utilising qualitative, quantitative, and participatory co-design methodologies. As outlined below, each artist had latitude to establish their own way of working with the research/clinical team they had been paired with. In some instances, artists relied on lead researchers/clinicians to share project information and to provide feedback about the artworks they were devising. By contrast, some artists established close, long-term connections with a suite of project stakeholders (including researchers,

clinicians, research participants, service users etc). Regardless of the tenor of engagement, artists and initiative team-members worked together closely. Artworks produced for The HIVE were created iteratively, with on-going input from both artists and initiative stakeholders. Members of the KT Platform often acted as knowledge-brokers or facilitators, assisting in the collaborative process and bringing artists and initiative-teams together.

[INSERT FIGURE 1 HERE]

The KT Platform enlisted artist and designer, Simone Chua, to design the structure that would house the artworks produced. Inspired by the form of a beehive, she developed a structure that reflected the collaborative ethos of SPHERE, and of The HIVE itself. Simone created an interconnected, modular structure constructed from steel and cardboard (measuring 4 x 10 x 3 metres). This form was ‘pollinated’ with different artworks to represent the movement of knowledge within and beyond SPHERE (for further detail on individual artworks featured in The HIVE and the research projects they represent, please see Watfern et al., 2021a).

The HIVE was exhibited at a two-day interdisciplinary international health conference in Sydney, Australia, in August 2019 (see Figure 1). Approximately 300 delegates attended the conference.

3. Collaborating to build our HIVE

In bringing so many varied elements into the one sphere, the key – obviously – is Collaboration. (Collaboration a main aspiration for this project). Yet, easier said than done – easier said than put into Action.

(Excerpt from artist Peter Maple’s journal.)

The HIVE was not only an art installation; it was a project and a process that aimed to explore complex health issues in creative ways. 34 collaborators – including seven artists (PM, KDQ, ME), 21 researchers/clinicians (ZT, AD, LH, KB), four health service providers

and users, and two artist-researchers (CW, BD) – formed the core collaborative group working to develop, design and produce The Hive, with more than 25 additional collaborators - many of whom were health users and carers - supporting the process at different points across the project's life span. Ultimately, The HIVE housed seven discreet visual artworks each representing a particular health/research initiative auspiced by SPHERE members. Two curated conversations about artworks (and attendant research/clinical initiatives) produced for the installation (conceptualised as The Hive's 8th artwork) were staged to coincide with The HIVE's exhibition.

In the process of creating The HIVE, we sought to foreground and foster collaboration. In our group meetings, we returned again and again to the idea of collaboration, asking ourselves what this 'buzz' word might mean for this project and for SPHERE more broadly. A beehive (the inspiration for the form of The HIVE installation) provides an aspirational metaphor for a harmonious collaboration; bees work as a superorganism that operate and survive collaboratively for the greater good of the colony. While humans are not bees, we sought to form our own cooperative superorganism. In collaborating, we brought our own worldviews, frames of reference, and agendas, while trying to hold space for a collective alchemy. Here, we reflect on our collaborative process and its attendant challenges and successes. Figure 2 provides an overview of actions and activities central to the establishment of our collaboration.

[INSERT FIGURE 2 HERE]

3.1. Developing a Shared Language: Artists Coming to Grips with KT and Learning to 'Translate'

We encountered a fundamental challenge in the search for a shared language as we worked to establish a mutual understanding of key concepts, frameworks, and approaches. This can be a common experience for those working in an interdisciplinary space. As Cox and colleagues

(Cox, Lowry, & Davidson, 2018, p. 2) observed, ‘in a very basic sense, there is a lack of shared vocabulary among scholars – whether we identify as creative practitioners (artist, designer, media maker), health researchers, cultural theorists or front-line workers’. For many collaborators, KT, the concept underpinning the project, was difficult to understand, partly because KT is not yet widely used in public discourse. For example, artists were not always clear about what KT was: a science, a practice, a concept, a process? Group discussion often focused on how artists could act as translators when they were still coming to grips with the initiatives they were tasked with representing and translating for those visiting the exhibition. As time progressed, artists acquired an often tacit, experiential sense of KT through practice, process, and discussion. Observing this process, researchers, and other collaborators, gained an insight into the way artists search for, and make, meaning by drawing on multiple modes of communication.

As collective comprehension around KT grew, artists reported that the concept provided a framework they could draw on to justify and explain the processes they had already been undertaking as part of their art practice. In other words, KT provided a legitimating language for artists. As mentioned, KT is a multidirectional, rather than unidirectional process involving the input and views of various stakeholders. Once clear on what KT involved, the artists worked to make their contributions to the installation the result of this type of multidirectional work. Rather than simply illustrating research outcomes to make them accessible, they offered new perspectives on findings and theories acquired through their engagement with, and representation of research data. They also worked closely with stakeholders to explore and communicate complex health issues and experiences.

What has come to my attention right now is just how important art is in terms of actually transitioning the conversations we have between our communities, our hospitals and our clinicians and how powerful it can be because a picture can say so

much more than a scientific report that no one is ever going to read. (Comment from researcher/clinician Louise Hickman during The HIVE Palliative Care curated conversation.)

3.2. Learning about Different Ways of Working and Identifying Synergies: Understanding the Value of Art and of Research Processes

Within the frameworks of the project itself, there are a myriad of examples of

Duality:

- *Academics and Arts*
- *Research and Creativity*
- *Education and Entertainment*
- *Corporate and Independent*
- *Fact and Concept*
- *Clarity and Interpretation*
- *The Rational and The Emotional*
- *The Group and The Individual*
- *The Personal and The Professional*

ALL of these existing and circulating within the one SPHERE. (Excerpt from artist Peter Maple's journal)

Collaborators faced challenges resulting from the various types, and systems, of knowledge they were familiar with and worked within. For example, researchers and clinicians sometimes struggled to see how working with an artist would add value to their work, given how distinct artistic outputs are from those associated with scientific research or clinical practice. The KT Platform provided exemplars of ABKT projects to demonstrate prospective

impacts and outcomes stemming from collaborations with artists. Ultimately, some researchers and clinicians withdrew from the project, while others came to appreciate the potential of art as a KT tool.

Likewise, artists were often unfamiliar with processes and requirements – such as those required by university and hospital ethics committees – which are standard to research. Some of the artists approached by the KT Platform declined to participate as the project and its processes were beyond their comfort zone. Artists who did participate brought their own ethical considerations and standards to the process:

As an artist who has predominantly worked alone, I never had to consider research and ethics within the academic model. The ethics have been within my own moral judgements and decision making. (Excerpt from artist Kate Disher-Quill's journal)

To aid artist understanding of research processes, a document was created to outline key concepts. Of course, we could have done more and sooner. For future initiatives, we have resolved to begin with the creation of a shared repository of information relevant to ABKT, including material on research methods, university protocols and processes, KT, and art practices and processes. This will go some way to facilitating a smooth start for the collaborative process. We will also undertake a process of 'translation', whereby collaborating stakeholders identify synergies and make parallels between their systems of knowledge and those of others. For example, data might be likened to unsculptured material, or analysis to the process of finding patterns using different kinds of tools. As we learnt during the creation of The HIVE, both artists and scientists are familiar with 'not knowing' – in different ways.

The first meeting... was noteworthy in that it was difficult to get my head around what was required. Far from being worried, I was familiar with this state of initial

confusion... I knew that I just had to patiently sit and listen to what was being said, letting it percolate or crystallise over time until something solid emerged. This is a technique that I practice regularly in the studio anyway when making a new piece.

(Excerpt from artist Anton Pulvirenti's journal)

3.3. Forming Relationships and Establishing Shared Expectations: Actively Brokering Collaboration between Artists and Stakeholders

I question our expectations...

Were we clear enough?

Did [they] know what they were getting into?

We are stepping into uncharted waters (Excerpt from researcher Katherine Boydell's journal).

Artists, clinicians, researchers and other stakeholders sometimes struggled to get a clear sense of their role in the project, and how were they expected to connect with their collaborators (e.g. whose responsibility was it to update collaborators, or call or run meetings? Who should be briefing artists on relevant research data? Who had the authority to make suggestions about aesthetic forms or research data included in an artwork?). Sometimes this ambiguity was liberating as it gave participants latitude to establish their own unique ways of working and collaborating. For others, the ambiguity was frustrating, or at times both freeing *and* irritating.

To address issues around expectations, we assigned an intermediary from the KT Strategic Platform to broker relationships between artists and the CAGs. This was helpful and opened a space for stakeholders to negotiate and clarify their roles and responsibilities. In subsequent projects we have made a point of explicitly addressing expectations about roles and responsibilities at the beginning of the collaborative process. While frank discussions about

things like expectations or responsibilities can be challenging or awkward, they are a great way establish a shared vision for a project.

3.4. Investing Time: Slowly Building Our Creative Collaboration

lack of

lack of

lack of

time

lack of time

blocks of time

progress feels slow

let it be. (Researcher Zoi Triandafilidis' found poetry reflecting on The HIVE creation process)

During the creation of The HIVE we came to appreciate how much time it can take to establish a productive, interdisciplinary collaboration. We often felt like the process was taking a really long time, and at the same time, that we never had as much time as we needed. As others have observed, forming meaningful cooperative relationships and creating a dialogic space (where participants are afforded an equal footing and an equal voice) is time consuming (Wells et al., 2020) and can be difficult to accommodate in the light of funding, ethics and exhibition requirements and associated deadlines. The return on such an investment of time can be difficult to quantify and in the midst of the process it can feel like a project's progress is slow. However, spending time connecting, chewing on ideas, and sharing frustrations allowed The HIVE team to address the issues, hurdles, and challenges outlined above (e.g. undertaking collective meaning making, developing a shared language,

and forging new ways of working collaboratively). To illustrate how our collaborative process operated, and demonstrate creative outcomes associated with this process, we now describe two artworks created for The HIVE.

3.5. Be Not Afraid of My Body

Kate Disher-Quill was the artist assigned to represent SuCCEED, a SPHERE project supporting families of children with complex feeding difficulties, many of whom require tube-feeding. It was something she knew nothing about, and therefore set about learning all she could from project researchers and participants. Kate's first step was to talk to Dr Chris Elliot, one of the project's lead paediatricians. It was immediately clear that their goals and purposes were aligned – providing social support to families, not just medical support. Dr Elliot connected her with families involved in their study. Kate recalled:

I was invited into the homes of seven families with 'tubie kids'. I spoke at length with the mothers and was struck by the common threads which embodied their stories. The isolation they felt in the initial weeks and months of tube feeding their kids, with no social support, they were often too afraid to leave the home. The shame and fear they felt when taking their child out into the world – how would people react when they saw their beautiful baby with a tube attached to their face? Would people stare in disgust if they fed their child in public? ... The lack of support given to these families and lack of conversation around these experiences is the very reason why SuCCEED exists... This series of portraits [see Figure 3] aims to share the challenges and vulnerabilities of these mothers while celebrating the courage and resilience that I witnessed. It also gives a voice to these children, who just like any other child, need to be nurtured, loved and accepted (Disher-Quill 2021).

[INSERT FIGURE 3 HERE]

Kate created photographic portraits of the families she met. She also invited families to turn the camera on themselves (see Figure 4), documenting ‘aspects of their own lives – the ordinary, the unique and the extraordinary’ (Watfern et al. 2021a).

[INSERT FIGURE 4 HERE]

3.6. *Today is a Gift*

Nurses, carers, educators, advocates, healthcare providers, ward staff, volunteers and those bereaved were Michele Elliot’s collaborators on *Today is a Gift* (see Figure 5).

Text, textile. Words on cloth, patterns, stitches, shadows and light, the passing of time. The work, words on cloth, operate as if a poem. The poets are the people who contribute to the work, their work in the space of palliative care. I am the translator (Extract from artist Michele Elliot’s journal).

[INSERT FIGURE 5 HERE]

Michele was invited to work with SPHERE’s Palliative Care CAG due to her extensive experience working with bereaved families. Through creative workshops, often using textiles, she has helped families establish a creative practice and develop expressive rituals for coping with loss.

From the beginning, *Today is a Gift* exemplified both the possibilities and pitfalls of an endeavour such as *The HIVE*. A particular challenge was navigating the complex organisational structures of SPHERE. Michele spent a great deal of time trying to determine who her collaborators in the CAG were. She was referred interminably from person-to-person, without avail. Once her collaborators were located Michele learnt that the experiences of healthcare users and carers were of primary importance to them, so she set out to speak

directly to those affected by palliative care. The conversations she had with these stakeholders are central to *Today is a Gift*. The work is a testament to the enduring thread of the person who seeks to live well, right up until the moment of death.

The cloth is muslin, for transparency and softness. The letters are hand-cut, signifying a lightness of touch. They are hand-stitched, in order to imbue the cloth with the elements of time and labour. The words come and go. Knowledge, phrases, thoughts, wishes. Some are unfinished, it is not always possible to say everything (Elliot, 2019).

4. Evaluating The HIVE

In keeping with the collaborative ethos underpinning The HIVE project, a design thinking workshop was held in June 2019, bringing together project stakeholders to brainstorm how best to evaluate the impact of The HIVE. As a result, evaluative research was designed to gauge how audiences experienced the installation. We sought to assess rates of participation, the nature of audience engagement, and perceptions about the value of the installation. The evaluation received ethics approval from University of New South Wales Human Research Ethics Committee (Reference: HC190536) in 2019. Participants provided informed consent; they reviewed a detailed participant information and consent form and were advised that their consent would be implied if they voluntarily chose to complete a survey or vox pop.

The HIVE was exhibited at a two-day health conference in 2019. As a result, the audience for The HIVE was confined to conference delegates (clinicians, health care administrators, researchers, health care users, and policy makers), as discussed below, this restricted audience impacted the feedback regarding, and tenor of engagement with, the installation. Conference delegates were invited to participate in a range of evaluation activities, including a short vox pop interview and a survey. The full version of the survey was used in the morning of day one; however, delegate feedback led the researchers to create a condensed

version that was used subsequently. Two researchers were present over the course of the conference to observe how delegates engaged with the installation. Survey data was analysed using excel, vox pops and observational material was analysed using thematic analysis following the methods of Braun and Clarke (2006).

4.1. Survey

Over the two-day conference, 34 delegates responded to the survey. The survey contained a mix of structured and open-ended questions (see Appendix 1. Survey). It asked participants: to identify in what capacity they were attending the symposium (e.g. as researcher, clinician, health care user etc.); if they had any previous exposure/experience with arts-based health research; for a one sentence description of their experience of The Hive; for a list of feelings resulting from their viewing of The HIVE; to indicate their agreement with five statements about their viewing of The HIVE; and some basic demographic information. Four members of the research team were present outside the installation space during conference hours. Potential participants were approached by these team members after they had visited The HIVE. Surveys were accessed via tablets provided by the research team once a participant consented to take part in the evaluation. Most were researchers (35%) or service managers (15%). Fewer carers (9%), clinicians (9%), and health service users were represented (3%). Respondents were mostly female (62%) and most lived in Australia (88%). Respondents ranged in age from 21 to 61 years old, with an average age of 37 years. Significantly, most respondents had no previous experience with arts-based health research.

Impressions of The HIVE were largely positive, with respondents describing the installation as 'interactive', 'immersive', 'engaging', 'emotive', 'intimate', and 'eye opening'. Two respondents reported negative experiences as they felt there was too much written content in the installation. The most intensely experienced feelings reported about The HIVE were

pride, empathy, sympathy, and hope, while respondents were less likely to feel intensely empowered or a sense of belonging (see Figure 6)

[INSERT FIGURE 6 HERE]

Most respondents (62%) agreed that The HIVE inspired them creatively. Close to half (46%) reported they had connected or had a conversation with someone they did not know before when visiting the installation. Nearly half of the respondents (46%) indicated that The HIVE was relevant to their life. Almost one in three agreed that The HIVE changed the way they thought about illness, but almost one in four respondents disagreed with this (see Figure 7).

[INSERT FIGURE 7 HERE]

Responses to the open-ended question about the impact of The HIVE were largely positive. Participants noted that the installation encouraged them to reflect on knowledge about health. For example, a participant noted that The Hive had made them ‘...think outside the box regarding health awareness’. While another remarked ‘[The HIVE] made me think about healthcare impacts of different cultures’. A small portion of respondents (fewer than 6%) reported that the installation did not significantly impact them. For example, one participant lamented, ‘I’m a little disappointed to be honest’. They did not elaborate regarding the cause of this disappointment.

4.2. Observations

The two researcher-observers found that engagement with The HIVE was greatest in the morning on day one, with approximately fifty to sixty individuals and six groups approaching the installation during the morning break. However, only thirty to forty individuals and four groups actually entered the installation. For the remainder of day one and throughout day two, engagement remained steady, with between 15 to 30 people approaching and entering The HIVE. Individuals typically spent between ten seconds and five minutes in the

installation. People who entered The HIVE as part of a group were more likely to spend longer in the installation, ranging from 45 seconds up to ten minutes. This pattern has also been observed in galleries (Carbon, 2017). In view of the relative brevity of audience engagement with artworks in galleries (Smith, Smith, & Tinio, 2017), the duration of temporal engagement with The HIVE was not unexpected.

The observers noted that when artists were present in front of their work, audiences were more likely to engage. Audiences were frequently seen taking photographs on their mobile phones; they also tended to avoid text-heavy sections of the installation, reflecting complaints received via the survey. An aversion to text is not unique to The HIVE: art gallery audiences seldom engage with text accompanying artworks, and when they do, engagement is typically brief (Smith et al., 2017). Further, longer text ‘correlates negatively with visitor reading’ (Bitgood, 2014, p. 54).

Visitors were overheard appraising the installation in various ways. For example, one participant described the exhibition as ‘beautifully constructed’ but didn’t like the colour of the cardboard used to make the installation. Another participant declared, ‘It’s a bit weird and I don’t get it’. Others praised the work, or discussed specific issues explored in artworks such as the effect of music on mood.

4.3. Vox Pops

Five vox pops were audio recorded by researchers during the symposium, although one was deemed irrelevant to the evaluation as it did not include commentary about The HIVE. Researchers approached audience members at random (in or around the installation) and asked them to share a comment about their experience of The HIVE. Comments provided were brief, often running no more than a minute. Conference delegates spoke about how The HIVE incorporated different methods of communicating (e.g., visual, narrative etc.) and how

powerful this was. They also spoke about being moved by what they saw or triggered as the artworks reminded them of their own difficult experiences.

4.4. Evaluation Outcomes

Overall, our evaluation of The HIVE demonstrates that audience responses to the installation were largely positive, although there were also expressions of dissatisfaction and discontent. Responses to the survey convey both the emotional valence of the projects contained within the installation and the potential of the work to provide an insight into the complex and collaborative endeavours of SPHERE more broadly. This suggests that the arts can make a unique contribution to KT processes. They can stimulate an expanded dialogical space that encompasses emotions; they can also engage the senses in ways that traditional translational outputs, such as journal articles, may not.

In the specific context of a health conference, the use of ABKT is still a relatively novel occurrence, and most survey respondents had not engaged with ABKT before. In delegates' open-ended responses, they reflected on the power of arts-based methods as a different way of engaging with and communicating health research; as 'another way of telling a story'. In this sense, one of the key impacts of the installation might arguably have been to inspire health researchers and managers – who represented most survey respondents – to consider the use of the arts in their own projects. As arts-based health research and KT continues to battle for academic legitimacy, this in itself would be a considerable achievement (Boydell et al., 2016).

As mentioned above, degree of delegate engagement with The HIVE often depended on the extent to which artists were present within the installation to facilitate discussion and answer questions. Similarly, when audiences entered The HIVE in groups, they tended to engage with the artworks for longer. It makes sense that information-overloaded conference

delegates might prioritise networking and face-to-face encounters, rather than poring over text explaining research projects and artworks. This also attests to the power of conversation to enliven and stimulate (Zeldin, 2000). This is an important point to consider when planning future projects. In the wake of relational aesthetics and the social turn in contemporary art, it could be argued that the effect of an art experience comes into play through the conversations and social contexts that occur around an artwork, as much as through the forms and qualities of particular objects or images (Bourriaud, 2002; Pitts & Gross, 2017). As a result, in ABKT projects we have undertaken since the launch of The HIVE, we have sort to provide audience members with facilitated, conversation-oriented access to artworks. For example, at a recent exhibition about health worker experiences of COVID-19 (Doran et al., 2021), the project team were present during exhibition opening hours and actively greeted audience members and offered to show them around the installation. We have also found that artist-meet-and-greets, curator-led group tours, and creative workshops held in exhibition spaces can be effective for increasing audience engagement.

Responses from audience member regarding the lengthy didactic material provided in The HIVE has affirmed that the explanations surrounding an ABKT project – whether verbal or textual – must be accessible and clear. In future iterations of The HIVE we have resolved to reduce the length of exhibition texts and would like to experiment with the provision of audio- or other interactive-guides to works displayed. We would also like to experiment further with the semiotics of scenography: the appropriate and effective arrangement of artworks in the exhibition space to facilitate the communication of meaning. We suspect the inclusion of chairs or other rest spaces will facilitate extended engagement, and encourage more conversation, in and around The HIVE.

At the same time, the question of audience is crucial, an issue reinforced in much of the literature on both KT in general and ABKT specifically (Boydell et al., 2012; Gagliardi,

Berta, Kothari, Boyko, & Urquhart, 2015; Rieger & Schultz, 2014; Straus, Tetroe, & Graham, 2013). In the context of a health conference, delegates were inspired to think more creatively, while the way they thought about illness was less impacted. However, in another setting with members of the general public who are less informed about health(care) research or with audiences bringing their own lived experience of a particular health issue, the results might have been different. In view of this, the authors continue to seek avenues to display individual projects from within The HIVE in venues that are directly relevant to their topic areas – like hospital wards and community centres. We look forward to testing alternative modes of display including playing with new configurations of the installation’s modular structure to accommodate spaces for reflection and discussion. Individual artworks created for The HIVE have already been displayed successfully. For example, Kate Disher-Quill’s work was displayed in the corridors of Sydney Children’s Hospital from June to September 2021 (Disher-Quill 2021). Other individual artworks were included in an exhibition about connections between art and health curated by Barbara Doran and held at the University of Technology, Sydney from May to June 2022. In both instances informal, positive feedback was received by the artists. In different contexts, the potential impact of The HIVE (and its discrete artworks) will vary and future evaluative research we undertake will seek to track these variations (Kukkonen & Cooper, 2017).

Overall, the evaluation strategy solicited useful insights regarding audience engagement with the installation. We have identified vox pops as the least effective evaluative method. The small number of vox pops captured suggests that the delivery of unstructured, oral feedback, directly to researchers was not appealing to many audience members. In the future, soliciting unstructured feedback via sticky-notes or a ‘feedback’ box, might be more appealing for participants as it will allow them to articulate their ideas without having to deliver them directly to the research team. As mentioned above, the creation of an abridged survey

supported increased audience engagement. As a result, in future evaluations we will aim to keep any survey material short and focused, to mitigate against participant attrition.

5. This is not a Conclusion: The HIVE's impacts

Evaluative data collected during The HIVE's exhibition demonstrate the installation's emotional and intellectual impact on audiences. However, this evaluative data cannot capture other forms of impact resulting from the conception and creation of The HIVE. Positive and expansive impacts were experienced by the researchers, clinicians, health service users, carers, artists, and other stakeholders. Indeed, for some, the process of creating The HIVE was more significant and impactful than the end-product:

Survey results... don't tell us enough or what might be missing in the picture they present. In a sense the deepest 'impact' of The HIVE was on the people involved in its creation. (Comment by made Chloe Watfern during preparation of this manuscript)

There is extensive literature examining the elements that facilitate co-production in health research – for instance, the importance of building relationships, trust, as well as developing a shared understanding of the goals and processes involved in a project (see for example, Clarke, Waring, & Timmons, 2019; Evans & Scarbrough, 2014; Matthews & Papoulias, 2019; Rycroft-Malone et al., 2016). But less attention has been paid to how these collaborative processes play out as artists become involved in health(care) research, particularly in ABKT (there are notable exceptions, see for example Boydell et al., 2016). As a result, we were not sure what to expect when we undertook the creation of The HIVE. In reflecting on this process, we have become aware of the various positive ripple effects resulting from our collaboration, beyond the creation of The HIVE. These are impacts and outcomes that are less easily quantifiable than those captured by the evaluative data, but they are no less important.

Indeed, the process of making The HIVE involved the creation of a community of practice, which continues to this day. The collaborative and collective approach we used was sometimes frustrating and time consuming; but it allowed us to think and act reflectively and finesse our ways of working together. Activities like engaging in collaborative autoethnography also helped with team building. Using this method, we discussed progress and roadblocks, mapped out the many connections between projects, and considered how they might coalesce in the final work. Others have similarly noted that collaborative autoethnography can support ‘trusting relationships, provides for deep listening, promotes creativity and offers collegial feedback and mentorship’ (Hager & Peyrefitte, 2021). The subjective and personal nature of autoethnography, combined with a collaborative element, also helped us critically reflect on how the group worked together (Barry, Britten, Barber, Bradley, & Stevenson, 1999; Blalock & Akehi, 2017). Ultimately, ours was an iterative and experimental process. Although, in retrospective, there are things we would have done differently, we were fortunate to receive constructive feedback from collaborators and have space, time, and (institutional) support to learn from our missteps. We were able to learn as we went, to be flexible, and to adapt to address issues that arose. In this way, we prototyped new ways of working as we produced The HIVE. We continue to collaborate and create together on various projects (see for example, Doran et al., 2021; Watfern et al., 2021b).

Our analysis of both reflective and evaluative data leads us to conclude that, with the rise of health networks like SPHERE, there is a growing need to communicate and understand different facets of the health system and to do this in all kinds of contexts (Drinka & Clark, 2000; Nair, Dolovich, Brazil, & Raina, 2008). The arts provide one powerful avenue to foster collaboration between individuals, within and beyond the academy, and for telling the stories of healthcare and research in new ways.

Coalescing

Cross-pollinating

Crystalising

Experiencing different vistas

Come together (Excerpt from researcher Katherine Boydell's found poetry reflecting on The HIVE process).

References

- Archibald, M. M., & Kitson, A. L. (2020). Using the arts for awareness, communication and knowledge translation in older adulthood: a scoping review. *Arts Health, 12*(2), 99-115. doi:10.1080/17533015.2019.1608567
- Barry, C. A., Britten, N., Barber, N., Bradley, C., & Stevenson, F. (1999). Using reflexivity to optimize teamwork in qualitative research. *Qual Health Res, 9*(1), 26-44. doi:10.1177/104973299129121677
- Bitgood, S. (2014). *Engaging The Visitor: Deigning Exhibits that Work*. Edinburgh and Boston: MuseumsEtc.
- Blalock, A. E., & Akehi, M. (2017). Collaborative Autoethnography as a Pathway for Transformative Learning. *Journal of Transformative Education, 16*(2), 89-107. doi:10.1177/1541344617715711
- Bourriaud, N. (2002). Relational aesthetics. In: Dijon : Les Presses du réel.
- Boydell, K. M. (2011). Making Sense of Collective Events: The Co-creation of a Research-based Dance. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 12*(1), Art. 5. Retrieved from <http://nbn-resolving.de/urn:nbn:de:0114-fqs070358>
- Boydell, K. M., Gladstone, B. M., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The Production and Dissemination of Knowledge: A Scoping Review of Arts-Based Health Research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 13*(1), Art. 32.
- Boydell, K. M., Hodgins, M., Gladstone, B. M., Stasiulis, E., Belliveau, G., Cheu, H., . . . Parsons, J. (2016). Arts-based health research and academic legitimacy: transcending hegemonic conventions. *Qualitative Research, 16*(6), 681-700.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: a practical guide for beginners*. London: Sage.
- Carbon, C. C. (2017). Art Perception in the Museum: How We Spend Time and Space in Art Exhibitions. *Iperception*, 8(1), 2041669517694184. doi:10.1177/2041669517694184
- CIHR. (2020). Knowledge Translation Retrieved from <https://cihr-irsc.gc.ca/e/29529.html>
- Clarke, J., Waring, J., & Timmons, S. (2019). The challenge of inclusive coproduction: The importance of situated rituals and emotional inclusivity in the coproduction of health research projects. *Social Policy & Administration*, 53(2), 233-248. doi:10.1111/spol.12459
- Colantonio, A., Kontos, P. C., Gilbert, J. E., Rossiter, K., Gray, J., & Keightley, M. L. (2008). After the crash: research-based theater for knowledge transfer. *J Contin Educ Health Prof*, 28(3), 180-185. doi:10.1002/chp.177
- Cord, B., & Clements, M. (2010). Reward through collective reflection: An autoethnography. *E-Journal of Business Education & Scholarship of Teaching*, 4(1), 11-18.
- Cox, S., Lowry, G., & Davidson, J. (2018). Intersecting practices in arts and health research: Creating dialogue and seeking new modes of collaboration. *Cogent Arts & Humanities*, 5(1), 1426093. doi:10.1080/23311983.2018.1426093
- Daykin, N., Gray, K., McCree, M., & Willis, J. (2016). Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production. *Arts & Health*, 9(2), 123-138. doi:10.1080/17533015.2016.1206948
- Disher-Quill, K. (2021). Be Not Afraid of My Body. Retrieved from <https://www.fundraiseforsydneykids.org.au/event/art-gallery/be-not-afraid-of-my-body-kate-disher-quill>
- Doran, B., Dadich, A., Watfern, C., Boydell, K. M., & Habak, S. (2021). What this collaboration between artists and health-care leaders teaches us about living through COVID-19. *The Conversation* Retrieved from <https://theconversation.com/what-this-collaboration-between-artists-and-health-care-leaders-teaches-us-about-living-through-covid-19-167637>
- Drinka, T. J., & Clark, P. G. (2000). *Health care teamwork: Interdisciplinary practice and teaching*. Westport, CT: Greenwood Publishing Group.

- Eisner, E. (2007). Knowing. In G. J. Knowles & A. L. Cole (Eds.), *Handbook of the Arts in Qualitative Research: Perspectives, Methodologies, Examples, and Issues*. Thousand Oaks: SAGE.
- Elliot, M. (2019). Today is a Gift. In K. Boydell, A. Dadich, Z. Triandafilidis, & C. Watfern (Eds.), *The Hive: Making Unexpected Connections...to Create Real Change*. Sydney: KT Sphere Strategic Platform, Black Dog Institute, Western Sydney University.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2010). Autoethnography: An Overview. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 12(1), Art.10.
- Evans, S., & Scarbrough, H. (2014). Supporting knowledge translation through collaborative translational research initiatives: 'bridging' versus 'blurring' boundary-spanning approaches in the UK CLAHRC initiative. *Soc Sci Med*, 106, 119-127. doi:10.1016/j.socscimed.2014.01.025
- Fels, L. (2012). Collecting Data through Performative Inquiry: A Tug on the Sleeve. *Youth Theatre Journal*, 26(1), 50-60. doi.org/10.1080/08929092.2012.678209
- Frank, A. (1995). *The Wounded Story Teller*. Chicago, IL: University of Chicago Press.
- Gagliardi, A., Berta, W., Kothari, A., Boyko, J., & Urquhart, R. (2015). Integrated knowledge translation (IKT) in health care: a scoping review. *Implementation Science*, 11(1), 38.
- Hager, T., & Peyrefitte, M. (2021). Resisting the managed and fragmented selves in academia: Collaborative autoethnographies about modulations of control and surveillance in the neoliberal classroom. *Women's Studies International Forum*, 88, 102502. doi:https://doi.org/10.1016/j.wsif.2021.102502
- Hall, A., Furlong, B., Pike, A., Logan, G., Lawrence, R., Ryan, A., . . . Toomey, E. (2019). Using theatre as an arts-based knowledge translation strategy for health-related information: a scoping review protocol. *BMJ Open*, 9(10), e032738. doi:10.1136/bmjopen-2019-032738
- Hernandez, K.-A. C., Chang, H., & Ngunjiri, F. W. (2017). Collaborative Autoethnography as Multivocal, Relational, and Democratic Research: Opportunities, Challenges, and Aspirations. *a/b: Auto/Biography Studies*, 32(2), 251-254. doi:10.1080/08989575.2017.1288892
- Jones, K. (2006). A Biographic Researcher in Pursuit of an Aesthetic: The use of arts-based (re)presentations in "performative" dissemination of life stories / Kip Jones. *Qualitative Sociology Review*, 2.

- Kontos, P. C., & Poland, B. D. (2009). Mapping new theoretical and methodological terrain for knowledge translation: contributions from critical realism and the arts. *Implementation Science*, 4(1), 1. doi:10.1186/1748-5908-4-1
- Kress, G., & Leeuwen, T. V. (2005). *Reading Images : The Grammar of Visual Design* (2nd Edition ed.). London and New York: Routledge.
- Kukkonen, T., & Cooper, A. (2017). An arts-based knowledge translation (ABKT) planning framework for researchers. *Evidence & Policy: A Journal of Research, Debate and Practice*.
- Lafrenière, D., & Cox, S. M. (2012). 'If you can call it a poem': toward a framework for the assessment of arts-based works. *Qual Res.*, 13(3), 308-303. doi:<https://doi.org/10.1177%2F1468794112446104>
- Lafrenière, D., Cox, S. M., Belliveau, G., & Lea, G. W. (2013). Performing the human subject: Arts-based knowledge dissemination in health research. *Journal of Applied Arts & Health*, 3(3), 243-257. doi:10.1386/jaah.3.3.243_1
- Lapadat, J. C. (2017). Ethics in Autoethnography and Collaborative Autoethnography. *Qualitative Inquiry*, 23(8), 589-603. doi:10.1177/1077800417704462
- Lapum, J. L., Liu, L., Church, K., Yau, T. M., Ruttonsha, P., Matthews David, A., & Retta, B. (2014). Arts-Informed Research Dissemination in the Health Sciences. *SAGE Open*, 4(1). doi:10.1177/2158244014524211
- Lee, R. G., & Garvin, T. (2003). Moving from information transfer to information exchange in health and health care. *Soc Sci Med*, 56(3), 449-464. doi:10.1016/s0277-9536(02)00045-x
- Maridulu Budyari Gumal. (2022). Clinical Excellence. Retrieved from <https://www.thesphere.com.au/work>.
- Matthews, R., & Papoulias, C. S. (2019). Toward Co-productive Learning? The Exchange Network as Experimental Space. *Front Sociol*, 4, 36. doi:10.3389/fsoc.2019.00036
- Mitchell, G. J., Jonas-Simpson, C., & Ivonoffski, V. (2006). Research-based theatre: The making of I'm Still Here! *Nurs Sci Q*, 19(3), 198-206. doi:10.1177/0894318406289878
- Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: understanding time lags in translational research. In (Vol. 104, pp. 510-520). London, England.
- Nair, K. M., Dolovich, L., Brazil, K., & Raina, P. (2008). It's all about relationships: A qualitative study of health researchers' perspectives of conducting interdisciplinary health research. *BMC Health Services Research*, 8(110), 1-10.

- Parsons, J., Heus, L., & Moravac, C. (2013). Seeing voices of health disparity: evaluating arts projects as influence processes. *Eval Program Plann*, 36(1), 165-171. doi:10.1016/j.evalprogplan.2012.03.003
- Parsons, J. A., & Boydell, K. M. (2012). Arts-based research and knowledge translation: some key concerns for health-care professionals. *J Interprof Care*, 26(3), 170-172. doi:10.3109/13561820.2011.647128
- Pitts, S., & Gross, J. (2017). "Audience exchange": cultivating peer-to-peer dialogue at unfamiliar arts events. *Arts and the Market*, 7(1), 65-79. doi:10.1108/aam-04-2016-0002
- Pławski, M., Szwabowski, O., Szczepaniak, C., & Wężniewska, P. (2018). Friendly Writing as Non-inquiry: The Problems of Collective Autoethnographic Writing About Collective Autoethnographic Writing. *Qualitative Inquiry*, 25(9-10), 1002-1010. doi:10.1177/1077800418809134
- Ravelli, L. J., & McMurtrie, R. J. (2015). *Multimodality in the Built Environment: Spatial Discourse Analysis*. London and New York: Routledge.
- Richardson, L., & St. Pierre, E. A. (2005). Writing: A Method of Inquiry. In *The Sage handbook of qualitative research*, 3rd ed. (pp. 959-978). Thousand Oaks, CA: Sage Publications Ltd.
- Riches, S., Maskey, R., Dishman, P., Benjamin Mbe, J., Waddingham, R., Tebrook, C., . . . Fisher, H. L. (2018). Development, implementation and evaluation of Altered States of Consciousness: an immersive art exhibition designed to increase public awareness of psychotic experiences. *Arts Health*, 1-19. doi:10.1080/17533015.2018.1443948
- Rieger, K., & Schultz, A. S. (2014). Exploring arts-based knowledge translation: sharing research findings through performing the patterns, rehearsing the results, staging the synthesis. *Worldviews Evid Based Nurs*, 11(2), 133-139. doi:10.1111/wvn.12031
- Rycroft-Malone, J., Burton, C. R., Bucknall, T., Graham, I. D., Hutchinson, A. M., & Stacey, D. (2016). Collaboration and Co-Production of Knowledge in Healthcare: Opportunities and Challenges. *Int J Health Policy Manag*, 5(4), 221-223. doi:10.15171/ijhpm.2016.08
- Smith, L. F., Smith, J. K., & Tinio, P. P. L. (2017). Time spent viewing art and reading labels. *Psychology of Aesthetics, Creativity, and the Arts*, 11(1), 77-85. doi:10.1037/aca0000049

- Speechley, M., DeForge, R. T., Ward-Griffin, C., Marlatt, N. M., & Gutmanis, I. (2015). Creating an Ethnodrama to Catalyze Dialogue in Home-Based Dementia Care. *Qualitative Health Research*, 25(11), 1551-1559. doi:10.1177/1049732315609572
- Straus, S., Tetroe, J., & Graham, I. D. (2013). *Knowledge translation in health care: moving from evidence to practice*: John Wiley & Sons.
- Vaughan, P., de Jager, A., & Boydell, K. (2021). Body Mapping and Youth Experiencing Psychosis. In P. Liamputtong (Ed.), *Handbook of Social Inclusion: Research and Practices in Health and Social Sciences*. Switzerland: Springer.
- Watfern, C., Doran, B., Dadich, A., Triandafilidis, Z., Habak, S., & Boydell, K. M. (2021a). The HIVE: a co-created art installation about health. *Public Health*, 193, 26-28.
- Watfern, C., Macdonald, G., Gilmore, I., Stone, L., & Elliot, M. (2021b). Carer 'craftivists' make their point. *Australian Journal of Dementia Care*, 11(1), 11-13.
- Wells, R., Barker, S., Boydell, K., Buus, N., Rhodes, P., & River, J. (2020). Dialogical inquiry: multivocality and the interpretation of text. *Qualitative Research*, July 2020, 1-17.
- Yardley, A. (2020). Bricolage as Method. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *SAGE Research Methods Foundations*: SAGE.
- Zeldin, T. (2000). *Conversation*. Mahwah: N.J.: HiddenSpring.