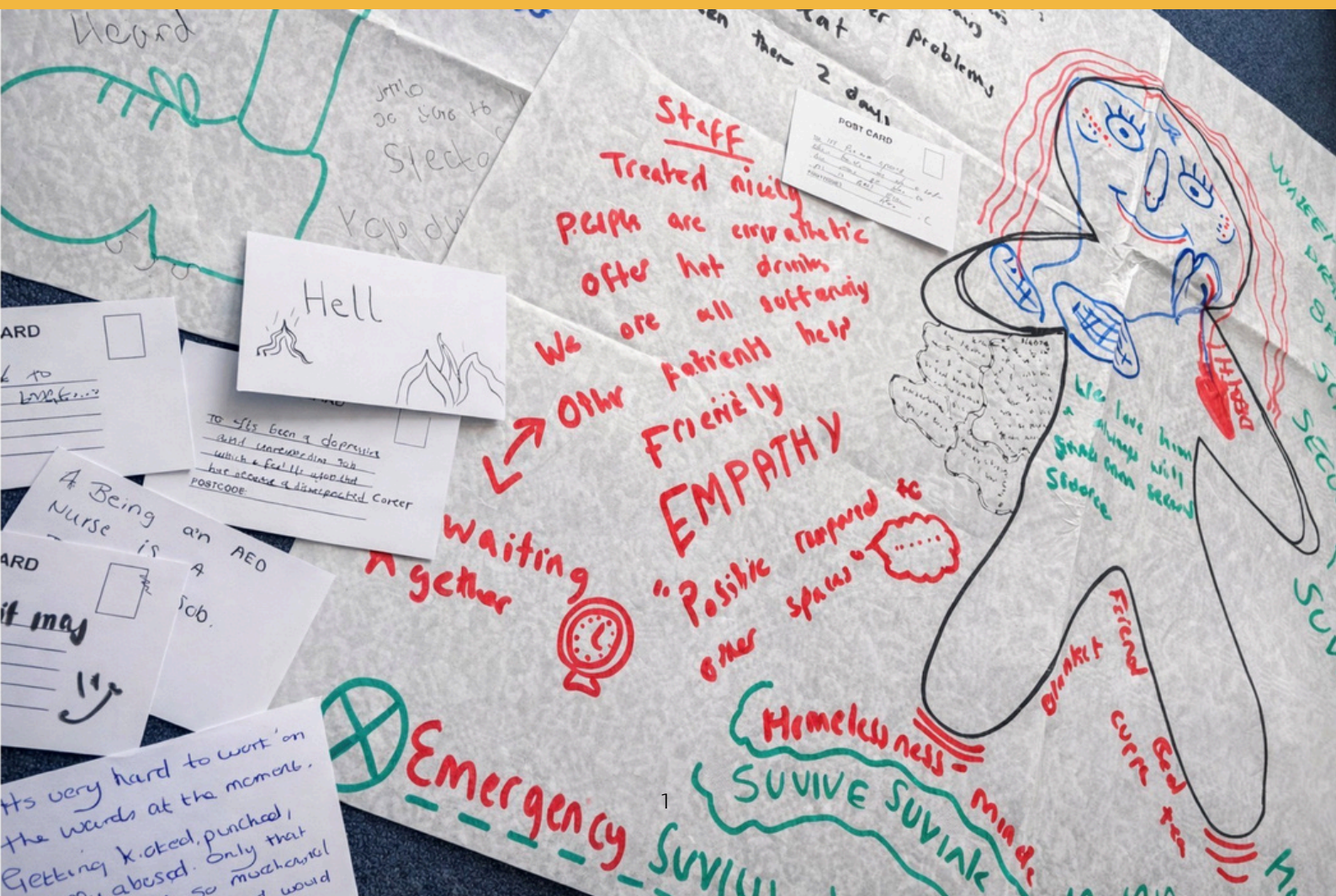


WHY A WRITER IN RESIDENCE IN A HOSPITAL EMERGENCY DEPARTMENT?

BY Mandy Redvers-Rowe
Aintree ED Writer in Residence

In general when you think of people who work in hospitals you think of doctors, nurses, health care professionals, porters, cleaners, administrators, managers, pharmacists – you do not think of writers. However, you may be surprised to learn, there is a growing body of research demonstrating that narrative practice in medical settings can have positive results in supporting people's general health and wellbeing. When working with staff it can reduce burn out and improve retention.

I was appointed as Writer In Residence for Aintree Hospital, to be based and work from the Emergency Department. It's part of a three year, groundbreaking research programme called ReCITE, which is looking at how storytelling and creative writing can help tackle health inequalities in Merseyside. I started in February 2025 and I am now coming to the end of my role in the project in April 2026.





... what difference can I make?

What is a Writer in Residence?

The first question most people ask is – what is a Writer in Residence? Good question. It's a question I would ask myself as I used to walk down the hospital corridor that at times felt more like a war zone, like the time I went into the staff room and heard a nurse crying, or when I was told shocking stories about the increasing violence being metered out on A & E staff – I couldn't help but ask 'what is a writer doing here and how can I possibly help?

And that was just when I was in the hospital, because part of my role was to work with specific patients, which meant running workshops in the community. I've sat at my workshop table, covered with a paper tablecloth so people can write or draw on it, with cups of tea and coffee and biscuits. I've sat there, with people who have nothing, who have no food, or nowhere to sleep, people who have lost everything – and I've asked myself, what difference can I make?

To answer the question – what is a Writer in Residence? The simple answer is that it is a writer who is based in a particular location. What that writer does once there, depends largely on their brief.

How I Engaged with Staff

I have a lot of experience of working with community groups, and have worked in a wide range of contexts. I've delivered projects within hospital settings, but I've never been based in one before and I had much to learn.



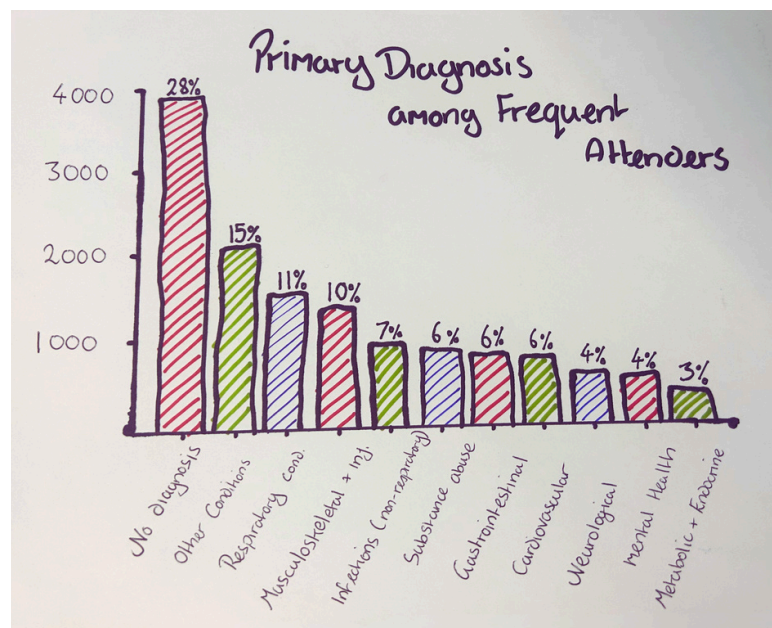
INSIGHT

Staff time constraints require creative, low-pressure interventions.

My Role

I've been asked to engage with both staff in the Emergency Department, and those patients who attend A & E more than five times in a year, often without diagnosis.

These patients are sometimes described as High Intensity Users (HIU), but I prefer to describe them as patients with unmet needs. Part of the brief was to run creative writing and storytelling workshops and to gather stories so that we can gain a deeper understanding of the issues we are looking at.



Where was I Based?

My key contact in the hospital has been Angela Derbyshire. She's a senior nurse and the nursing lead on HIU. It is thanks to Angela and her leadership skills, that this role has been made possible.

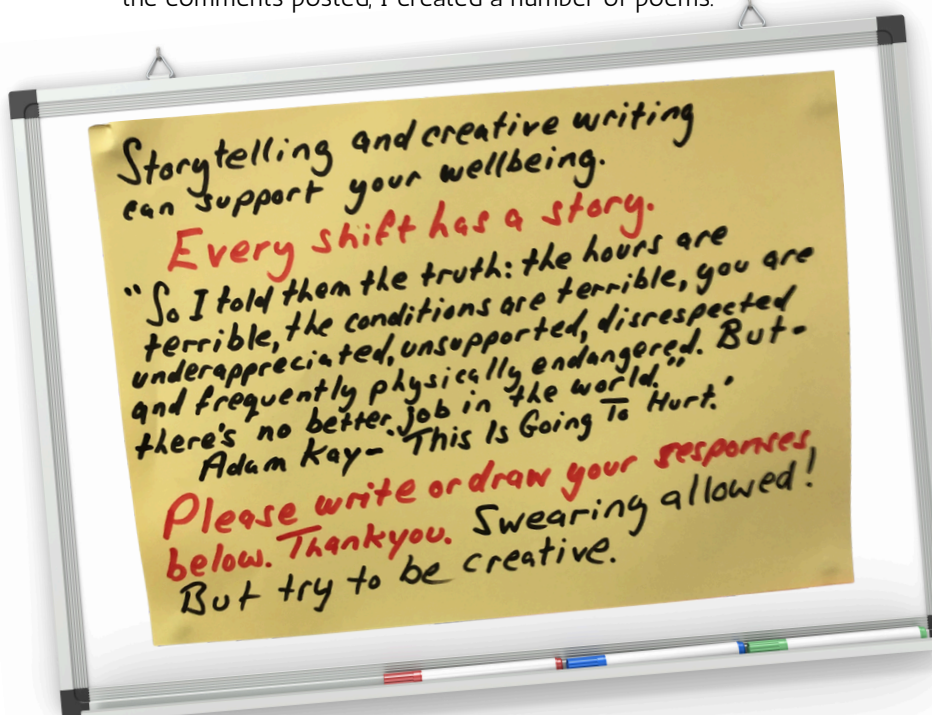
She got the hospital and staff on board, and secured a room in the Same Day Urgent Care Unit (SDUCU), next to the Emergency Department. Having this room located within the department has made it easier for both staff and patient participants to engage.

Initially I'd planned conventional approaches to engage with staff - workshops, book clubs, poetry writing - but all of these require staff to have time to attend - and staff don't have time. They work a twelve hour shift, if they're lucky they have two half hour breaks - hardly enough time to eat, let alone attend a creative writing workshop. So we had to find an alternative approach.

I brought the problem to a ReCITE Phase 2 workshop day and worked with the rest of the Community Innovation Team (CIT) - a group bringing together NHS staff, community organisations, researchers and creatives - to find a solution. The idea of placing a whiteboard in the staff room was identified.

The Whiteboard Experiment

We set up the whiteboard in July and began with a quote from Adam Kay, the author of 'This Is Going to Hurt'. We asked people to draw or write their responses, and we got a lot of feedback, some people even posted poems. Using the comments posted, I created a number of poems.



Not Enough Staff

Not enough staff.
We're overworked
and stressed
24/7
with no support and help.
No matter how much we do
It's never good enough.

Not enough staff.
It's shit pay
for the job we do.
No appreciation at all for us.
Bank pay has decreased,
So, no incentive
to pick up extra hours.

Not enough staff.
We have multiple medical PTS in ER
IT problems and issues
Delay care and medication.
Patients are suffering.
People are dying.
Doctors and nurses are at their wits end.

Written by staff at Aintree ED
Edited by Writer in Residence MRR



INSIGHT
All projects should be time limited.

I Never Forget The Reason Why I Became A Nurse

I never forget the reason why I became a nurse.

No matter how difficult my day gets.

I'm proud of the work I do,

The person I am

And the difference I make.

There's no better job to do,

Even in times of stress.

When on the toughest of shifts...

I never forget.

We make a difference.

And by the way,

These shifts....

The tough ones

They have become our norm.

Written by staff at Aintree ED

Edited by Writer in Residence MRR

from prev shifts? (no)



NO MATTER HOW DIFFICULT
MY DAY MAY GET,

I NEVER FORGET THE
REASON WHY I BECAME A
NURSE.

AM PROUD OF THE WORK I DO,
THE PERSON I AM AND THE
DIFFERENCE I MAKE, EVEN ON THE
MOST TOUGHEST OF SHIFTS IS
NOW THE NORM.

I continued with various provocations. I displayed an article about the increased violence in A & E departments, and we asked people to respond on postcards 'from the front line'. We got a lot of these.

However, over the weeks responses dried up and I realised this approach had run its course.

This is an unusual way to engage, but one that definitely works. In future, I would set out an agreed period of perhaps 6 weeks – and outline how any work might be shared, or published.

PROJECT OUTCOME - Publication of Zine

As well as poems created from the whiteboard, a number of staff have contributed additional work.

The result is a short ReCITE zine, which will be published later this year.

How I Engaged with Patient Participants

The group of patient participants I was aiming to engage with are often described as 'hard to reach'. For me, the first thing we had to do was to identify what the barriers to engagement were.

BARRIERS TO ENGAGEMENT - Recruitment

The first barrier to engagement was to work out how to recruit patients for the programme. People who attend A & E frequently, are not one homogeneous group.



INSIGHT

HIU patients are diverse, so engagement must be flexible.

The common factor that our target population shared, is that they were all frequent users of hospital Emergency Departments. However, they only made up a percentage of those waiting to be seen at any one time. Equally, when people are at the hospital, they are often experiencing pain, anxiety, and stress. So a general offer to patients in A & E to come and see the Writer in Residence while waiting, wouldn't have been an effective way of engaging.

INITIATIVE - Personal Invitations

Working with Senior Nurse Angela Derbyshire and Sefton CVS HIU team, we agreed to print and offer invitations, to be given out by the triage nurse to identified patients.

To ensure patient safety, we wrote risk assessments, so that only patients that met certain criteria would be invited.

The next problem - what wording to use on the invitation?

BARRIER TO ENGAGEMENT - Language of HIU

We had many discussions around the language used. We were inviting HIU patients that had attended A & E more than five times in a year. But did the statement itself, appear to be judgemental? Ultimately, we decided to focus on the advantages of getting involved and used the following:



'We are looking for people who have attended A & E more than 5 times in the last year and are happy to share their experiences and tell their stories.'

INITIATIVE - Setting up Lines of Engagement

Engaging participants through the hospital proved difficult, so I needed to set up alternative routes to engagement.

Through the CIT I was able to work with Sefton CVS, which has a service for HIU, where each month, the top ten attendees of the Emergency Department are approached and offered additional support. This team were able to directly recommend the project to those they thought would be interested.

I was also included as part of the 'Arts on Prescription' offer. So the 'Writer in Residence Room' could be prescribed to those who met the criteria.

Apart from these routes to send people to me, it was important that I went out and met participants and ran sessions in the community.

INITIATIVE - Moving into the Community

I began at Fazakerley Library. It's close to the hospital, and libraries are seen by most as a safe place to go. The staff team at the library were warm and welcoming to all, and were very supportive of the project. So Fazakerley Library became my primary delivery space.

Other community settings we have located in include Millbrook GP Surgery Community Room, Centre 63, and Healthy Minds, all based in Kirkby.

Engagement has been difficult. Those who have engaged have attended several sessions, but numbers overall have been low. However, this changed when I began delivery at The Whitechapel Centre.

PROJECT OUTCOME - Podcast Series

As part of the work at The Whitechapel I would ask if people wanted to share their stories. Many were keen to share and so we now have a collection.

These stories vary enormously, and demonstrate how easy it is to find yourself homeless, how few safety nets are actually in place. Many talk about their experiences in A & E and often how supportive the staff are. We felt it important to share them. So, with permission from the contributors, ReCITE is funding a series of podcasts which will be available later this year.

INITIATIVE - Creative Writing and Storytelling at the Whitechapel Centre

The Whitechapel Centre, based in Liverpool, works with those who are experiencing homelessness. For those living on the streets, the A & E department is often seen as a safe place to go, particularly at night. As The Whitechapel is also part of the CIT, I was invited to work with them.

At the beginning of the project I attended regularly and offered to meet people on a one to one. However, participants seemed generally uneasy with this approach, they felt awkward, trapped, weren't sure why they were there.

We had a re-think, and it was agreed that I would run open workshops every other week. These were relaxed sessions, people did not need to commit, or sign up, or agree to stay to the end. Participants were encouraged to come in, have a cup of tea and a chat. They could leave whenever they wanted. And we always provided lunch.

Initially we had a few participants each workshop, but over time they became increasingly popular. This is some of the feedback:



Thank you it's very good for my heart.

Can I say you have helped me to stay sane today. I hope we meet again at your next session.

I've got a lot off my chest. Talking, if you talk, a problem is shared. It helps.

We have helped each other.

A productive day. I feel a bit better.

Belief is belief and thank you for giving me the belief.

You don't know how strong you are until you have to be strong.

You're at your best when you're at your worst.

LEGACY - The Whitechapel is Continuing to Run Workshops

The workshops have proved so successful, that The Whitechapel is continuing delivery. A staff member who regularly supported me and who was an excellent facilitator, now runs the sessions. Two further workshops have now taken place and the numbers of people attending continues to be high.

Thank You to My Volunteers

I've had support from dedicated volunteers from Writing on the Wall, and students from the Hospital Arts Team (HARTS), who have attended workshops alongside me and supported participants. I've also had help from one of the early participants, who demonstrated that apart from being a fantastic writer, she was also a natural facilitator. This participant became a volunteer at The Whitechapel and helped build the workshops there.

What Have I learnt?

Personally, this project has shifted my thinking about delivery, and has had an impact on my writing.

Professionally, I've been able to test the theory that creative writing and storytelling can be an effective tool for wellbeing. That 'writing it down' can positively address negative or destructive thoughts. That making lists can motivate, that keeping a record of your thoughts can track your mood and help recognise burn out.

Even engaging remotely with staff via the whiteboard, it was clear to me that people wanted to talk, to write, to share their experiences, that there was a need for this outlet.

I've found that reading and writing poetry works in all settings. It reaches into our subconscious, in a similar way to music. It evokes memories, places, feelings, helps us experience the world through an alternative lens. Different poems speak to different people. I would often give my copy of a poem away to someone when they had particularly loved it.

These workshops, full of conversation and storytelling, gave people space to talk and to be heard. It reminded them that they are human, that they are not just a statistic, or a problem, but that they have a value, that they exist in the world in their own right.



Writer in Residence Mandy Redvers-Rowe and her guide dog Yona.



ReCITE is funded by the Arts and Humanities Research Council (AHRC), part of UK Research and Innovation.

