Aesthetics: A Source of Health

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Introduction

The patient is the one who has the shoe on! Medical health care has over the last century made enormous progress, in terms of both physical and in psychiatric treatment. The importance of a holistic focus becomes more and more evident. For the human being, confronted with sickness, death, evil and existential questions, there has always been a need for a counterbalance. This is to a degree found in meeting with and experiencing Goodness, Truth and Beauty. These three ideas each show different sides of the same concept, and in a way they are the same concept, as the one cannot exist without the others. According to medical health care, the assumption is that Beauty, represented by aesthetic surroundings, is of vital importance, both to patients and also to the caring staff. Man has a need for beauty, aesthetic creation and aesthetic experiences and we know that it stimulates, increases health, reduces suffering and creates well-being. It is an important human need and still, it seems to be a neglected area at many hospitals. Little prior-

ity is given to patient environments. Hospitals should be built to meet the requirements of the patients, relaxing, calming, and giving a sense of security, but one can ask to which degree the patient is consulted?

The aim of this study was:

* 1 - To find how aesthetics are attended to in Norwegian hospitals

* 2 – To find how the patients and the staff nurses evaluate the aesthetic area

* 3 - To develop foundations or a framework for a theory on aesthetics in hospitals

* 4 - To increase knowledge about the aesthetic phenomenon from a philosophic and from a caring scientific perspective

The assumption was that aesthetic surroundings increase the well-being of both patients and the caring personnel. Much can be done to elevate and improve the aesthetics in hospital surroundings just by the daily attention, the staff being observant and aware of the consequences. When renovating it is important that competent experts are consulted, that the interior is not just decided through votes of the staff. In planning and building new hospitals it seems that the aesthetic surroundings, the environment, are given considerable consideration', but still I am not sure that the 'architects' have asked the patients – what does the patient wish to be met by as a patient?

One negative example was told by a patient that was terminal ill with a cancer diagnosis. She had to go to the hospital several times every month to get a special treatment. The cancer had made her body only skin and bone, it was deformed and with outgrowths like antlers on her head, back and extremities. The patient told that the first thing she met, in the entrance to the hospital, was a sculpture, a deformed human being, with antlers and buckles; she felt it was a picture of herself and her ugliness!!!

Figure 1 *Sculpture*

This is not a well chosen or appropriate sculpture!

In this paper I will give a short brief from the studies.

The first step, after a theoretical study, was to analyse strategic plans from all the Norwegian general hospitals. Documents that had been used through the last two years, that concerned strategies and guidelines for the aesthetic area, was collected from 74.4 % of the total 86 hospitals, and analysed according the following table that presents the categories upon which we focused.

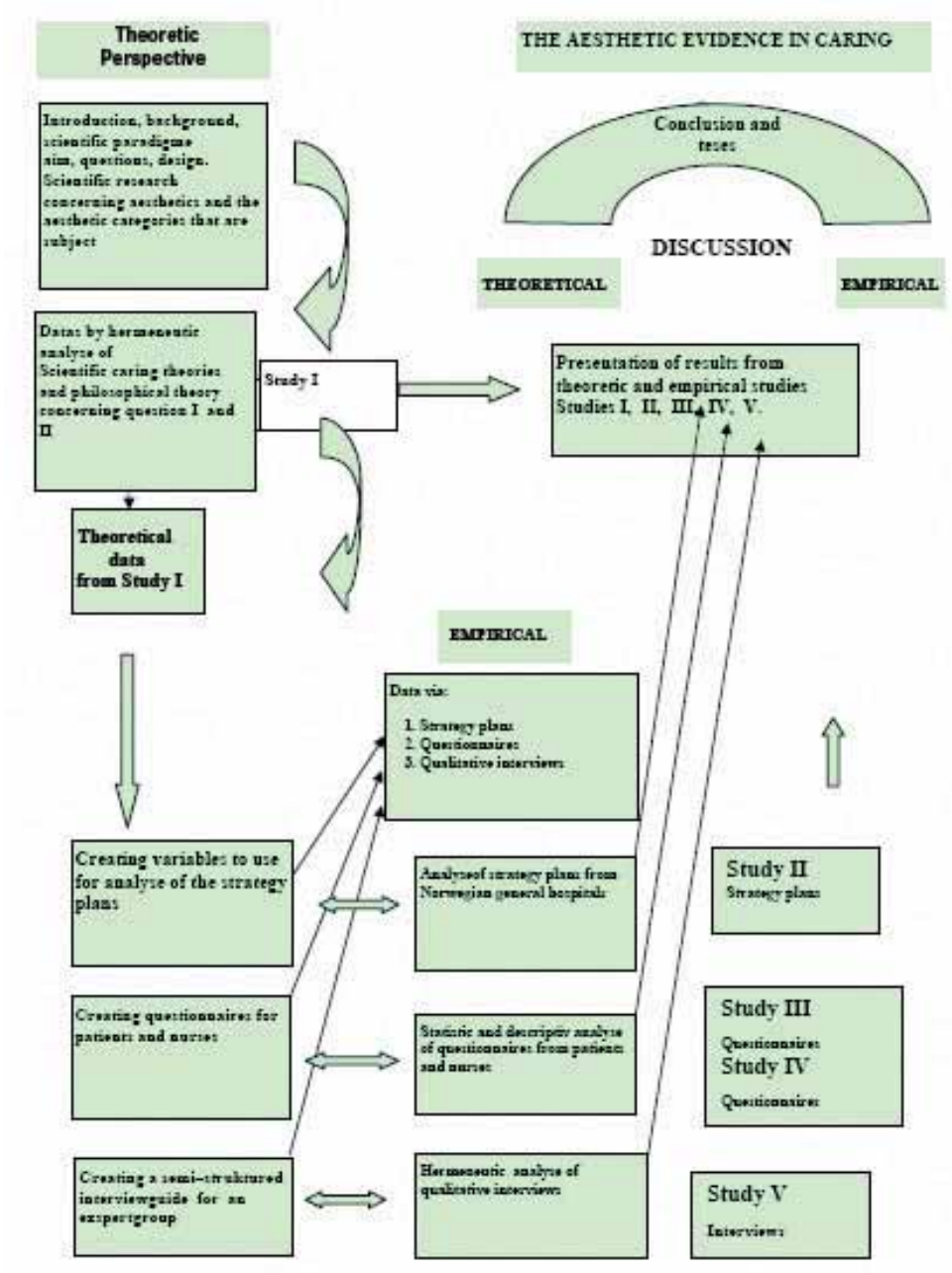

Table I *Design*

Harmony	Food:	Art:	Room:	Light:	Colours:	Design:	Sound:	Nature:	Aesthetic:	Quality:	Z
Order	Colour	Paintings	Patient	Sun	Walls	Furniture	Noise	Plants	Beauty	Competence	A
Tidiness	Looks	Sculpture	Visit	Electricity	Ceiling	Curtains	Songs	Flowers	Beautiful	Choice	B
Balance	Service	Pictures	Exterior	Lamps	Floors		Music	Trees	Nice	Quality	C
Harmony		Carpets	Corridor	Armature	Textiles		Sounds of nature	View	Tasteful	Experts	D
Hygiene		Decor	"Guard-room"		Curtains		U-sound	Air	Sense	Committee	E
Laughter		Mosaic	Bath-room		Furniture			Ventila-tion	Perception	Entirety	F
Humour		Water	Shower						Sensation		G
Game			W.C.						Perception of sense		H
Smile											I
12	*1*	*4*	*3*	*2*	*7*	*3*	*5*	*10*	*9*	*36*	

Table II *Categories used in the analysis of the strategy plans for Norwegian somatic hospitals.*

Results from study II

The results displayed that very little attention was given to the aesthetical dimension in the strategy plans. Occurrence of the aesthetic categories and subcategories found in the strategy-plans from 64 hospitals (response 74,4%) was as follows - Harmony: in documents from 12 hospitals, Food: in 1, Art: in 4, Room: in 3, Light: in 2, Colours: in 7, Design: in 3, Sound: in 5, Nature: in 10, Aesthetics: in 9, Quality: in 36.

Conclusions

• In general, very few guidelines and administrative arrangements relating to aesthetical surroundings were found in the strategic plans .

How are aesthetic surroundings considered by patients and nurses?

To get more information it was thought fruitful to have an evaluation from the patients and also from the nurses, on how they would classify and evaluate the aesthetics in their hospital surroundings. This was done by working out questionnaires which were distributed to patients (400), and nurses (400), located in 6 hospitals . Evaluation on a scale (Likert) from 1 – 6.

Results from the questionnaires

The analysis of the questionnaires showed as a conclusion that:

• The aesthetic field, in general, was evaluated as worse than relatively good, the architecture as relatively bad and the possibility to choose between aesthetic input were relatively bad.

• Patients and nurses thought that aesthetics have a large to a very large influence on health and on their social condition.

There was high accordance between judgements from the patients and from the nurses.

Interviews of experts

To get further and more concrete information, the study was expanded by getting 16 expert's opinion of their evaluation of the aesthetic field in the hospitals. An expert was considered as one who has an education and who works within an aesthetical area. The method was qualitative interviews.

Results from interviews of experts

The interviews were performed in June – August 2001. The 16 experts that were interviewed are all working in different fields of the aesthetic areas: architecture, paint artists, designer, actor, head-cook, master builder, flower-designer, interior decorator, administrative director and active artist, cosmetologist, cromatolog/colour designer. Four of the experts are, in addition to their aesthetic field, also registered nurses. All the experts had connection to hospitals in some way, as patients themselves, by someone they were related/close to, or through employment. The results from the interviews resulted in these theses:

*Aesthetics it was concluded are as close to absent in the hospitals
*Design is a foreign word
*Aesthetics have a very high degree of influence on health and well-being
*Variation in the aesthetic surroundings is important and can brighten the day

The main conclusions were generally that the aesthetic dimension is a source to health and wellness, and that it is an ethical obligation in caring and caring science to accommodate this area. The interviews which discussed the significance of aesthetics in relation to health and wellness in general hospitals, developed concrete areas which are referred to as invariance's and variances. The informants indicated interesting fields and preferences that they considered important for improving treatment and therapy. These invariance's and variances can be valuable as guidelines when planning, restoring or upgrading general hospitals; it indicates a framework for what it is important to attend to and what the patients emphasize. A framework gives guidelines and suggestions; one can say outer boundaries, according to the wish and desire of the patients and also the staff.

One of the goals for providing aesthetic surroundings must be to encourage the rehabilitation and the healing process. The environment must accommodate all the different patient categories: children, adults and geriatric patients, short and long term patients and so forth. The needs will be heterogeneous.

Still, the results from the interviews can give guidelines concerning what the patients emphasized. They had concrete opinions according each of the invariance's in table 1, what they wanted, how and why.

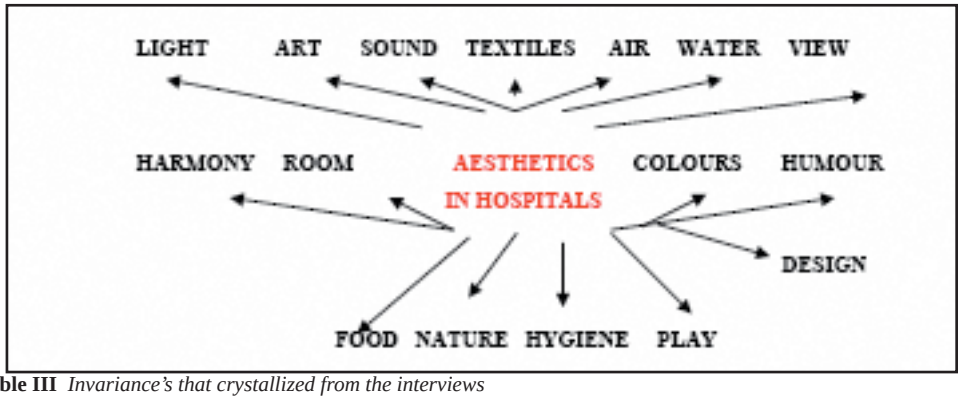

Table III *Invariance's that crystallized from the interviews*

Light is emphasized, natural light that makes it possible for the patient to see, for instance, the dawning of the day, and colors of the season. They wanted views through big windows to draw nature into the room, as they expressed it, views that made it possible to have access to the outer world, to see the sky, the clouds, trees and maybe a bird.They appreciated paintings and pictures from nature and daily life. These are not complicated, but rather soothing and comforting. Colors that are clear, light and friendly.

As the invariance's emphasised were in accordance with the categories used through the research, it was interesting to notice the variances to which patients gave priority, for a psychosocial aesthetic environment. These are displayed in table IV. The informants gave concrete opinions and wishes according to these areas. They expressed, for instance, that they felt ridiculous and made fun of by the hospital clothing

The research altogether resulted in a very negative evaluation of the aesthetics in the hospital environments. Art might be interesting, beautiful and artistic etc., but it is very important that art fits into the context. This study shows that patients, when sick, need relaxing and soothing environments, that art, paintings for instance, should not be to complicated and challenging. This painting by Monet could be an example.
The interview with the cromatologist/colour artist differed from the others. She could refer to a hospital, where she had been involved in making plans for and designing the colors and the interior. This led to an excursion to the hospital, an interview with the staff/nurses and a spontaneous conversation with two patients. Already when analysing the strategy-plans, this hospital was noted as interesting for an excursion, as they had definite plans for the aesthetic environment. The aesthetics got a high rating at this hospital, very laudatory, both from patients and from the staff.

The experts had concrete opinions and wishes according these areas. They expressed, for instance, that they felt ridiculous and made fun of when they had to wear the hospital clothing All the different smells and odours could be frightening.They wanted be in a hospital that had a friendly atmosphere and all of the experts used the word homeliness. As they said – a patient is worried when he has to go to the hospital, he is anxious about the diagnosis and examinations, for many patients it is a frightening new world they are entering.

At the hospital it is important that they are welcome, that they are met with a friendly atmosphere, that they feel security and openness and are taken care of as an individual and important person.

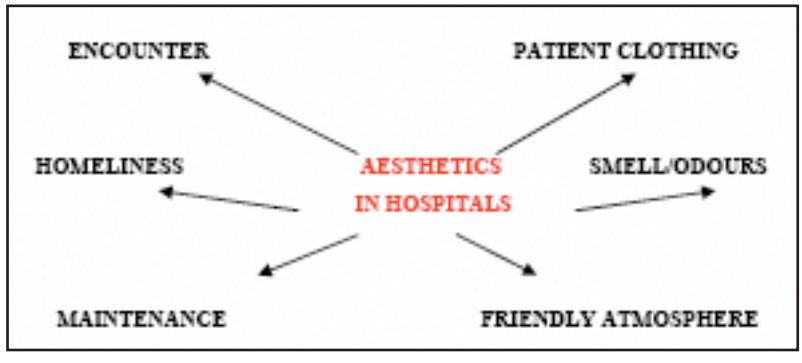

Table IV *Variances that crystallized from the interviews*

Figure 2 *The Terrace at Sainte Adresse 1866*

Guideline for a theory on how the hospital should be according the patients and the staff

Location of the hospitals should preferable be built on open areas where nature is close and the architecture of the building should not be overwhelming. Today it was said that many hospitals resemble and look like prisons.

Light is emphasized, natural light that makes it possible for the patient to see for instance the dawning of the day, the sun and the colors of the season. Electric light that is not harsh, lamps or the light-sources should be pleasant to look at with a good design and connected in a way that made it possible to be regulated by the patient. Light curtains that can filter the sunlight and bright side curtains that harmonizes with the colors in the room.

View through big windows to draw nature into the room, as they expressed it. They wished to have a view that made it possible to have access to the outer world, to see the sky, the clouds, the trees and maybe a bird, in short - the nature outside. Often you find that it is the patient in the bed by the window that is the lucky one, especially when the curtains around the bed are drawn. The other patients in the room just lie there!

Nature - Plants and flowers were highly valuated. Even artificial ones if it was a risk for infections.

To have **windows** in the ceiling would be wonderful for patients who have to stay in bed. The ceilings also give possibility to different decorations or installations.

Fresh air - All the different smells and odors could be both scaring sickening and heighten their worries.

Desireable **Colors** should be chosen according to the activity in the room. The patient room should have colors that are clear, light and friendly, not boring grey and not soup colors - as it was expressed.

Textiles should be inviting, soft and also harmonizing with the other colours in the room.

Furniture should have a good design, be inviting, not cold and rejecting and should not look as if it was bought on a flee-marked (as some of the experts expressed their reactions.

The patient room should have an architectonic design with balance in the vertical and the horizontal lines, pleasant and harmonic, not sterile. It is important to have well functioning ventilation, especially if there are many patients placed in the same room. It was said that some of the patient rooms resembled coffins. Noises and sounds are often problematic, that is: noises from other patients, from the traffic outside, general noises in the corridors- clacking heels, voices etc. Better and more effectual isolation is important. Water was emphasized as positive, fountains inside and outside, view to lakes or ocean for instance, where it is possible.

Art – as aesthetic inputs appear to be very important in different expressions. The patients appreciated paintings and pictures of nature, pictures that were not complicated, but rather soothing and comforting.

They wished to have the opportunity to choose and also to have the pictures changed if they should stay at the hospital for a longer period. Art might be interesting, beautiful and artistic etc., but it is very important that art fits into the context. This study shows that patients, when sick, need relaxing and soothing environments, that art, paintings for instance, should not be to complicated and challenging.

Conclusion

A study like this will always be limited by the focus of the informants. Still, this investigation has quite a wide range of informants, the studies result in valuable data, which can be generalized. In short, one can impress that scientific knowledge and experts, on the different fields are engaged. The interior questions, for instance, should not be decided through 'staff votes'.

Man has a need for aesthetic experiences, for variations, for creating, and as a contributor when experiencing. The aesthetic area, in the hospital environment, was generally considered of very high importance. It can be said that it is an ethic duty to esteem the human dignity, to try to ease sufferance, to be aware of the fact that needs and wishes are different when you are sick.

Aesthetic surroundings might be stimulating and curative. Today one has many investigations that give valuable knowledge on the different fields. This knowledge has to be applied!

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