

Art in Health care buildings:

Is any art good art?

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In pre industrial societies the users perfected the best solutions for environmental design (Jones 1957, Cross 1989). Collectively people shared the knowledge about use of materials, the importance of the weather or the most convenient way of providing for social contact. The design process encompassed not only a collaboration between the users in the present but involved generations, providing for vertical (past and future) and horizontal (present) collaborations.

The incredible pace of our technological development is supported by the way we became specialized. We can, individually, concentrate in one field of knowledge and collectively to go where no one has gone before.

The evolution of environmental design allowed for fast development and new solutions but also alienated the very people who use and thereby effectively make the place (Cross, 1981, Schneekloth and Shibley, 1995; Sancar, 1994). This creates a need for collaborative design processes that not only respond to the needs of the users but that also include and empower them/us. These processes repopulate design.

These collaborations in design are not a return to pre-industrial design methods, but a partnership where designers, in very specialized fields, together with the users and other professionals take conscious physical, ethical and social considerations for the work and its repercussions.

In health care facility design, for example, our understanding of the healing and wellbeing process is a major influence in the way we design. During the past 30 years, in our Western society, our knowledge of the influence of the environment, social interactions and stress on health and healing has informed the search for solutions for a better health care design which include physical, emotional, mental and social

comfort.

Health care facilities are no longer (or should no longer be) places where we isolate the sick and the poor, where sensory deprivation ruled in the prison like ambiances. Today we search for a design that takes into consideration that one heals better in a friendly atmosphere, one that reflects the respect for one's wellbeing. In this context, the arts, as the way we can express our feelings, stories, relationships and connections, have a significant contribution to health care facility design. The arts advanced from a decorative and secondary aspect to a significant part of the design process.

The reasons for the inclusion of art in health care design, are often linked to its contribution to wellbeing (Senior and Croall 1993;



Marily Cintra

Since 1992 Marily Cintra has facilitated the inclusion of public art in eight hospitals in Australia. She is the founder and director of Identity, Environment & Art, an arts organisation with focus on community participation in the design of public places. In 1997 Identity won the Australia Council for the Arts award "Community, Environment, Art and Design" for their work at Liverpool Hospital, "a model of innovation and creative place-making". In 1998 she won the New South Wales Women and the Arts Fellowship for her work in arts and health. Most recently she founded The Arts for Health Research Centre to support the development of critical debate within the convergence of health, medicine and the arts in Australia.

Scheer 1996), Those reasons can be grouped in two categories:

1. The arts can improve the quality of the environment. This can be done through facilitating way finding, giving identity to the place and providing a caring appearance to the environment.
2. The arts can improve a feeling of wellbeing through supporting social interaction, promoting ownership of the place by the users, promoting social support and providing positive distractions.

“Creative activities within a community contribute to a sense of vitality and to a sense of belonging, and their nurture should be the goal of healthcare designers and administrators. Bush-Brown (1992 p 22)

Nevertheless, as art works are very varied in both techniques and content, we must investigate if the art that we are proposing for health-care facilities are in fact producing the results we intend it to (Ulrich 1991, 1999; Cintra 2000)

Placemaking and arts in health care facility

Since 1992 I have coordinated the inclusion of public art in eight hospitals in Australia. The projects aimed to support the users in developing a place that reflects what they believe are the important issues within their place. In doing so we were careful to involve a large number of users from different categories such as staff, visitors and patients. This model of placemaking has been quite successful and has strong support from the hospital communities and from the hospital management. Although we start with a focus on the public art, six of the eight projects developed into on-going arts and cultural programs.

The collaborative process that takes place during the three to four months planning is fundamental to the success of the work. This includes observation of physical traces and environmental behavior, standardized questionnaires

and focused interviews with staff, patients, visitors and the local community, photographic documentation. (Zeisel 1981) We also use creative activities such as banner making or paintings to portray the users' ideas about their place. While the hospitals' size varied, the number of patients, staff and visitors consulted in each hospital was kept between 300 and 500.

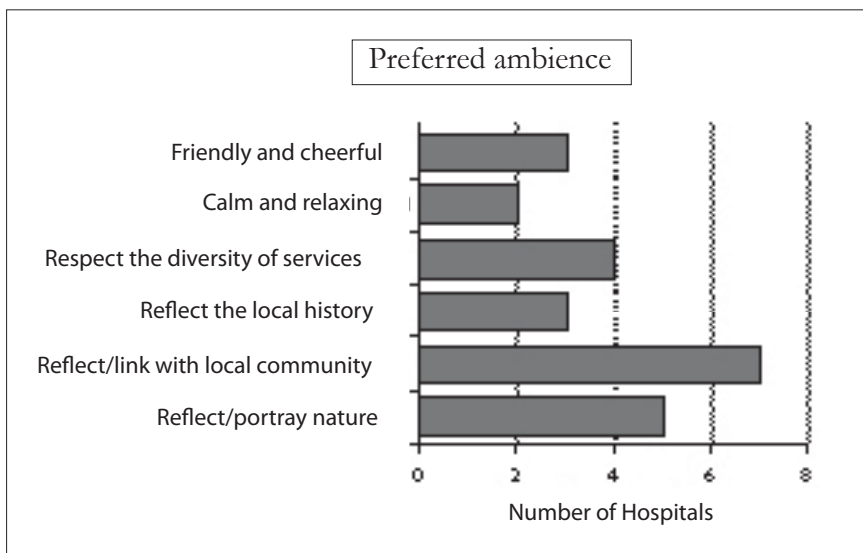
Strong participation of the staff and local community extends to the implementation of the plan. The art works are first presented as concept design by three different artists and discussed with the staff who work in the area that the work is intended for. The staff send their recommendation to the hospital arts committee. The arts committee, which includes staff, representatives of the local community, designers (if the arts program is being implemented during a redevelopment or new building) and the arts planner, makes the final selection.

The selected artist will then produce a final design for approval by the arts committee. The final design is produced in collaboration with the staff of the area and the arts team. Art works produced with community groups also need to show their work in progress to the arts committee.

What people think is the best art for health care facilities?

During the consultation for the development of art plans there were some common threads in the eight hospitals. Over 4500 people took part on the projects through focused interviews and surveys. The questions about the preferred ambience were open-ended questions. People's responses point out that the hospital ambience should reflect nature, the local community, and the diversity of the different services and departments.

In 1999 a Post Occupancy Evaluation of the public art program was performed at Liverpool Hospital. The evaluation was applied six years after the design of the Arts Plan and two years after the conclusion of the redevelopment's public art program. The POE was applied at



the investigative level (Preiser and Rabinowitz 1988). Its purpose was to verify the user satisfaction and relevance to date of the artworks commissioned during the Redevelopment Arts Program and the community cultural development as flowing from the program.

The methodology used reflected the one used during planning, allowing for the evaluation to be performed in collaboration with the users of the place. It included questionnaire surveys, applied randomly to staff, visitors and patients; focused interviews (individually and in small groups), photographic documentation, review of the collection status.

The data was analyzed for frequencies and means. The information also gave an insight into the way the art responded to the needs of the communities that make the hospital.

The main factors assessed were grouped into:

<i>Technical and</i>	Quality and maintenance of the
<i>Functional:</i>	works
quacy of	placement of works
<i>Behavioral</i>	Creation of landmarks.
Adequacy of theme	

tisfaction

ning

Cultural Development; Development of new resources; Professional and economical de-

nability

Users' and comfort with works

Strengthening of links between the health service and the local community.

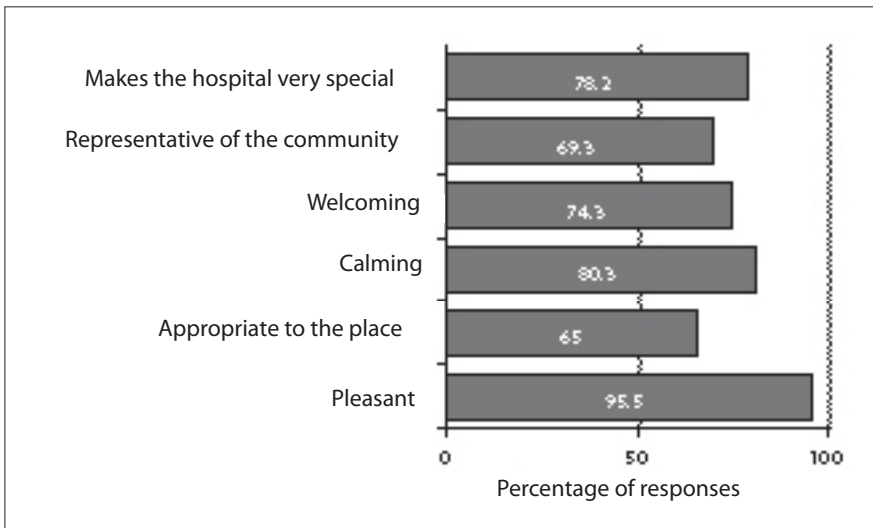
Support for diversity and tolerance

Sustainability of innovative cultural activities.

The use of questionnaire surveys, randomly applied and also left for self-administering, provided opportunity for staff who work in different shifts, patients and visitors to participate in their own time. Of 300 questionnaires distributed we received 140 or 46.6%.

The surveys showed that people felt that the works were pleasant, appropriate to the place, calming, welcoming and representative of the community. 78.2% believes that the arts makes

Health Care Facility	Number of people involved in in planning	Desired Ambience was one that:
Canberra Hospital (400 beds) Located in Canberra, (Oppermann and Nizette 1992)	650	<ul style="list-style-type: none"> • Reflected nature and included natural features: • Reflected the local community and its cultural diversity • Provided a sense of the history of the place
Liverpool Hospital 700 beds Located in South Western Sydney, New South Wales (Oppermann and Royal 1993)	300	<ul style="list-style-type: none"> • Reflected the cultural diversity of the Liverpool residents • Provided a sense of the history of the place
Bankstown Hospital 400 beds Located in South Western Sydney, New South Wales (Oppermann 1996)	600 100 surveys returned	<ul style="list-style-type: none"> • Reflected the soothing character of nature • Acknowledged the heritage and local history • Reflected the rich cultural diversity of the local community
Sydney Children's Hospital 200 beds Located in South Eastern Sydney (Oppermann 1997)	450 129 surveys returned	<ul style="list-style-type: none"> • Reflected a sense of place with focus on the children, including fun, interactive works that are easy to maintain and durable • Supported the diversity of the hospital departments.
Braeside Hospital 75 beds Located in South Western Sydney (Oppermann 1997)	400 150 surveys returned	<ul style="list-style-type: none"> • Reflected the soothing character of nature, in particular that of water • Had a homely feel • Acknowledged the rich cultural diversity of the area
Nepean Hospital 450 beds Located in Western Sydney, (Cintra, 1998)	513 96 surveys returned	<ul style="list-style-type: none"> • Reflected the local nature • Is friendly and calm • Represented quality of service and that builds connections between the health facility and local community • Addressed the special needs of the various departments • Included diversity of art forms.
John Hunter Hospital 700 bed Located in Newcastle, NSW (Cintra and Robinson 1999)	362 204 surveys returned	<ul style="list-style-type: none"> • Reflected and created links to the local nature • Developed community and team spirit at the hospital • Addressed the special needs of each department • Included a diversity of art forms
Fairfield Hospital 150 beds Located in South Western Sydney Cintra 199	505 179 surveys returned	<ul style="list-style-type: none"> • Reflected the rich cultural diversity of the region • Addressed the special needs of each department creating bright and cheerful or calming and relaxing environments.



Liverpool Hospital very special.

When asked to name places that had art works at the hospital, 79.8% could name two places and 39.5% could name five places.

When asked which work they disliked, 80% responded none. Thirty people named works they disliked (20%). Most works referred as 'worst' were photographs (14), a tendency that was confirmed by the interviews.

The focused interviews complemented the information obtained through the questionnaires and allowed to investigate more in depth the feelings and ideas of the participants in relation to the arts. A total of 250 interviews involved staff, patients and visitors.

The interviews revealed that staff in particular believe that the arts make people feel better. People also felt that the arts create a calming and welcoming environment.

The words most used to describe the arts at Liverpool Hospital were colourful, nice and pleasant. People would like to have more art. Of the 205 people interviewed five believed that money should not be spend on arts but only on equipment and services; and seven mentioning that they disliked a work (all works being photographs)

Many of the art works of Liverpool Hospital were made together with local community groups, supporting the users wish to celebrate locality and the diverse cultural heritage. One of the favorite works identified during the POE was the textile work, a Tivavae (traditional Cook Islander work) which was installed in front of the lifts to the wards on the Clinical Services Building. The work was made by a group of local women of Cook Islander cultural background. The artist working with the group, also a local Cook Islander- Australian, is a staff member of Liverpool Hospital, working on night shifts.

There are many other works by community artists working with groups of women for the Delivery rooms, parents for the Feto Maternal Unit, older people for the Aged Care Unit, young people at the Children's Ward, staff and clients for the Sexual Assault interview and examining rooms.

The processes used to ensure the quality and significance of the works during the implementation seemed to have worked very well with only 3 out of 322 works being removed after they were installed. One of the works, a photostory for the Post Natal Ward, was removed af-

ter a patient and her family recognized a person on the photo as someone who was imprisoned for committing a crime against her family.

One artist had her contract terminated after she could not negotiate a solution to the work with the staff. The work, an assemblage for the Surgical Theatres' staff room to be designed in collaboration with the staff caused much concern with a strong reaction against the final design:

"No to this: If this is for our tearoom NO. I want a picture that is restful, not involving works. Restful scenes, landscapes, non stressful. For a patient area we want something to promote confidence in the hospital, their team not phobias, fears, shocking experiences. This is an insult in my role as a nurse".

How the place develops

The place continues to develop after the new buildings are open. What happened to the arts? The observation and physical inspection during the POE revealed that of the 322 works of the permanent collection only five works had been stolen since 1994 (a remarkable small number in comparison with the general theft within the hospital). Only one work had been vandalized.

Many of the works are used as landmarks. People arrange meetings by the Birds painting, the Aboriginal meeting place, the fountain. They use the artworks to show where the lifts are. The Sexual Assault Service uses the art works to identify their door instead of using the name of the service.

During the POE we were also told of patients that come back to be photographed by the artworks at the Cancer Treatment Centre or about patients selecting a different bed at the Renal Dialysis Unit to view better one of the ceiling works.

Analyzing the flow on effect that the Redevelopment Arts Program had at Liverpool Hospital we learnt that as the redevelopment program concluded it expanded into an on going arts and cultural program. It also expanded to the entire Liverpool Health Service.

Various new resources were created for cul-

ture and arts activities such as temporary exhibition spaces, an arts workshop, and grants and sales of works to the value of over A\$120,000 since 1997. The program supports a volunteers group, developed from one of the community projects of the redevelopment. The volunteers work on cultural and artistic projects such as organizing temporary exhibitions, making new public art works for different areas of Liverpool Hospital and for other hospitals in the region. They also designed entertainment kits, together with other groups in the community and a series of finger puppets to facilitate disclosure of abuse by children, for use at the Sexual Assault Service.

They have shown their work in exhibitions outside the hospital and many of the volunteers, who were all retired or unemployed, have gone back to work or started studying.

The on going arts program CARE (Cultural and Artistic Enrichment Program) has worked closely with the migrant population, continuing the work of supporting cultural diversity, so important to the local community. The CARE Program has also worked closely with the local Aboriginal population, including their representation in the Arts Advisory Committee. The support for the participation of Aboriginal people in the development of the place has led to the approval and design of a special courtyard for palliative care: The Quiet Dreaming Place. The courtyard acknowledges the wish of Aboriginal people to be close to nature, including at time of death.

How Liverpool Hospital arts compare to other hospitals?

We have not produced a diagnostic post occupancy evaluation, which would compare the arts programs in different hospitals. Nevertheless we have been able to look into the existing art of two hospitals for which we developed arts and cultural plans in 1998 and 1999.

John Hunter Hospital, a 700-bed teaching hospital, 150 km north of Sydney, was officially

opened in 1991. The hospital has large corridors, the hospital streets are immersed in natural light coming from the glass ceiling on Level 3. Many artworks were acquired during the commissioning by the interior designer. Works are varied and include arts by well-known artists, by students from the University of Newcastle and small projects linked to local schools.

There are no records of the works acquired during the hospital's commissioning but many works have been removed by staff either by hiding them behind closets or by moving them to different locations. At the moment we are working on an assets registry for the collection.

During the past four years, a local artist painted 27 mural works covering 150 square meters. We asked staff, patients and visitors what they felt about the murals and found out that although the majority liked works, many people felt that there was an urgent need for variety. The *ad hoc* nature of the commissioning gave people no control over the arts. This was the main reason for the hospital to engage on an arts and cultural plan.

One particular work in John Hunter called our attention during the arts planning. A near-life size wood sculpture of a mother and child was placed in a postnatal ward, which later changed to a Gynecology ward. Today the sculpture greets women who had surgeries such as hysterectomies and mastectomies or terminations and still births.

The nurse unit manager did not think there was any problem. We interviewed a support group of women who suffered or are suffering with gynecological cancer. They were adamant that the work caused distress and sadness during their stay at the hospital. We later learned that some patients and visitors had already complained to the staff about the work.

Fairfield Hospital, a 200 bed hospital located south western of Sydney, was officially opened in 1989. It is located in one of the most culturally diverse areas in Australia, with 53.5% of the population born overseas in 133 different countries (50.6% from a non-English Speaking country, compared to Sydney 22.3%).

In 1999 we developed an arts and cultural plan for the hospital. As there were existing artworks in major public areas, we asked in the survey what people thought about the works. From 179 responses to the survey 55.8% did not respond to the question, 12.8% like the works, 11.7% do not like the work, 7.2% wants it to be changed and 7.2 % said they had not noticed the works.

The collage works were done in 1998 by five artists working with staff, patients and visitors. A large number of small ceramic works were also produced but there had been no plan on how to use the works.

Although the works were produced with the hospital communities, this was done with a lower level of participation. There was no real ownership of the works and people were happy for the works to be changed.

From our work we concluded that good art in health care facility is the one that engage the users in a dialogue that reflects the place. The challenge to artists is to create a poetic response that respects the needs of the people and that is filled with empathy for the staff, visitors and in particular, for the patients.

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