

## Art in Hospitals – Evidence Review

[Paintings in Hospitals](#) operates at a national level and was founded in 1959, by Sheridan Russell, a social worker at the National Hospital for Neurology and Neurosurgery in London, who decided to improve his consulting room by borrowing pictures from some artist friends (Pitman, 2002)

### [The arts in healthcare: learning from experience by Duncan Haldane](#)

Lumsdon (Lumsdon, 1992) reported that the University of Washington Medical Centre began assembling a rotating collection of paintings and mixed media when they opened a new patient care wing in 1986. They had an artist-in-residence programme that involved patients in creating their own art, consisting mainly of print and bookmaking and paper marbling. The patients took their own artwork home with them but some hospitals place patient-created artwork on permanent display to help others cope with illness.

Shinkman (Shinkman, 1997) gives examples of art in US hospitals. Westchester County Medical Centre in New York State refurbished a long corridor and installed an art gallery. The St Vincent Hospital Foundation in New Mexico received a collection valued at \$100,000 from the family of a local artist. And Lehigh Valley Hospital and Health Network in Pennsylvania had an annual spring arts festival.

Chelsea and Westminster Hospital installed 11 new installations by young and established artists, including Eduardo Paolozzi (Anonymous, 1998)

Scher (Scher & Senior, 2000) evaluated an arts project in a newly rebuilt district hospital in Exeter.

Staricoff reported on the arts project at Chelsea and Westminster (Staricoff, Duncan, Wright, Loppert, & Scott, 2001)

Luckhurst (Luckhurst, 2001) describes an art project at Norfolk and Norwich Hospitals.

An innovative arts project in the Hermon Taylor Endoscopy Unit at the Royal London Hospital used a screen-printed coloured glass ceiling in the unit's 19-bay recovery area to create light and a sense of space in a windowless basement room (Anonymous, 2001)

Wikstrom (Wikstrom, 2002) studied how nurses provide for patients' aesthetic needs.

Davis (Davis, 2002) investigated how design can have a profound impact in accident and emergency departments.

Allmark (Allmark, 2002) discusses sense-sensitive design.

Marcus (Marcus, 2004) provides an expert review of UK hospital courtyards and offers guidelines to clients and designers.

An article in *Hospital Doctor* discusses attempts to bring artwork to Addenbrooke's through exhibitions, commissioning artists to undertake specific pieces of work and having artists and poets in residence (Anonymous, 2004)

Mitchell (Mitchell & Dose, 2004) reports on the use of arts in healthcare.

Rough (Rough, 2005) describes Danish hospitals' approach to the visual arts.

Scher (Scher, 2005) argued that “all displays and performances in health facilities should be under the supervision of a qualified professional, responsive to the needs and experiences of the patients, staff and visitors.”

Eisen (Eisen, 2006) found that nature art was the preferred type of art of children from five to 17.

In the US fire codes prevent the hanging of art in stairwells but in Iowa art-quilt designs were stencilled in the 12 landings of a hospital’s central stairway. (Anonymous, 2006)

Horwitz (Horwitz & Trucco, 2007) studied the impact of murals at the Worker’s Hospital in Santiago. 40 patients, 40 visitors and 40 hospital staff took part in the study which found that two-thirds of the sample had a positive appreciation of the murals and considered them to be beneficial.

Daykin (Daykin, Byrne, Soteriou, & O’Connor, 2008) carried out a systematic review into the effect of art, design, and environment in mental healthcare. Daykin found that art, design, and the environment could affect health, including physiological, psychological, clinical and behavioural effects. Exposure to art in healthcare environments has been found to reduce anxiety and depression.

Gates (Gates, 2008) briefly discusses the history of art in hospitals and explores a methodology for researching the preference of Australian patients. Gates argues that “Australians waiting in hospitals and medical clinics could benefit from art works that reflect their preferences; this may help to ease the pain, anxiety, and boredom of waiting.”

Hume (Hume, 2010) describes the work of Royal Brompton and Harefield Arts at Royal Brompton and Harefield hospitals.

A study by scientists at the University of Bologna (Anonymous, 2010) found that 72% of cancer patients found that photographs made their stay in hospital more pleasant.

Edmonton Hospital in Alberta, Canada, had The Guru Nanak Dev Healing Garden, donated by the local Sikh community, and a spectacular 20m painted steel and acrylic DNA helix by Terry Frost, hanging from the main floor atrium (Ryan, 2010)

Rollins (Rollins, 2011) explores the works of three non-representational artists in hospital settings.

According to the [Society for the Arts in Healthcare](#) more than 35% of US hospitals and medical centres owned collections of artwork that were permanently on display (McCauley, 2012)

The Welsh public art agency Celfwaith helped develop art proposals for Ysbyty Cwm Cynon. They had the theme of bringing the outside in, and tried to encourage the use of natural materials and textures that would play with the natural and artificial light in the building (“It doesn't feel at all like walking into a hospital. Art plays a crucial part in that”: Wales' newest hospital features an ambitious amount of public art in a bid to make it feel less 'institutional', as Health Editor Madeleine Brindley reports," 2012)

Biddiss (Biddiss, McPherson, Shea, & McKeever, 2013) reported on the use of ScreenPlay an interactive media display in a paediatric hospital clinic. It provided a positive, engaging

experience without the use of contact surfaces through which infections could be spread. It was accessible to children, teenagers and adults of all motor abilities. “All participants strongly agreed that the interactive media display would improve the ... waiting experience.”

Hanson (Hanson, Schroeter, Hanson, Asmus, & Grossman, 2013) studied the photographic preferences of 80 cancer patients. The favourite photos were ‘lake sunset,’ (76%), ‘rocky river,’ (66%) and autumn waterfall (66%). The most rejected photographs were ‘amusement park,’ (54%), farmers’ market vegetable table (51%) and kayakers (49%). The categories selected were landscape (28%), animals (15%), people (14%), entertainment (10%), imagery (10%), water (7%), spiritual (7%), flowers (6%), and landmark (3%).

Karnik (Karnik, Printz, & Finkel, 2014) studied 4,376 people who had been patients at Cleveland Clinic. Most noticed the artwork, had improved moods and stress levels due to the artwork, and reported that the art collection positively affected their overall satisfaction and impression of the hospital.

Landro (Landro, 2014) reported that patients with post-traumatic stress disorder and generalised anxiety disorder reported the most significant positive improvement in mood from public art.

Bowen (Bowen, Wells, Dietrich, & Sandlin, 2015) examined the effect of staff-created art on the postoperative rehabilitation of cardiovascular surgery patients.

In a study of 117 people Harper (Harper et al., 2015) found that landscape photographs in examination rooms reduced incidences of ‘white-coat,’ high blood-pressure.

Dean (Dean, 2016) discusses a new framework from Public Health England designed to make it easier to evaluate the effects of the arts on healthcare.

Nielsen (Nielsen, Fich, Roessler, & Mullins, 2017) compared day rooms with and without art and found that “art contributes to creating an environment and atmosphere where patients can feel safe, socialise, maintain a connection to the world outside the hospital and support their identity... the presence of visual art in hospitals contributes to health outcomes by improving patient satisfaction as an extended form of health care.”

Jiang (Jiang, Powers, Allison, & Vincent, 2017) studied 95 students’ preferences for waiting-area design. Transparent waiting areas – where people could see the outside world through windows – were significantly preferred. Other features affecting people’s preferences were: daylight, perceived warmth, a non-institutional furniture arrangement and the use of natural materials.

Cavanagh (Cavanagh, Haracz, Lawry, & James, 2019) studied the use of a sensory-art space – an artistically designed multisensory environment drawing on themes and images of nature – in a university. Themes emerging from qualitative interviews were: ‘it’s like another world,’ ‘easy to focus,’ emotionally nutritious,’ ‘meditative effects,’ ‘relaxation,’ and ‘therapeutic.’

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