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Original Study

Hospitalization and Aesthetic Health in Older Adults

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A B S T R A C T

Keywords:

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cultural gerontology**Objectives:** To assess the impact of hospitalization on arts engagement among older people; and to assess perceptions of whether hospitals are aesthetically deprived environments.**Methods:** A Survey of Aesthetic and Cultural Health was developed to explore the role of aesthetics before, during and after hospital. Study participants were n = 150 hospital in-patients aged >65. Descriptive and inferential statistics were used to analyze the data.**Main findings:** Attendance at arts events was an important part of life for this sample and a large drop off was noted in continuation of these activities in the year post-hospital stay. Physical health issues were the main causes but also loss of confidence and transport issues. Film, dance, and music were the most popular arts for this sample prior to hospital stay. Noise pollution caused by other patients, lack of control over TV/radio, and access to receptive arts in hospital (reading and listening to music) were important issues for patients in hospital.**Conclusions:** This study identifies a trend for decreasing exposure to arts beginning with a hospital stay and concludes that older people may need encouragement to resume engagement in arts following a hospital stay. There is relatively limited evidence regarding the nature of, and potential benefit from, aesthetics in healthcare and limited studies with rigorous methodology, and further research is needed to understand the aesthetic preferences of older people in hospital.

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The arts are an important part of human life and culture, and attract a significant amount of private and public funding, attention, and support.^{1–3} While philosophers have engaged with the role and significance of arts in society for thousands of years, recent studies indicate that participation in arts activities and attendance at arts events is associated with health gains^{4–6}; emerging evidence also suggests that aesthetic deprivation can be harmful for health and well-being in clinical settings.⁷

Aesthetics is defined, in this study, as the philosophy of the arts; why and how the arts affect us and their role in society.⁸ This study examines the role of aesthetics in hospitals. Aesthetics refers to all art forms as defined by the Arts Council of Ireland 2006, including visual

art, dance, theater, film, circus, and street theater.² The term aesthetics is used as it extends beyond traditional art forms to the role of the arts in all forms, from receptive engagement (for example listening to music on the radio, reading books, watching films) to participative arts (for example painting and playing a musical instrument) as well as engagement in cultural activities from crafts, to traditional native art forms to Western classical arts. The philosophy of aesthetics also encompasses everyday aesthetics, for example the crockery and textiles used in everyday life as well as environmental aesthetics such as the building design, access to nature, and light. These aesthetic experiences may be particularly important in hospitals, where everyday aesthetic experiences are perhaps more significant than access to classical art forms (for example the texture of the bed sheets).^{9–11}

Existing literature points to 3 key areas of healthcare in which the arts particularly play a part, namely the arts as a therapeutic or clinical intervention; the arts in building design and environment enhancement and the arts as part of medical humanities training.^{12–18}

Aesthetic enrichment such as building design may affect recovery rates and the requirement for pain relief, whereas participative

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arts activities contribute to improved confidence, self-esteem, and motivation of some patients.^{19–22} However, the evidence base for all arts interventions in healthcare remains weak, with a need for larger, robust outcome studies to determine the benefit of arts on health and well-being.^{20,23–27}

The role of aesthetics in healthcare facilities is a field that is not well understood.²⁸ In a study of the design strategies of 86 hospitals in Norway, only a few contained any concrete written guidelines or directions for the aesthetic dimension of the infrastructure. A survey of 400 Norwegian patients on 11 aspects of the aesthetics of the hospital indicated that patients were most dissatisfied with a lack of choice of different types of aesthetic input.²⁹ A study of stroke rehabilitation and music showed less positive outcomes in patients who were not routinely given access to their favorite recorded music.³⁰ However, no survey could be found that specifically addresses the artistic and cultural interests of patients before, during, and after hospital stay, an understanding of which may promote the development of patient-centered aesthetic reinforcement through arts and health programs.

Older people represent a particularly important focus for study as there is a concern that their ability to maintain aesthetic and cultural capital is impaired by a range of factors, including health and disability.³¹ In the home setting, arts, leisure, and culture are important to older people.³² Therefore, the aim of this study was to conduct a survey on older in-patients' perspectives regarding their aesthetic and cultural preferences, the effect of hospital stay on these activities, and their views on the aesthetics of the hospital environment.

Methods

Participants who had been in-patients in blinded for review hospitals from the period January 2009 to July 2013 were recruited using convenience sampling to participate in a survey. Participants were selected from 2 ambulatory care services in geriatric medicine between January and September 2013. Day hospital services are used when a patient requires at least 2 modalities of medical/rehabilitation care. Referral is from out-patient clinics and in-patient beds. Convenience sampling was used. Every patient attending the day hospital with an in-patient hospital stay of at least 7 days in the last 5 years were eligible for the study. Participants were excluded if their hospital stay in the last 5 years was less than 7 days or were cognitively unable to complete a survey. Informed consent was obtained for every participant. The researchers aimed to complete 150 surveys.

Survey of Aesthetics and Cultural Health

This survey instrument was developed following an extensive period of qualitative research.¹² The survey was divided in 2 sections. Section 1 has 4 questions, which documented which arts events and activities participants had attended in the 12 months prior to hospital stay and in the 10 years prior to hospital stay. Section 1 also documented if participants have difficulty attending these events and activities post-hospital stay and the reasons for these difficulties. These 4 questions were taken directly from a previous survey of public attitudes to the arts, conducted by The Arts Council of Ireland in 2006 with a sample $n = 1210$ from the Irish general population.²

Section 2 consists of 32 statements regarding hospital aesthetics, including noise, access to arts activities in hospital, and the visual art in hospital. All items used were tested utilizing a pilot survey, with reliability testing, content validity testing, and readability testing forming the validation process.

The survey instrument is self-report and includes 2 response style options to items: agree/disagree and yes/no responses depending on

the survey questions. See [Appendix 1](#): Copy of Survey of Aesthetic and Cultural Health (SACH).

Assistance was given to individuals where there was evidence of physical or literacy problems. Each person who agreed to participate was taken to a quiet room to complete the survey. A researcher accompanied them, and if they needed assistance, the researcher read out the questions and filled out the form as they answered verbally. Participants were free to ignore questions they did not wish to answer but the researcher checked any blank questions at the end to be sure they had deliberately not answered.

Other Measures

Three standard measures were used to assess mental, cognitive, and physical health levels. The Barthel Physical Function Index,³³ the 3DY Cognitive Test,³⁴ and the Geriatric Depression Scale.³⁵

Data Analysis

Statistical analysis was conducted using SPSS v 7 (SPSS Inc, Chicago, IL). Descriptive statistics included frequency counts. Other

Table 1
Demographic Characteristics of Participants Completing Survey ($n = 150$)

Demographic Characteristics	n (%)
Age	
65–74	27 (18)
75–84	69 (46)
85–94	50 (34)
<95	4 (2.7)
Gender	
Male	57 (38)
Female	93 (62)
Marital status	
Single	14 (9)
Married	69 (46)
Divorced/separated	7 (5)
Widowed	60 (40)
Working status	
Retired	138 (92)
Unemployed	4 (3)
Full-time homemaker	3 (2)
Other	5 (3)
Education level completed	
No formal education	6 (4)
Primary level	37 (25)
Second level	80 (53)
Third level undergraduate	10 (7)
Third level postgraduate	10 (7)
Still at Third level	1 (1)
Dependents under the age of 18?	
Yes	4 (3)
No	146 (97)
Ethnic background	
White Irish	146 (97)
White Irish traveler	1 (1)
Any other white	2 (1)
All other	1 (1)
Accommodation during hospital stay	
Private room	32 (21)
Shared ward	96 (64)
Both	21 (14)
Don't know	1 (1)
Barthel Index of Activities of Daily Living (score out of 20, with 20 being most physically disabled)	
>10	11 (7)
10–15	22 (15)
16–20	117 (78)
Geriatric Depression Score	
0–4 (low probability of depression)	93 (62)
5–9 (probability of mild depression)	44 (29)
0–15 (probability of severe depression)	13 (9)

Table 2
Arts Events: Attendance at Individual Arts Events (n = 150 for 12 Months, n = 108 for 10 Years)

Item Number	Activity	Attended >12 Months n (%)	Did Not Attend >12 Months n (%)	Attended >10 Years n (%)	Did Not Attend >10 Years n (%)
1	Mainstream film (eg, cinema)	32 (21.3)	118 (78.7)	51 (47)	57 (53)
2	Play	22 (14.7)	128 (85.3)	45 (41.7)	63 (58.3)
3	Rock or popular music event	4 (2.7)	146 (97.3)	7 (6.5)	101 (93.5)
4	Traditional Irish or folk music event	15 (10)	135 (90)	25 (23)	83 (77)
5	Stand-up comedy	4 (2.7)	146 (97.3)	9 (8.3)	99 (91.7)
6	Musical	21 (14)	129 (86)	40 (37)	68 (63)
7	Variety show/pantomime	13 (8.7)	137 (91.3)	37 (34.3)	71 (65.7)
8	Art exhibition (for example, paintings, sculpture, photographs)	15 (10)	135 (90)	30 (28)	78 (72)
9	Circus	2 (1.3)	148 (98.7)	10 (9)	98 (91)
10	Country and Western music event	5 (3.3)	145 (96.7)	15 (14)	93 (86)
11	Traditional/folk dance event	8 (5.3)	142 (94.7)	15 (14)	93 (86)
12	Jazz/blues concert	5 (3.3)	145 (96.7)	11 (10.2)	97 (89.8)
13	Classical music concert or recital	19 (12.7)	131 (87.3)	35 (32.4)	73 (67.6)
14	Readings (eg, literature or poetry)	15 (10)	135 (90)	19 (17.6)	89 (82.4)
15	Art house film	3 (2)	147 (98)	4 (3.7)	104 (96.3)
16	Opera	8 (5.3)	142 (94.7)	35 (32.4)	73 (67.6)
17	Modern dance event	6 (4)	144 (96)	8 (7.4)	100 (92.6)
18	Ballet	6(4)	144 (96)	18 (16.7)	90 (83.3)

analysis included examining associations and differences between survey responses and participant profile variables (namely gender, age, educational level, shared room or single room hospital accommodation, public/private patient status). The effects of physical and cognitive functioning and depression levels on engagement in arts events and activities before, during, and after hospital stay were also examined. This analysis included conducting nonparametric inferential statistics because of the categorical nature of the data, namely Spearman's rank test and χ^2 .

Results

Demographic Profile

Of the 431 participants (n = 431) invited to participate in the study, n = 150 in-patients were recruited. Participants were excluded due to length of stay, cognitive difficulty, unavailability because of appointments, and nonattendance (n = 101). Eighteen (n = 18) refused to participate.

The majority of the sample (n = 123, 82%) were greater than 75 years of age and were mainly of Irish background (n = 146, 97%). In terms of education, the majority of the sample (123, 82%) had attended education until the age of 16. The majority of respondents shared a room (n = 96, 64%) with n = 32 (21.3%) being in private bedrooms (Table 1).

Attendance at Arts Events

Seventy-one participants (n = 71, 47%) attended at least 1 art event (for example attending a concert, film, or art exhibition) in the last 12 months and n = 85 (79%) in the last 10 years. Furthermore, 27% of study participants engaged in arts activities in the 12-month (for example, painting, dancing, singing), rising to n = 63 (58%) in the last 10 years.

The most popular art forms attended in the last 12 months were film (n = 32, 21%), plays and musicals (n = 21, 14%), and classical music (n = 19, 13%). During the last 10 years, the most popular arts events attended were film, musical, play, variety show/pantomime, classical music and opera, art exhibitions, and traditional Irish events. There was much higher attendance in the last 10 years (as opposed to the last 12 months) with n = 51 (47%) attending films, n = 40 (37%) attending musicals, and n = 45 (42%) attending plays. Thirty-five

participants (n = 35, 32%) attended classical music and opera. The same events were as popular in both last year and last 10 years, but a large drop off was seen in the year prior to hospital attendance. A further drop off in attendance and participation in cultural activities was also seen post hospital in all art forms (Table 2).

Participation in Cultural Activities

Musical interests, dancing, and photography were the most popular arts activities, with the numbers participating in all arts activities dropping in the year prior to hospital admission. Twenty participants (n = 20, 18.5%) played a musical instrument 10 years ago, and this dropped to n = 7 (5%) in the last 12 months. Twenty-seven participants (n = 27, 25%) sang in a choir 10 years ago, but this dropped to n = 7 (4.7%) in the last year. Participation in art classes and dancing were popular activities with 52 participants (n = 52, 48%) participating in dancing in the last 10 years, dropping to 15 (n = 15, 9.9%) in the last 12 months. Hospital stays and ill health were cited as the main cause of this drop in participation. When grouping musical and singing activities together, 59 participants (n = 59, 54.6%) participated in some sort of singing or musical activity in the last 10 years, dropping to 19 (n = 19, 12.7%) in the last year (Table 3).

Barriers to Attending Arts Events

A majority (n = 106, 71%) currently find it difficult to attend arts activities that interest them. Most (n = 91, 86%) of those who were no longer able to attend arts events they normally enjoyed cited physical health issues, such as too much pain, as the main cause. Transport issues and access to venues were the next major issues for those who had stopped attending arts events. Twenty participants (n = 20, 19%) of those not attending had nobody to go with. Significantly, loss of confidence and lack of motivation were the next most significant reasons for nonattendance (Table 4).

The Aesthetics of the Hospital Environment

Less than one-half (n = 63, 42%) were able to watch TV of their choice and only 85 (n = 85, 57%) of participants listened to radio programs of their choice while in hospital: almost one-half (n = 47%) listened to music of their choice. The majority of participants, however, did not have choice over these activities. Given that film-going

Table 3
Arts Activities: Participation in Individual Arts Activities (n = 150 for Last 12 Months, n = 108 for Last 10 Years)

Item Number	Activity	Participated >12 Months n (%)	Did Not Participate >12 Months n (%)	Participated >10 Years n (%)	Did Not Participate >10 Years n (%)
1	Play a musical instrument for your own pleasure, rehearse or for an audience	7 (4.7)	143 (95.3)	20 (18.5)	88 (81.5)
2	Painting/drawing/sculpture	18 (12)	132 (88)	20 (18.5)	88 (81.5)
3	Sing in a choir	7 (4.7)	143 (95.3)	27 (25)	81 (75)
4	Set dancing	5 (3.3)	145 (96.7)	17 (15.7)	91 (84.3)
5	Perform or rehearse in play/drama	1 (0.7)	149 (99.3)	11 (10.2)	97 (89.8)
6	Other dancing (not fitness class)	8 (5.3)	142 (94.7)	25 (23)	83 (77)
7	Other Irish traditional/folk dancing	2 (1.3)	148 (98.7)	10 (9.3)	98 (90.7)
8	Photography	15 (10)	135 (90)	8 (7.4)	100 (92.6)
9	Writing (eg, poems, stories or plays)	8 (5.3)	142 (94.7)	8 (7.4)	100 (92.6)
10	Writing any music	1 (0.7)	149 (99.3)	1 (0.9)	107 (99.1)
11	Making artworks or animations on a computer	3 (2)	147 (98)	3 (2.8)	105 (97.2)
12	Perform or rehearse in light opera/musical	2 (1.3)	148 (98.7)	7 (6.5)	101 (93.5)
13	Making films as an artistic activity	2 (1.3)	148 (98.7)	1 (0.9)	107 (99.1)
14	Perform or rehearse in opera	1 (0.7)	149 (99.3)	2 (1.9)	106 (98.1)
15	Other singing to an audience or rehearsing (not karaoke)	5 (3.3)	145 (96.7)	12 (11.1)	96 (88.9)
16	I have stopped to look at any art (ie, a sculpture) in a public place (eg, in a park, on a street etc) within the last 12 months	54 (36)	96 (64)	55 (51)	53 (49)

was the most popular art event prior to hospital stay, only 44 (n = 44, 29%) watched films of their choice in hospital. Of the 83 (n = 83, 55%) participants who read in hospital, a minority used e-reading devices (n = 10, 7%). In terms of aural pollution in hospital, the leading source was sounds from other participants, with 36 (n = 36, 24%) citing this as a problem. Just over 1 in 10 participants were disturbed by staff (n = 21, 14%) and machine noise (n = 17, 11%). The vast majority of participants (n = 108, 72%) were not able to choose whether to be in a private room or shared ward. The majority of participants had access to a quiet place when they needed it (n = 92, 61%) (Table 5).

Eighty-eight participants listened to music in hospital (n = 88, 59%); this was the most popular arts activity of the group listed. Next highest was watching films in hospital n = 50 (33%). These receptive arts were more popular than participative arts listed in this section (eg, writing in hospital, playing an instrument, or painting). There was, again, a drop-off in the numbers of participants who participated in any art forms in hospital, compared with the numbers of who participated in the same art forms prior to attending hospital. This was the case in all art forms listed except writing. Given that just under n = 16 (18%) participants painted or drew in the last 10 years,

this dropped to n = 8 (5%) in hospital. Similarly, while playing a musical instrument was a minority interest n = 20 (18%) in last 10 years and n = 7 (4.7%) in last 12 months, this dropped again in hospital to n = 2 (1.3%).

Eighty-four participants noticed the visual art, pictures, or photographs on the wall in their hospital room or ward (n = 84, 56%), but only n = 12 (8%) put their own art, pictures, or photographs on the wall in their room or ward. Overall, n = 78 (52%) found the visual art in hospital was interesting and varied and n = 84 (56%) were satisfied with the visual art on display in the hospital (Table 6).

Forty-nine participants continued the arts activities they enjoy in hospital (n = 49, 33%), which indicates a deficit in hospital regarding access to arts activities and n = 74 (49%) felt that their arts interests were important in hospital. For some, arts interests were on hold and less important than physical needs; for others, these are an important part of their lives. A large number n = 93 (62%) stated that arts programs are important in hospital but n = 90 (60%) did not continue arts interests in hospital because they felt too ill.

Associations Between Survey Responses and Participant Profile Variables

Associations between all survey questions and participant demographic variables (gender, age, educational level, public/private patient status, and type of accommodation) were examined.

There was a statistical significant association found between age and attendance at arts events in the last 12 months ($\rho = -0.20$, $P = .01$). This result indicated that as age increased attendance at arts events decreased. An association was found between educational levels and art activities engagement in hospital, with participants with higher educational achievement tending to write more in hospital (n = 6, 22%) and those with only primary education tending to watch more films in hospital (n = 19, 44%). There were no statistical significant associations or differences found between survey responses and gender, public/private patient status, and accommodation type.

The associations between all survey questions and physical, cognitive, and psychological health were examined. A statistically significant association was found between higher physical function and attendance at arts events in the last 12 months ($\rho = 0.17$, $P = .04$) and 10 years ($\rho = 0.19$, $P = .05$). There was no statistical significant association, however, between higher physical function

Table 4
Current Difficulties in Accessing Arts Interests

Survey Question	Yes n (%)	No n (%)
Do you find it difficult to take part in the arts activities which interest you?	106 (70.7)	44 (29.3)
Reason for nonattendance at arts activities and events:	Yes n (%)	No n (%)
Physical health issues (for example, too much pain, physical difficulties)	91 (86)	15 (14)
Transport difficulties	44 (42)	62 (58)
Access to venue	34 (32)	72 (68)
Lack of motivation	32 (30)	74 (70)
Loss of confidence	30 (28)	76 (72)
Fear of going out	22 (21)	84 (79)
Low mood	22 (21)	84 (79)
Too far away	20 (19)	86 (81)
Nobody to go with	20 (19)	86 (81)
I might feel uncomfortable or out of place	18 (17)	88 (83)
Cost	13 (12)	93 (88)
Inadequate information on event	11 (10)	95 (90)
Family commitments	9 (8)	97 (92)
Difficult to find time	6 (6)	100 (94)

Table 5
Noise in Hospital

Item Number	Survey Question	Agree n (%)	Disagree n (%)	Other n (%)
1	I had control over whether the TV was on or off while in hospital	50 (33.3)	99 (66)	1 (0.7%)
2	Sounds from TV or radio disturbed me when I was in hospital	26 (17.3)	124 (82.7)	0 (0%)
3	I had control over whether the radio was on or off while in hospital	52 (34.7)	97 (64.6)	1 (0.7)
4	Music being played on the ward disturbed me when I was in hospital	14 (9.3)	136 (90.7)	0 (0%)
5	Sounds from other patients disturbed me when I was in hospital	36 (24)	114 (76)	0 (0%)
6	Sounds from machines or equipment disturbed me when I was in hospital	17 (11.3)	133 (88.7)	0 (0%)
7	Sounds from staff disturbed me when I was in hospital	21 (14)	129 (86)	0 (0%)
8	I was able to choose whether to share a room with other patients while in hospital	42 (28)	108 (72)	0 (0%)
9	I had access to a quiet place when I needed it in hospital	92 (61.3)	58 (38.7)	0 (0%)
10	I had access to company and conversation when I needed it in hospital	126 (84)	24 (16)	0 (0%)

and access to arts activities in hospital. A statistical significance was also found between level of depression and attendance at arts events in the last 12 months ($\rho = -0.29$, $P < .001$) indicating that the higher the depression score the lower the attendance at arts events.

Discussion

The aim of the survey was to explore the arts interests of older participants before, during, and after hospital stay. This survey is the first study to catalog the aesthetic interests of older participants who have had a recent hospital admission, assessing the change in aesthetic and cultural activities over a 10-year course, as well as participants' satisfaction with their aesthetic environment. No such surveys could be found in the current literature.

Importance of Arts Interests and Drop in Attendance

Overall, this study shows attendance at all arts events and activities dropped in the last 12 months and during the time of hospital stay but also indicates that attendance at aesthetic and cultural events and participation in activities is an important part of the life of older people in this sample.

Generally, continuation of arts activities dropped off during hospital stay, with low levels of engagement. Further research would be indicated to explore why levels of activity dropped during hospital stay and post-hospital. Previous literature suggests that patients in hospitals experience a sense of powerlessness or lack of control over their aesthetic environment. Similarly, further exploration of the role of the curator in hospital would be useful, as this person may play a pivotal role in encouraging participants to continue their aesthetic interests (Lawson and Phir, 2003; Baumann, 2013).^{17,18}

Hospital Aesthetics

Results from this survey prompt consideration of improvements in the aesthetic environment of hospital. TV and radio noise pollution and lack of control over this noise was identified as a significant problem. Given that these noxious stimuli can be managed by relatively simple changes, such as providing quiet spaces and offering more control and consultation over TV and radio, this should be a

focus for action by hospitals to improve their aesthetic environment. More complex issues such as choice of private room and less disturbance from other participants might be relevant for hospital designers. The receptive arts in hospital were strongly signaled as important by the participants in this research but are given less attention in the current literature on arts in hospitals.

Receptive Arts and the Role of Arts in Hospital

There is sparse literature regarding receptive arts and little evidence of benefit to date. The findings from this overall research give concrete pointers to arts curators in health contexts and to anyone engaged in the field of aesthetics in healthcare. The results also point to a general lack of artistic engagement in the population and perhaps a need to generate a sense of cultural entitlement and to offer new opportunities. Hospital may, in fact, be a first point of call for many in terms of engaging in arts activities. For example, at blinded for review hospital a group of participants from the Cardiac Rehabilitation Unit attended a creative writing group. For many this was their first experience of the art form. Some continue to attend writing groups in the community, having cited this new experience in hospital as the starting point for an engagement in this art. Simple aesthetic improvements to the ward environments are also clearly indicated, such as ensuring listening to music is possible in hospital. Barriers to attendance at arts events are a significant issue in the older population and increased understanding of access needs is important. Outreach program are important considerations for our national cultural institutions.

Aesthetic Deprivation in Hospital

Attempts to prove the benefit of the arts on health and well-being have been fraught with difficulties, and it may be more effective to argue that the absence of attention to arts in the environment creates an aesthetic deprivation or aesthetic injury for participants in hospital. A significant study by Sarkamo et al³⁰ documents the benefit of listening to favorite music when recovering from stroke. Those participants allowed access to their 5 favorite CDs improved in a wide range of variables compared with those who did not. Although these results appear exciting, this article argues that actually, what is most

Table 6
Visual Art in Hospital

Item Number	Survey Question	Agree n (%)	Disagree n (%)	Don't Know n (%)
1	I noticed the visual art, pictures or photographs on the wall in my room or ward	84 (56)	63 (42)	3 (2)
2	I put my own art, pictures or photographs on the wall in my room or ward	12 (8)	135 (90)	3 (2)
3	I was satisfied with the visual art on display in the hospital	84 (56)	61 (40.7)	5 (3.3)
4	The visual art in hospital was interesting and varied.	78 (52)	67 (44.7)	5 (3.3)

important about this study is that it indicates that participants routinely do not have access to their 5 favorite CDs in hospital! How have our healthcare environments reached this stage of aesthetic deprivation?

Are aesthetic concerns merely window dressing or institutional vanity distracting us from the real concerns of health service users? Do they take money and resources away from more deserving areas? Do the arts actually make a difference? Do they merely pander to the preferences of a select and intellectual elite? These are important questions that need to be addressed, and this survey points to 2 conclusions. First, participants in this survey are indicating some aesthetic injury and possible deprivation in the hospital environment, and previous studies confirm the low priority given to this area of our hospital environments and society. Second, the field of aesthetics needs to engage with the 'real-life' drama of the environments of hospitals and other public services and offer an accessible robust series of recommendations regarding the role of aesthetics in modern life.

Conclusions

This survey points to a trend for decreasing exposure to arts beginning with a hospital stay and a need to support and encourage older people to resume engagement in arts post hospital. Further research is recommended to promote a greater understanding of the aesthetic needs of older people before, during, and after hospital stay, as well as exploration of the role of aesthetics in hospital environments, the possibility of aesthetic deprivation, and/or injury in hospital. The survey begins to provide a template for assessing this for participants. There is a relatively limited amount of evidence-based research undertaken as to the nature of, and potential benefit from, aesthetics in healthcare and a limited number of studies with rigorous methodology. Further research on this topic would be welcome, particularly with larger sample groups, as well as further exploration of the role of receptive arts in hospital. Further research on aesthetics and healthcare would be useful in other clinical settings such as residential and nursing home care and with other age groups, where the role of technology as a tool to access and continue arts interests in hospital may be more relevant. The variation of aesthetic needs across acute and rehabilitation services is also worthy of further study. Current literature points to the tension between provision of arts and aesthetically pleasing environments within healthcare contexts and the driving forces of functionality, efficiency, and health and safety. Further research on the role of the arts for older people before, during, and after hospital would be a welcome addition to this debate.

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Supplementary Data

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