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# Visual Arts as a Tool for Patient Expression in Hospitals

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## ABSTRACT

The visual arts have emerged as an important technique for improving patient expressiveness and emotional well-being in hospital settings. This review looks into the use of visual arts in patient care, focusing on its capacity to promote emotional communication, reduce anxiety, and establish a sense of normalcy. This study emphasizes the benefits of art in healthcare by giving case studies and suggestions for developing visual arts programs, which not only give therapeutic benefits but also allow deeper patient-provider connections. Visual art addresses the constraints of verbal expression, especially in patients experiencing emotional and physical obstacles, enabling holistic recovery.

**Keywords:** Visual arts, patient expression, hospital settings, emotional well-being, therapeutic art.

## INTRODUCTION

Visual arts as the means to access patient expressions in hospital settings is a somewhat absent theme. Medical professionals know full well the benefits of visual arts in patient care. Holistically, it takes a combination of activities to meet the various needs of patients. But in the process of recognizing the meaningful, yet largely ignored, role of the visual arts in raising emotional expression, it underscores the emptiness of hospitals that have little to offer but the standard healthcare remedy. If art heals, as so many continue to believe, it forms a haunting critique of the state of patient care in artless hospitals [1, 2]. This essay seeks to identify key priorities surrounding the visual arts in hospital settings. It will also demonstrate a significant application of visual art in meeting a specific need faced by hospitals, that of understanding and accessing patient feelings. Often, if not always, hospitals aim to treat physical illness, disease, or injury. However, experience in hospitals should and must bring to mind designs for improving patient quality of life. Here, we are particularly interested in works addressing patient needs created by innovative art practitioners. In his work, the intention was "to access the patient's personal and emotional experiences" of hospitalized life. In a setting hard to make sense of, expressing our feelings can add some normalcy and meaningfulness to a stay in a hospital. How to heal the mind without having the tools to listen? Written language is challenging for many, as we well know, but that is where the arts are introduced. If we understand visual arts as one tool of expression, we can help remedy this one need, understood as identifying the bedevilingly difficult and painful questions that are the problems defining patient experiences [3, 4].

### The Role of Visual Arts in Healthcare Settings

The basic aim of participatory visual arts in hospitals and nursing homes is communication; acts of dialogue and expression emerge that do not find expressive space in words. This can be particularly pertinent in services where a high proportion of patients have communication problems. Visual arts, in this context, encompass painting, sculpture, textile craft, photography, and multimedia work. Tradition has given us the skill and wisdom to use the term therapeutic visual arts with caution and not to regard all art-making as therapeutic. The visual arts encompass a huge range of creative practices with the potential to enrich lives within healthcare settings. This refers to a wide range of visual arts practices, specifically discussions with service users about existing and potential practices, including working with a wide range of media and techniques, training artists and facilitators, and arts administration and management [5, 6]. We are considering how visual arts engage with the environment of the institution of which healthcare is an element, particularly associated with individuals' bedrooms. In the British health

service, physical environments are often depressingly generic, and the voice of the service user rarely enters discussions about their management or design. We are focusing on non-verbal dialogue, at least in part, through visual arts. This dialogue may offer insights into how people interact and form a community, who is silenced, and in what ways. We additionally suggest that dialogues about art might, at the very least, offer opportunities, albeit temporary or illusory, for service users to assert the existence of individual taste and choice. In common with recent initiatives focusing on environment and designing for health, we seek to ascertain whether the provision of a range of participatory visual arts opportunities can engender a sense of 'belonging' in healthcare facilities for those traditionally excluded from the very concept. There are a number of initiatives in Britain that have made visual arts available, and a number of reports have been produced describing the work of these projects. In light of these developing shared approaches, it seemed timely to describe some of the British visual arts projects. Artists and facilitators trained to work in the healthcare setting manifest in several ways, not least in the history of these interventions outlined, in a generalized desire to 'bring people together' and sometimes with therapeutic intent placed centrally. Research has also been part of several of the projects; discussions with staff, patients, and visitors to hospitals and homes reveal an appreciation of and the value of art in healthcare. The chapters reflect this, whose interviews with hospital patients were conditioned in one way or another by aesthetic considerations. General studies compiling data and information from a complete population, and in some cases designed to put all aesthetic opinions in output, come necessarily to the conclusion that an association appears between aesthetic care of the natural and built environment and the output of treatment satisfaction. This is a more complex issue than this data can resolve, being dependent on the plethora of specific interventions that constitute the use of environmental aesthetics in the built and natural environment, and the indicators of outcome that encompass these improvements [7, 8].

#### **Benefits of Visual Arts for Patient Expression**

Visual art is a medium that offers benefits for patient expression in clinical settings. Because of its capacity to reduce anxiety and stress, it helps create a welcoming, calming environment that contributes to emotional well-being, often resulting in hope and a feeling of normalcy. In addition to its calming effect, creating visual art has therapeutic benefits for patients. Along with a feeling of pride, producing art encourages self-reflection on the unknown or feelings of lack of control and supplies them with personal insights. Healthcare providers often do not take the time to understand what their patients may want or, more importantly, how they feel. Art-making can provide a window into the patient's soul, offering both the patient and the artist an outlet for the expression of their feelings. Furthermore, visual art may allow some patients who do not possess verbal abilities to communicate with a healthcare staff member. For many, despite the pain and suffering, resources that are available in the clinical setting become their "safe zone," where they can be with their peers. Art's ability to develop cognitive functions and increase fine motor skills plays a role in cognitive recovery as part of a treatment plan. Regardless of whether a person is in the clinical setting for a day or for an extended amount of time, visual art offers comfort through the normative psychological event of creativity. Testimonies collected from patients and various studies support the notion that engagement in the arts encourages patients and gives them a sense of autonomy. Participating in the arts during one's own care fosters the dichotomy of individual empowerment and patient compliance, which results in better outcomes [9, 10].

#### **Case Studies of Successful Implementation**

PAPS is a program that started at Holy Cross Hospital in Fort Lauderdale, Florida, in their children's playroom. The program uses the concept of the Personalized Assistant by decorating the patients' rooms to adapt to their needs. The program was very successful at Holy Cross, and Broward Health knows that there was a direct correlation to our accelerated recovery time on a multicultural patient population that extended throughout the tri-county area. Patients, staff, and administration have exhibited very positive feedback regarding the program [11, 12].

#### **Case Study: Holladay Park Legacy Hospital**

This case study of the use of original art at Holladay Park Legacy Hospital reports that four prints were put up in the intensive care step-down unit. The nurses and other medical staff did not notice a change in the frequency, acuity, or effect of the crises addressed. It proved impossible to perform a double-blind study. Most of the patients were unable to fully appreciate the art, and those patients who spoke English felt that it would not be helpful to their treatment to hide the purpose of our intervention from them. We think that the art program is a very good idea, though we lean towards maximum ambiguity of the message [13, 14].

### Guidelines For Integrating Visual Arts Programs in Hospitals

Ideally, hospital visual arts programs involve the participation of patients and their families and are designed to provide patients with materials and opportunities for individual expression. Programs should be individually organized to meet the needs of the hospital population as well as to meet program goals. Public installations of artwork produced by program participants, as well as public art projects, have expanded the genre of visual arts in the healthcare setting. Healthcare settings have opened doors to people from diverse backgrounds and with various skills in creating successful visual arts programs [15, 16]. The visual arts are an integral part of a patient-centered model of care in hospitals. Visual arts can help decrease patient anxiety and distress, provide a means of psychosocial support, provide opportunities for patients to form positive personal identities, and humanize the hospital environment. The following are important steps to be considered when planning visual arts programs in hospitals: Consideration must be given to identifying the type of materials that are safe as well as therapeutic for patients to use. Identifying safe materials to be used is a critical step when working with hospital patients. Artists who facilitate visual arts programs should be sensitive to the needs of the patient population and have the ability to work in the healthcare environment. Artists must also be able to support the staff by providing a caring and nurturing action-reflection model of practice. Artists must be sensitive to the language and questions to ask when interacting with patients and family members. It is important to coordinate program planning and implementation with healthcare professionals who work with patients who have physical and mental health conditions. Programs can be successful if planned in collaboration with human resources and community organizations already working with the hospital. Program locations should be designated specifically for visual arts as well as areas inside the patient's room or outside it in the hospital as long as the environment is equipped and conducive to visual arts work. The budget for programs is proportional to the size of the patient population. It is critical to have a person responsible for program coordination. The effectiveness of stories and experiences as told by the organization, artists, and/or patients in the program setting can be evaluated. Ongoing evaluation tools should be developed to measure program progress and identify possible improvements [17, 18].

### CONCLUSION

The integration of visual arts into hospital settings offers a profound opportunity to enhance patient care by addressing emotional needs and providing a creative outlet for non-verbal expression. Art can foster healing, reduce anxiety, and improve overall patient experiences by creating a therapeutic environment that transcends the traditional focus on physical health. Case studies reveal the transformative potential of visual arts programs, offering patients a medium to regain a sense of control and empowerment during their healthcare journey. Ultimately, by embracing the arts, hospitals can humanize the clinical environment, promote mental well-being, and better meet the holistic needs of their patients.

### REFERENCES

1. Shafir T, Orkibi H, Baker FA, Gussak D, Kaimal G. The state of the art in creative arts therapies. *Frontiers in psychology*. 2020 Feb 5;11:68.
2. Moniz T, Golafshani M, Gaspar CM, Adams NE, Haidet P, Sukhera J, Volpe RL, De Boer C, Lingard L. How are the arts and humanities used in medical education? Results of a scoping review. *Academic Medicine*. 2021 Aug 1;96(8):1213-22. [uwo.ca](#)
3. Reed K, Cochran KL, Edelblute A, Manzanares D, Sinn H, Henry M, Moss M. Creative arts therapy as a potential intervention to prevent burnout and build resilience in health care professionals. *AACN Advanced Critical Care*. 2020 Jun 15;31(2):179-90. [\[HTML\]](#)
4. Strohbehn GW, Hoffman SJ, Tokaz M, Houchens N, Slavin R, Winter S, Quinn M, Ratz D, Saint S, Chopra V, Howell JD. Visual arts in the clinical clerkship: a pilot cluster-randomized, controlled trial. *BMC medical education*. 2020 Dec;20:1-9. [springer.com](#)
5. Vaartio-Rajalin H, Santamäki-Fischer R, Jokisalo P, Fagerström L. Art making and expressive art therapy in adult health and nursing care: A scoping review. *International journal of nursing sciences*. 2021 Jan 10;8(1):102-19. [sciencedirect.com](#)
6. Anglin C, Halpin-Healy C, Rosenfeld P. Reflecting art in nursing practice: Developing visual arts programs to transform and strengthen practice. *JONA: The Journal of Nursing Administration*. 2020 May 1;50(5):274-80. [\[HTML\]](#)
7. Daykin N, Mansfield L, Meads C, Gray K, Golding A, Tomlinson A, Victor C. The role of social capital in participatory arts for wellbeing: findings from a qualitative systematic review. *Arts & Health*. 2021 May 4;13(2):134-57. [tandfonline.com](#)

8. Brown A, Spencer R, McIsaac JL, Howard V. Drawing out their stories: A scoping review of participatory visual research methods with newcomer children. *International Journal of Qualitative Methods*. 2020 Jul 10;19:1609406920933394. [sagepub.com](https://www.sagepub.com)
9. Hacmun I, Regev D, Salomon R. Artistic creation in virtual reality for art therapy: A qualitative study with expert art therapists. *The Arts in Psychotherapy*. 2021 Feb 1;72:101745.
10. Nash G. Response art in art therapy practice and research with a focus on reflect piece imagery. *International Journal of Art Therapy*. 2020 Jan 2;25(1):39-48.
11. Robert Mannino J. Natural history of false-negative Papanicolaou smears: a prospective study using screening colposcopy in addition to cytology. *Journal of Osteopathic Medicine*. 2023 Apr 12;98(10):542-6.
12. Brown AN. *Dark Florida: Animal Attacks, Historic Murders, Deadly Disasters and Other Calamities*. Arcadia Publishing; 2023 Aug 21.
13. Grosgrin O, Leidi A, Farhoumand PD, Carballo S, Adler D, Reny JL, Bollen Pinto B, Rossel A, Serratrice J, Agoritsas T, Stirnemann J. Role of intermediate care unit admission and noninvasive respiratory support during the COVID-19 pandemic: a retrospective cohort study. *Respiration*. 2021 Aug 5;100(8):786-93. [karger.com](https://www.karger.com)
14. Rosamilia M, McTague P, Palazzolo K, Spellman-Foley P. CREATION OF A SURGICAL STEP-DOWN UNIT DURING THE COVID-19 PANDEMIC. *InOncology Nursing Forum* 2022 Mar 1 (Vol. 49, No. 2). [\[HTML\]](#)
15. Bosgraaf L, Spreen M, Pattiselanno K, Hooren SV. Art therapy for psychosocial problems in children and adolescents: A systematic narrative review on art therapeutic means and forms of expression, therapist behavior, and supposed mechanisms of change. *Frontiers in psychology*. 2020 Oct 8;11:584685. [frontiersin.org](https://www.frontiersin.org)
16. Escueta M, Butterwick S. The power of popular education and visual arts for trauma survivors' critical consciousness and collective action. *InAesthetic Practices and Adult Education* 2020 May 21 (pp. 79-94). Routledge.
17. da Prato EB, Cartier H, Margara A, Molina B, Tateo A, Grimolizzi F, Spagnolo AG. The ethical foundations of patient-centered care in aesthetic medicine. *Philosophy, Ethics, and Humanities in Medicine*. 2024 Feb 5;19(1):1. [springer.com](https://www.springer.com)
18. Freeman TR. The Case Presentation as a Teaching Tool for Patient-Centered Care. *Patient-Centered Medicine*. 2024;267-82.

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