

The present study was conducted at five hospitals in Sweden. Data were collected by a random procedure from registered nurses (N = 165) in face-to-face interviews. The study reports on how and why nurses provide for patients' aesthetic needs. Open substantive coding of each interview fractured the data. The category of good for the patient was identified in the following nurses' statements: "The patient became relaxed" and "It distracted the patient from her pain." Regarding the question about how nurses provide for the patients' aesthetic needs, they did it in a nonactive manner. They used the basic service available at the wards. It could be concluded that although nurses show concern for patients' aesthetic needs, there is still more to be learned in this area of research. Nurses need to be encouraged to actively incorporate aesthetic means of expression in nursing practice.

Nurses' Strategies When Providing for Patients' Aesthetic Needs

*Personal Experiences of
Aesthetic Means of Expression*

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Florence Nightingale belongs to those who saw aesthetic expressions as an important part in the nurse's care of the patient. She concretized aesthetical questions about a beautiful view from the window, flowers on the table, a work of art to contemplate from the hospital bed, and music to listen to. Since the days of Florence Nightingale, art and science have been ripped

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apart but are reconnected in the nursing of today. Aesthetic means of expression are essential parts of nursing. Visual art, music, dance, and poetry are not isolated activities in nursing but are important parts of an entirety. The research describes how to use the different kinds of aesthetics for the benefit of the patient (Carlise, 1990; Koithan, 1996; Palmer & Nash, 1997; Spencer, 1997; Watson & Chinn, 1994; Wikström, 2000).

AIM

Research of today shows that different kinds of aesthetic means of expression are important for the well-being of the patient. Therefore, it was important to conduct a study that investigated how and why nurses provide for a patient's aesthetic needs.

AESTHETICS IN NURSING CARE

The importance of supportive aesthetic means of expression is obvious, and there are no arguments for not using these in nursing practice. Besides, it has to be pointed out that neither the patient nor the nurse requires previous training in this use of cognitive distraction with aesthetic means of expression, thereby making them easy to incorporate in nursing practice. Some studies in this area of research will be mentioned. One of the most common complaints among patients that demands nursing attention and immediate nursing action is pain. The benefit of music for the patient with pain was investigated by Lidsay (1997), who noted that music lifts the mood and cheers the spirits of the patients as well as the staff. She stated that "live music offers something unique towards the care and treatment of patients and residents" (p. 35). Ryan (1994) showed that a group of children who listened to music during vein puncture perceived less pain as compared to a control group. Angus and Faux (1995) investigated the effect of music on adult postoperative patients' pain during wound packing. They found that music can be used to distract patients from pain during an uncomfortable procedure. The pain threshold increased when patients were offered music to listen to. It was, however, important that the patients could choose their favor-

ite music. Similar findings were reported by Anderson Schorr (1993). McCraty, Barrios-Choplin, Atkinson, and Tomasino (1998) found that different types of music had an effect on mood, tension, and mental clarity.

Humor is recognized as an important psychological variable with a wide range of effects. Buxman (1991) described humor as an aesthetic form of expression that increases the well-being physically and psychologically. It can help a patient to deal with stress. Bullock (1983) found that humor for children has proven effective. It decreases their tension, anxiety, and stress when being hospitalized. Children exposed to humorous material had significantly lower state anxiety compared to children exposed to nonhumorous material. Findings reported by Simon (1988) show a positive relationship between situational humor and perceived health in a group of adults older than 61 years.

Art in a hospital has a purpose different from that of art in museums. A person does not come to the hospital to view the art but because of failing health. It is a great challenge to keep to high aesthetic standards while at the same time not adding to but alleviating the stress that a person in the hospital may experience. This does not mean that art in a hospital must be decorative only, but sensitivity to the viewers' experience must be considered. Wikström, Ekvall, and Sandström (1994) found that the level of information content and uncertainty in a work of art must not be too high or too low but in line with the onlooker's ability to perceive it. Pictures of works of art were used in a controlled intervention study in which dialogues were performed with elderly persons at a senior's apartment building. They were encouraged to let themselves be inspired by the paintings and the reality of other times, places, and people. Significant improvement was found in the visual art group compared with a matched control group related to increased positive perception of the life situation (Wikström, 2000). Eban (1997) reported about an organization called Paintings in Hospitals that brings good contemporary paintings into hospitals. From a collection of 1,400 paintings, 80 hospitals in England can rent paintings. The general tone of the collection is "positive and bright, with many flower paintings, still lifes and landscapes. The policy is not to consider works which are gloomy or disturbing in content" (p. 36).

In an extensive study of 12,000 persons conducted by Bygren, Konlaan, and Johannson (1996), cultural events, reading books, and singing in a choir were found to have a positive influence on survival. In a randomized study, Konlaan et al. (2000) found that cultural activity reduced blood pressure compared to a control group.

CONCEPTUAL FRAMEWORK

Florence Nightingale's (1859/1992) views of nursing practice show the meaning of aesthetics for the patient:

The effect in sickness of beautiful objects, of variety of objects and especially of brilliancy of colour is hardly at all appreciated. . . . I have seen, in fevers (and felt, when I was a fever patient myself), the most acute suffering produced from the patient (in a hut) not being able to see out of window and the knots in the wood being the only view. I shall never forget the rapture of fever patients over a bunch of bright coloured flowers. . . . People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form; by colour, and light, we do know this, that they have an actual physical effect. . . . Variety of form and brilliancy of colour in the objects presented to patients are actual means of recovery. (pp. 58-59)

In Watson's (1985) theory of human care, as in Nightingale's views of nursing practice, a frame is created through which unique interaction can be enjoyed between nurse and patient. According to Watson, this frame consists of a supportive and protective physical, sociocultural, and mental environment, most important areas of responsibility for the nurse. Caring cannot be reduced to merely a technique; rather, aesthetics is part of all human experience. Aesthetics such as music, dance, and poetry express what words usually fail to express. Therefore, aesthetics need to be encouraged and nurtured in nursing.

METHOD: PARTICIPANTS

The study population selected for the study was nurses ($N=165$) at five hospitals in Sweden. At each of the five hospitals,

three medical wards, three surgical wards, three orthopedic wards, and two geriatric wards were selected. Three nurses were recruited in each of the wards by a random procedure. The nurses were asked about their previous art experiences and art education because responses from nurses who had art experience might provide for the patients' aesthetic needs differently from nurses who had no such experience. If any of the nurses had taken an art history course at the university level or used to visit art museums regularly, then their answers were to be analyzed separately.

DATA COLLECTION

Data were collected during a period of 2 years (1999-2000) by face-to-face interviews. The interviewer informed the nurse about the procedure of the interview and that she was interested in the nurse's opinions of aesthetic means of expression in nursing care, especially how he or she provided for a patient's aesthetic needs. Notes were taken during the interviews that lasted 30 minutes on average. The interviews were typed the same day. The length of the interviews ranged from half a page to one page. The interviews were conducted at the nurses' convenience and choice of location at the ward.

The nurses answered the following two questions: (a) How do you provide for patients' aesthetic needs related to music, literature, dance, and humor; and (b) why do you use aesthetic means of expression in nursing?

DATA ANALYSES

A qualitative analysis of the data was completed in two steps. The first step was a content analysis with open, substantive coding of each interview to fracture the data. In the second step, categories were identified. Because of the frequency of the interviews ($N = 165$), only categories that appeared in 80% and more of the interviews were included. The answers to the two questions were analyzed separately.

RESULTS

The results are derived from the following two questions: (a) Why do nurses use aesthetic means of expression in nursing, and (b) how do nurses provide for patients' aesthetic needs? Music, literature, dance, and humor were considered especially important.

Why do nurses use aesthetic means of expression in nursing? The result made it plain that one category appeared in more than 80% of the interviews ($N = 165$). The opinions expressed by the nurses have in common a concern for patients' aesthetic needs. The category derived from the statements was that aesthetic means of expression were good for the patients. The nurses used statements such as:

- It helped the patient to relax.
- It helped the patient to pass time.
- It distracted the patients from their pain.
- It was tedious for the patient to be hospitalized.
- It was a way to make a complete break in the patient's routine.
- It was a way to get to know the patient.
- It stimulated communication with the patients.
- It encouraged interaction with the patient.
- It enriched nursing.

How do nurses provide for patients' aesthetic needs? Especially music, literature, dance, and humor were focused on. The results are presented in Table 1.

DISCUSSIONS

The body of knowledge of the benefits of aesthetic means of expressions in nursing is well developed. It shows that aesthetic expressions foster well-being of the patient (Lidsay, 1997; Nightingale, 1859/1992). Research conducted by Wikström (2000) showed that dialogues generated by visual art were connected to a positively perceived life situation compared to a control group. Koithan (1996) spoke of aesthetics as a help for both nurse and patient to understand the human meaning of illness and care.

Table 1
How Nurses Provided for Patients' Aesthetic Needs Related to Music, Literature, Paintings, Dance, and Humor

| | |
|------------|---|
| Music | Patients had a radio connected to the bed. Not every patient had a TV connected to the bed, but they could look at TV in the dayroom. |
| Literature | A librarian visited the ward once a week and brought with her books that the patients could borrow. Some patients brought along their own books. |
| Paintings | The ward had paintings that were easy to understand and delightful in colors. The ward was homelike with decorative paintings. Representative subjects such as flowers, animals, and landscapes were good for the patients. |
| Dance | Dance was good for geriatric patients but not for acute care patients. |
| Humor | You had to know the patient before you use humor in a nursing situation. |

The following two nursing aspects of the present results will be discussed: why nurses use aesthetic means of expression in nursing practice and how nurses provide for patients' aesthetic needs. When nurses in the present study express why they use aesthetic means of expression it could be argued that they express themselves in sweeping terms such as *it enriched nursing*. They acknowledge aesthetic means of expression as being important parts in nursing because of the positive effects on patients' well-being and recovery to health. When nurses integrated aesthetic means of expression into nursing practice it could be argued that they did it without any specific intention, such as music to distract pain or works of art to communicate with a patient. Despite the fact that nurses do not express explicitly that they use knowledge from research and developmental work in this area, they seem to have experiences of aesthetic expressions that have at least to some extent equipped them with the knowledge and skills to be used in nursing practice. Communicating with patients could be argued to be one such area. Two of the nurses' statements enlighten this reasoning: "It encouraged interaction with the patient" and "It was

a way to get to know the patient." Research conducted by Wikström (2000) fits well with the nurses' statements. The researcher found that when included in nursing situations, works of art might help to bridge objective reality and therefore improve communication and stimulate interaction between the nurse and patient. The emphasis was on personal interaction with the elderly persons with art playing a secondary role. This research is broadly in line with those other studies conducted in areas such as music, poetry, dance, and literature in that they provide an opportunity for the nurse to gain insight into the patient's life situation. Lidsay (1997), for instance, found that regular contact with a singer was a way to build up a relationship with a sick child. Another statement shows how nurses in the present study express the meaning of aesthetic means of expression: "It helps the patients to relax." It could be argued that the statements allude to humor. Humor in nursing is regarded by many researchers as an important tool. Bullock (1983) found that humor for children has proven effective to decrease not only tension but anxiety and stress as well. Another statement distinctly shows why nurses in the present study use aesthetic means of expression: "It distracted the patient from her pain." It could be speculated that nurses allude to music when they express this opinion. How music could be used in nursing practice has been developed by Anderson Schorr (1993). She found that the pain threshold increases when patients are offered music to listen to. Ryan (1994) showed that a group of children who listen to music during vein puncture perceived less pain compared to a control group. Angus and Faux (1995) investigated the effect of music on perceived pain during wound dressing. They found positive pain effects when the patients were free to choose their favorite music.

The discussion thus far has been concerned with nurses' statements describing why they think that aesthetic means of expression should be used in nursing practice. It could be argued that nurses' statements are rather superficial with little or no indication of knowledge of research in the area of aesthetics. One explanation could be that the nurses found it difficult and/or not important to use knowledge from research and developmental work, which is in line with research conducted by Löfmark and Thorell-Ekstrand (2000). On the other hand,

the category of good for the patients generated from nurses' statements points implicitly at a certain knowledge of the value of music, literature, and/or humor in nursing care.

The second part of the present study is about how nurses provide for patients' aesthetic needs. It turned out that the nurses use the basic services that are available in every Swedish hospital ward—a library, TV/radio, and paintings (Strandh, 1998). This way of providing for the patients' aesthetic needs could be said to be passive. They offer the patient music to listen to from the radio connected to the patient's bed. Another example of a passive use of aesthetics is the paintings. The nurses thought that the ward was homelike with "decorative paintings." Paintings that were highly valued were subjects such as flowers and nature scenes. The nurses did not use these paintings actively by way of starting a conversation with a patient. A question that could be raised is why nurses do not provide for the patient's need of aesthetic means of expression actively. A full answer to this question requires a broad understanding of the nature of nursing. Carper's (1978) work on nursing's patterns of knowing provided a way for developing nursing knowledge beyond the limits of traditional science. Beside empirics, personal knowing, and ethics, Carper identified aesthetics as an essential pattern in nursing. Watson's (1985) theory of human care could also provide a support for nursing to base nursing practice on aesthetic thinking. She spoke of creating a supportive and protective physical and mental environment with aesthetic means of expression being important.

It could be argued that nurses' passive use of the different kinds of aesthetic expressions depends on a nonfamiliarity with research conducted in this area. Instead, they might have used personal experiences of aesthetic means of expression. The fact that the nurses reported that they neither have taken an art history course at the university level nor used to visit art museums regularly does not by any means exclude personal knowing of aesthetic means of expressions.

Time shortage could also be speculated about, which in Swedish hospitals is a well-known phenomenon (Hansebo, Kihlgren, & Ljunggren, 1999). Time shortage could be a substantial obstacle to improving or developing clinical practice by making it aesthetic related. The recent tendency in health care,

closely related to time factors, stresses the economic and technological aspects in nursing practice. Accordingly, nurses may have limited time to connect existing knowledge and new knowledge and to synthesize and integrate pieces of experiences into a whole. Professional practice suggests that nurses are faced with situations of complexity that are unique and insoluble by strict application of technical and rational approaches (Watson, 1985). Focus on technical rationality fails to reflect the fundamental nature of professional knowledge that has to include valuable aesthetic expressions. Time shortage could also have substantial effect on nurses' creativity. It could be an obstruction for creative nursing because time shortage is generally related to conformity rather than to creativity. Consequently, time shortage could have alienated nurses from their creativity. This thinking is supported by research conducted by Woodhams (1995). Smith, Carlsson, and Sandström (1985) noted that creativity relies on harmony but also on a certain measure of anxiety. It could be argued that if nurses were given time to act creatively, they might have been able to find ways to attend to patients' aesthetic needs in an active manner. However, what speaks against time shortage as an obstacle to improving and developing the use of aesthetic means of expression in nursing practice is that they are easy to incorporate and not time consuming to use (Wikström, 2000).

The discussion has been aimed at some suggestions of links missing to successfully integrate aesthetic means of expression into nursing practice. One missing link discussed is time shortage. The other is lack of knowledge of research showing the value of aesthetic means of expression for the well-being of the patients. This analysis cannot rule out any of the proposed mechanism suggested as reasons for nurses' nonactive use of aesthetic means of expression. Besides, other mechanisms could also have been obstructions to integrate aesthetic means of expression into nursing practice.

CONCLUSION

It could be concluded that if nursing is to be like Nightingale envisioned, nurses must be guided and encouraged to incorporate aesthetic knowing in nursing practice. Although nurses in the present study expressed concern for patients' aesthetic

needs, there is still more to be learned in this area and questions to be answered. Further studies should specify nurses' implementation of aesthetic means of expression in nursing practice.

IMPLICATIONS

With little additional knowledge, time, and practice, nurses' passive use of aesthetic means of expression can be turned into active use. Although neither the patient nor the nurse require previous training in this strategy, courses should be offered nurses in which they are encouraged to incorporate aesthetic knowing in nursing practice.

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