The Curation of Creative Hospitals in Southern California and London, England

Shella K. Raja



INTRODUCTION

Art in medicine calls upon the humanities such as art, literature, and music as routes for healing and soothing patients. There is evidence that visual art displays in medical facilities can positively affect health outcomes [1]. A movement toward increased art in hospitals can transform them into enriching and educational institutions that reflect the culture of the communities they represent [2]. Hospital artwork has developed uniquely around the world based on different hospitals' regional context and culture.

OBJECTIVES

This qualitative research project examines the culture of arts programming in a case study format. Quantity and types of artwork at each site were assessed. The purpose is to highlight how each hospital's experience with artwork is different and to suggest guidelines for hospitals seeking to enhance their art collections for patient well-being.

METHODS

In July and August of 2016, hospitals in both Southern California, USA and London, England were toured with the guidance of arts representatives. Sites were selected based on location and their prominent position in medical humanities.

- Southern California sites: Miller Children's & Women's Hospital, UC Irvine Health, and UCLA Ronald Reagan Medical Center
- London sites: Homerton Hospital, Royal London Hospital, University Hospital Lewisham & Greenwich, and Queen Elizabeth Hospital

RESULTS

Southern California, USA

Denise Clayton-Leonard is the resident artist at Miller Children's & Women's Hospital Long Beach in Long Beach, California. She is also the founder of the Artful Healing Program, which brings art workshops to pediatric patients through donations and grant funding. About 1,200 pieces of artwork by pediatric patients have been framed and displayed throughout the hospital's hallways (Fig. 1). Clayton-Leonard rotates and updates the art, keeping each floor themed (Fig. 2). Upon my site visit, I met a patient who was overjoyed when told that one of her pieces was selected to be in the yearly calendar compiled from patient art. Unfortunately, some pediatric patients do not reach adulthood. In the past, one such patient was adamant that her last piece of art would be completed, so Clayton-Leonard helped her finish it and immortalized it in frame where it can be visited by family and friends. These are just two examples of how child life services and hospital artwork can synergistically improve patients' well-being.



Figure 1. One of the painting workshops encouraged kids creature.







Figure 2. "Under Sea Adventure art" adorns one of the floors at Miller Children's.

Southern California, cont.

The Ronald Reagan UCLA Medical Center houses over 3,500 pieces of artwork. Debby Doolittle is the curator at UCLA Health for 30 years and maintains the collection along with her husband. Over time, the collection has accumulated a number of valuable pieces, including a recognizable piece by Andy Warhol (Fig. 3). The hospital does not commission art; all pieces are donated by artists including UCLA physicians. For example, urologist Dr. Richard Erlich is a proliferative artist at Ronald Reagan (Fig. 4). Past patients and families have been inspired to create and donate art reflective of their time at Ronald Reagan (Fig. 5). Doolittle organizes the art so that it is both visually appealing and thematically cohesive. She uses art as a wayfinding tool, such as vibrant animal photography in the pediatric unit. She feels that art is a language: different people are moved by different forms or styles.



Figure 3. An Andy Warhol piece is on display.

Figure 5. Past patients and families can

donate personal art.

<u>UC Irvine Health</u> in Orange, CA is host to many works of art organized by senior project manager Ellen Khoudari. All pieces that are incorporated into the hospital fit the theme of "nature-nurture." An outdoor sculpted award reflects this theme (Fig. 6), as does a water fountain with the hospital's motto of "Discover. Teach. Heal." Further, wayfinding signs on different levels of the main hospital have different kinds of plants pressed into glass panels to assist visitors and patients. Some of the art has been donated, and the maintenance and organization of the art is funded by the hospital. In addition, each floor has commissioned work (Fig. 7). All patient and exam rooms have a piece, which speaks to the level of organization in the arts at UC Irvine Health. Lastly, the Chao Family Comprehensive Cancer Center stands out for its soothing, thematic art (Fig. 8).



Figure 6. The Healer's Touch award sculpture stands outside the UCIMC entrance.



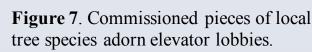




Figure 8. Nature-nurture is emphasized at the infusion center.

London, England

Led by artist Shaun Caton, the arts program at **Homerton Hospital** represents the diversity of its borough of Hackney (Fig. 9). Works of art come from a variety of patients, local artists, and staff. Caton has organized over fifty exhibitions, several of which included patient art. Caton facilitates frequent art workshops in the Regional Neurological Rehabilitation Unit (Fig. 10). Long-stay patients are clinically referred to the workshops as another form of therapy and selfselect to participate. Caton has witnessed how workshops promote psychological well-being and improve patients' dexterity and communication skills. He says that the program is sustainable because the arts at Homerton are supported by the hospital and the impact of art workshops is recognized and incorporated into the medical plan for many patients. Caton is always thinking of new workshop ideas and continually reads positive and negative feedback. Some locals have felt that certain displays are controversial, while others have felt that they rightfully serve to educate the community.





Figure 9. A photography installation reflects Hackney's diversity and Afro-Caribbean community (by Armet Francis, b. 1945-).

Figure 4. A photography installation by a

physician shows human anatomy.



Figure 10. Art workshops allow long-stay patients to escape their rooms and heal through their creativity.

At the front entrance of the **Royal London Hospital** in Whitechapel, London, it is evident that the art program is ambitious. Vital Arts, the arts organization for Barts Health NHS Trust which runs the hospital, supports clinical aims with projects that include visual art, music, dance, craft workshops, etc. Vital Arts Director, Catsou Roberts, seeks original, unique projects by artists who have not previously made work in hospitals so that the results are "unexpected." The hospital, located in a disadvantaged area of London, provides an uplifting environment and helps distract and engage people through innovative, site-specific art projects. The pediatric unit features ward-wide designs by critically acclaimed designers, as well as a rooftop garden and impressive 2-story play space with whimsical furniture and an interactive animated videos. Walls are adorned with brightly colored, intriguing artwork (Fig. 11, 12). Roberts emphasized that when selecting or commissioning artwork it is crucial to consider the specificity of the patients (demographics and type of treatment) using the services where artwork is located, so that each project is relevant to those encountering it.



Figure 11. The pediatric unit walls promote curiosity and playfulness (by Tord Bootje).



Figure 12. The walls of the pediatrics unit boast bright, whimsical designs that distract patients and brighten the ambiance (by Tatty Devine).

London, cont.

South London is served by University Hospital Lewisham and Greenwich and Queen Elizabeth Hospital. Saskia Delman is the arts manager: she organizes the collection and commissions new projects. She sources everything locally from artwork to framing and mounting tools and has displayed pieces from grateful patients who wished to give back to the hospital (Fig. 13). Delman emphasizes the importance of including the community in the hospital and its artwork: displayed art often reflects popular local sites, nature scenes, and historical pieces (Fig. 14). Delman aims for enduring art that matches and soothes the patient population. For instance, one resident artist worked with staff members to reduce their burnout and with pediatric cancer patients to create a story based on their experiences. One of Delman's primary goals is to "humanize the space" and help visitors and patients navigate the facility with visual cues while improving well-being and familiarity.



Figure 13. Past Lewisham patient and local artist Anthony Daley donated a series of paintings to the



Figure 14. A large mural reflects the

CONCLUSIONS

- First and foremost, hospital art must be of service to patient well-being. An effective way to implement this is to involve patients and visitors in the creation of the collection. Supporting hospital artwork creates a movement in which art therapy is supported as well. By promoting a culture where art is viewed as part of the healing process, the hospital and community alike can support the effort and resource put into the collection.
- Second, displaying local artists' work in a hospital gives the community a sense of pride and a setting for staff and visitors to heal or be soothed. Gallery exhibitions bring community members from all walks of life together to experience and appreciate their local culture. Art programming that creates this synergy between a community and a hospital is more sustainable as it promotes a steady flow of funding and contributing
- Third, momentum boosts hospital art programs: as a program evolves, it becomes easier to commission displays because artists are more likely to want to be featured at their local hospital. Hospitals can thereby be transformed from ordinary medical facilities into symbols of healing and culture with potentially several valuable works.

REFERENCES

- Lankston L, Cusack P, Fremantle C, Isles C. Visual Art in Hospitals: Case Studies and Review of the Evidence. Journal of the Royal Society of Medicine 2010; 103(12): 490–499.
- 2. Macnaughton J. Art in Hospital Spaces. International Journal of Cultural Policy 2007; 13(1): 85-101.

ACKNOWLEDGEMENTS

Many thanks to the hospital art representatives in London and Southern California who gave up their time to tour the hospitals and reflect on art programming at their institutions. Thank you to the artists from all walks of life who were commissioned or who donated their art to the hospitals in this study. Additionally, I would like to acknowledge those who helped my craft and refine the project: Dr. Joel Shallit, Dr. Johanna Shapiro, and Lilah Raja. Finally, I wish to thank the UC Medical Humanities Consortium, which provided partial funding for this project.