The Art of the Art Choosing Process

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Erasmus School of Health Policy and Management
Author: Julius van Kampen, 583154
Supervisor: Dara Ivanova
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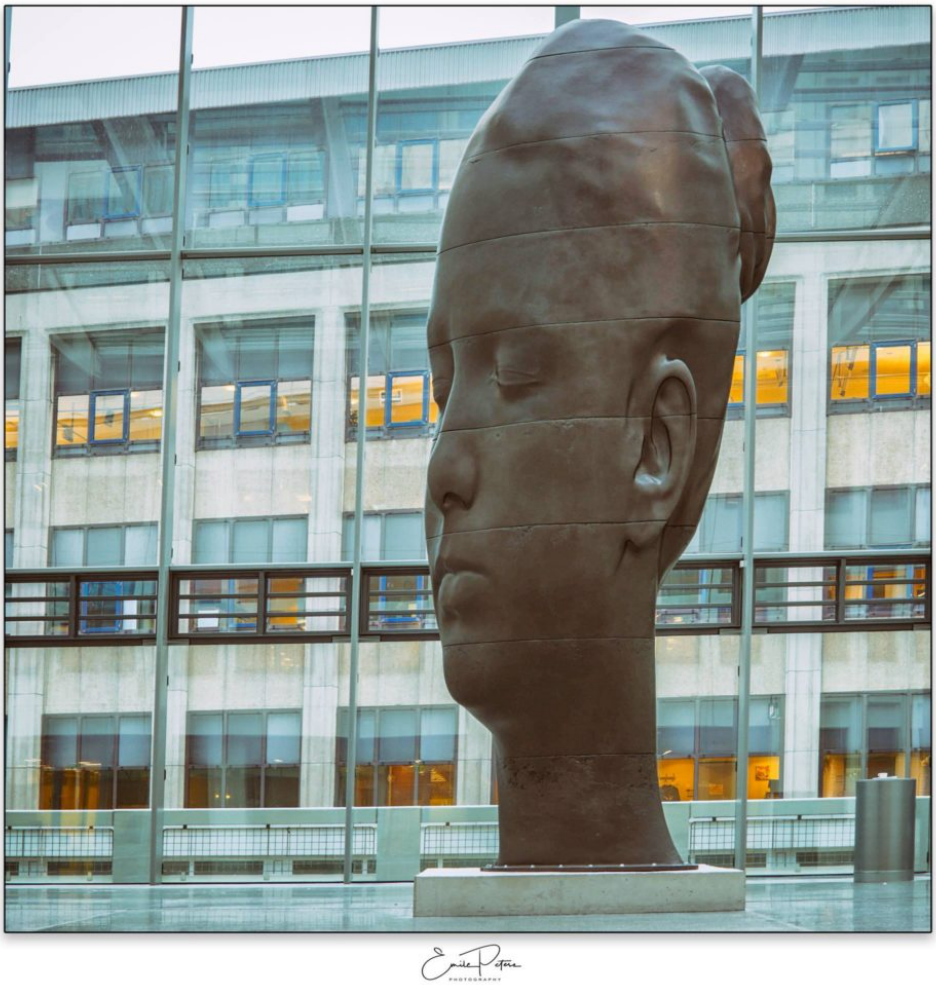

''Duna originated from the inspiration and trust in the interaction between body and mind. Looking at Duna you can try to imagine how many beautiful things are contained in us. It expresses fulfilment and destiny in the world.''

- Jaume Plensa

Abstract

Over the years, the Erasmus Medical Centre in Rotterdam has incorporated a large variety of artworks. However, the amount of evidence on hospital art and its incorporation remains limited. This study tries to contribute to this conversation by gaining more insights into how professionals and designers make decisions in the context of little or controversial evidence in this field. Such an angle could therefore contribute to the understanding of how we can work with evidence-based design for care purposes in the future and what the issues of incorporating it within hospitals may be. This has led to the following formulation of the research question:

How does the decision-making process regarding incorporating art take place in the Erasmus Medical Centre?

In order to answer this question, this study makes use of a qualitative design. The Erasmus Medical Centre (EMC) was chosen as the case study for this study. Data was obtained through literature analysis, interviews with parties involved in the decision-making process of art in the EMC and the analysis of a policy document of the art committee of the EMC. Subsequently, this data was supplemented by photographs.

After analysis of this data, three recurring patterns were distinguished. The first one, assumptions and ideologies, revealed that, for art to aid in the healing process of patients, it should have the ability to continue to make people wonder. This can be achieved by attuning a work of art to a specific place and to the target group: this can create harmony. Furthermore, this section elaborates on how the vision of quality over quantity was established. Next, the decision-making process itself was explored more in-depth. Lastly, the perceived challenges were discussed: how sustainability and the fact that the hospital is publicly funded play a continuing role in the process.

This decision-making process regarding incorporating art in the Erasmus MC proved to be very complex. The process in its current form however, seems to function well: a small homogeneous group of people make the eventual decisions, which makes the process less complex. This form results on the other hand also in less inclusiveness and transparency. How to move away from a type of process in which decisions are made by a few, to a participation model without losing the ability to actually make the decisions, is the primary recommendation for future research.

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Chapter 1. Introduction

1.1 Background

Picture 1. De Nachtwacht in the main passage of the Erasmus MC.

There are many people who suffer from a disease that in daily life prevents them from going out, playing sports or visiting museums. One of these groups of patients are teenagers and young adults with chronic inflammatory bowel diseases (IBD). Due to fatigue, stomach ache and frequent toilet visits, trips such as a museum visit are not always possible for them. These young patients however, do have to visit the hospital, for instance the Erasmus medical centre, on a regular basis. With this in mind, the project Rembrandt on Tour for several weeks displayed a very large replica of the painting *De Nachtwacht* by Rembrandt in the main hall of the EMC (van Laar, 2021). This way, patients (for instance, suffering from IBD) who normally would not be able to visit a museum as a result of their illness now can enjoy the sight of one of the most iconic Dutch paintings. As a complementation, the project also provided an online information programme so that patients can learn more about the background of *De Nachtwacht* and its painter, Rembrandt van Rijn. In other words, if they cannot visit the museum, the museum will visit them!

This initiative provided patients with a welcome distraction, and the location of the painting allowed the staff and visitors of the EMC to enjoy it as well. Moreover, the timing couldn't have been more spot on since at the time of this initiative, the museums in the Netherlands were closed due to the ongoing COVID-19 pandemic. This project of Rembrandt on Tour is just one of many examples of the immense versatility of the application of art, and the importance of the specific choice of art in a healthcare setting.

1.2 Relevance

The Erasmus Medical Centre in Rotterdam is an academic medical centre, meaning that they are affiliated with a university, perform research and often treat patients with more severe illnesses than they do in general hospitals. A consequence is that patients in this hospital are either admitted for a longer period of time and/or have to visit the hospital more frequently. This abundant time of hospital stay makes a thoughtful vision of what the atmosphere in the hospital should contribute even more necessary. A factor that could play a role here is evidence-based design (EBD), which entails the process of designing a physical environment based on empirical research. Regarding healthcare specifically, its goal is to produce an environment that has the ability to positively influence all people inside the building. However, EBD remains a controversial concept, and therefore difficult to apply. Yet, an important question here is how do hospitals decide on incorporating EBD elements? While the idea that light, green spaces or art may help improve patients' recovery (Huisman et al., 2012), the notion of evidence-based design for care has not been universally accepted, and indeed – it has been criticised (Rashid, 2013).

Looking specifically at the interior of the Erasmus Medical Centre (EMC) in Rotterdam, one can observe an environment that aims to positively affect patients. The interior design of the EMC is characterised by a substantial amount of green present, including rooftop gardens, abundant daylight, a structured layout and a variety of artworks. According to the architects of the new hospital (EGM architects), the goal of creating a 'healing environment' was a top priority when designing the building itself, as well as the interior of the medical centre. They also stated that in this process, emphasis was placed on daylight, green, privacy and autonomy. Regarding the interior design specifically, the designers aimed to create an optimal healing environment that maximises the well-being of patients, visitors and hospital staff, as well as minimising stress. This may seem like a natural line of thought when designing a new hospital, and the idea that a design can affect people positively in terms of healing is not new. However, hospitals have not always been designed with the explicit intention to positively affect patients' well-being; in the past, their purpose used to be much more practical in nature. One of the first who advocated shaping what we now call a 'healing environment' was Florence Nightingale, in the 1850s. She opted for hospital designs that incorporated the circulation of fresh air and larger windows to let daylight in. In *Notes on Nursing,* she wrote, ''*The effect of beautiful objects, of variety of objects and especially brilliance of colour is hardly at all appreciated''* (Lankston et al., 2010).

While these words form the basis of a new approach toward building care places today, the evidence of how the environment may be made 'healing' is not complete. In this context of uncertainty, hospitals and architects must create places for care that benefit both patients and staff. In this thesis, I will explore this decision-making process, showing how the material environment is an important – if underestimated - player in healthcare.

Nowadays, quite some research has been done on design features such as nature, single bedrooms and daylight in hospitals. On hospital art however, less uniform evidence exists, which can be considered remarkable, considering the amount of art that is displayed in most (newly built) hospitals. This is also very much the case in the EMC, where the artworks range from a huge abstract face (photo on the front page) to more subtle works and paintings, and a lot in between. Due to the limited amount of evidence on the benefits of hospital art (Nielsen et al., 2017), this study tries to contribute to this conversation by gaining more insights into the decision-making process of incorporating art in care buildings for healing purposes. How do hospital managers, architects, designers and professionals think about and work with hospital art? It is important to explore and understand how the involved actors influence the environment of care, even more so because this influence tends to be overlooked.

1.3 Objective and research question

In most research conducted on design in healthcare, emphasis is placed on whether the design works positively in improving patients' health, safety and recovery (Herweijer-van Gelder, 2016). While such research is valuable, my intention in this thesis is to understand how professionals and designers make decisions in the context of little or controversial evidence in this newly developing field. Such an angle will contribute to our understanding of how we can work with evidence-based design for care purposes in the future and what the issues of incorporating it within hospitals may be – as well as hopefully how to tackle these. The research question is formulated as follows:

How does the decision-making process regarding incorporating art take place in the Erasmus Medical Centre?

To help answering the research question, the following two subquestions have been formulated:

- *What assumptions and ideologies about care play a role in the decision-making process of hospital art, and how do they relate to EBD?*

This subquestion is relevant in order to gain a better understanding of the decision-making process in the EMC regarding hospital art, given the uncertainty of EBD. This could provide insight into how EBD is incorporated in general and whether it is applicable to other hospitals as well. Specifically in this study, art is used as a lens through which will be looked to unravel the uncertainty inherent in applying EBD.

- *How is the concept of a healing environment understood and applied in the decision-making process of incorporating art in the EMC?*

By answering this subquestion, insights are to be gained into the perhaps different understandings of the concept of a healing environment and its purpose, as well as the role it plays within the decision-making process.

1.4 Reading guide

This thesis started this first chapter by introducing the background, relevance, and the formulation of the objective and the research- and subquestions. In the next chapter, the theoretical concepts of evidence-based design, healing environment and patient-centred care will be discussed, as well as how they relate to each other. Subsequently, the methodology is described, followed by the description of the results. These results will be discussed in the final chapter, which consists of the discussion, conclusion, the limitations of this study and the recommendations for future research.

Chapter 2. Theoretical framework

This chapter introduces the concepts of evidence-based design, healing environment and patient-centred care and how they relate to one another. These concepts will form the basis of the theoretical approach of this thesis.

2.1 Evidence-based design

In order to gain a broader insight into the role of EBD in the decision-making process of incorporating art within hospitals, it is important to look at its definition and meaning, as well as at the development of this concept over time. And additionally, how EBD relates to the concept of patient-centred care, since this latter concept is part of the context of this study in general.

Evidence-based design is a scientific analysis method that emphasises the use of data acquired in order to influence the design process in hospitals. It measures the physical and psychological effects of the built environment on its users (Alphonsi et al., 2014), and its origin can be derived from other disciplines that have used the evidence-based concept to guide decisions and practises in their field (Stichler & Hamilton, 2008). The most notable example is evidence-based medicine, which was defined as ''*the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practise of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research''* (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). A sector where EBD was particularly well received and has mainly been applied to is the health sector, possibly because of the conceptual closeness to the medical evidence-based culture. It prompted a stream of research on the outcomes of hospital design on the well-being and healing of patients (Ulrich et al., 2005).

One of the first studies done on EBD was '*View through a window may influence recovery from surgery*' (Ulrich, 1984). Ulrich found that patients who postoperatively stayed in a room in which there were windows with a view on nature had better recovery outcomes compared to patients whose view consisted only of brick walls.

Though this study is not without its limitations, it has been quoted numerous times. Since its publishing in 1984, attention for EBD has increased, resulting in many case studies that were conducted in the last 35 years, which demonstrates the built environment's impact on users (Alphonsi et al., 2014).

Today, the idea that the design of places of care can influence the well-being of patients is generally accepted, and EBD is ready to be a central tenet in healthcare in the 21st century (Martin, 2000). However, if we look at the date of one of the first studies done on EBD (Ulrich, 1984), it raises the question as to why a broad acceptance of the implementation of EBD is still not present. A factor in explaining this absence of a universal consensus regarding EBD, could be that it is difficult to conduct an RCT on hospital design; the characteristics of patient populations are not uniform, given the differences in culture, age, the severity of diagnosis, etc. In addition to this, in order to conduct a waterproof RCT, only *one* variable ought to be the differentiation between the intervention group and control group. This is nearly impossible to apply in a healthcare setting, with many other variables already present. Lastly, one should consider that there are different users of healthcare facilities - patients, visitors, staff, other employees - that might have different needs regarding the interior design (Ulrich, 1991). Therefore, an interior design that has not been fully thought out could potentially cause stress or unease in one of these groups.

The amount of research specifically on hospital art is limited. However, examples of studies on this matter that actually are done, suggest that the great majority of patient responds positively to representational nature art, but that abstract or ambiguous art can elicit stressful reactions in many patients (Carpman & Grant, 1993; Ulrich, 1991; Ulrich & Gilpin, 1993). An example of a study where this ambiguity is illustrated is the RCT by George et al. (2018). This study aimed to find out whether placing a painting in line of vision of hospitalised patients improved health outcomes and whether having patients choose their own paintings offers any benefit. While having paintings in cancer inpatient rooms did not affect the assessed psychological or clinical outcomes, patients who had paintings in their rooms did have more positive impressions of the hospital environment (George et al., 2018).

A last factor that understates the importance of EBD is that Dutch hospitals, and therefore hospital art, is publicly funded. Since the pressure to justify such investment is high, the use of scientific evidence to aid decision-making has been encouraged.

''Evidence-based design in healthcare should result in demonstrated improvements in the organisation's clinical outcomes, economic performance, productivity, customer satisfaction, and cultural measures'' (Stichler, J. F., & Hamilton, D. K., 2008). A potential result of well-applied EBD is the creation of an environment that has the ability to positively influence patients in their recovery. The next section will cover the concept of such healing environments.

2.2 Healing environment

''Unlike modern Western medicine, which focuses on the causes of illness (pathogenesis) with curing as the ultimate goal, complementary medicine looks at the causes of health (salutogenesis) with healing as its core mission. Within the latter tradition, a healing environment has been defined as an environment that stimulates healing processes by strengthening an individual's inner powers.''

- Jonas et al., 2003

This quote by Jonas et al. (2003) illustrates how a healing environment can aid the individual in its healing process, as well as complement Western medicine, which is more focused on the causes of illness rather than holistic healing.

The concepts of a healing environment and evidence-based design are both important parts of the context of this study since EBD (including the choice of art) is essentially aimed at positively influencing everyone being present in the physical environment of that hospital. In other words, to design an environment that has the ability to heal, preferably based on rigorous scientific evidence.

When looking at the concept of healing, one should keep in mind that healing and curing are two different concepts. While curing refers to symptom reduction and/or eradicating diseases, healing is about acquiescence of the situation (Zborowsky & Kreitzer, 2008). One could therefore be healed without being cured, for instance, when a terminal ill patient complete accepts his or her situation. The reverse however, is also possible: when a patient's symptoms are gone, this person could continue to harbour resentful feelings or thoughts, ''why did it have to be me who had to go through all of this? Why me?''

An argument can be made that this person is not healed, even though the disease itself is absent. Therefore, regarding this process of healing, the environment has a role to play in it. For when it aids in the healing process, it can not only positively influence patient's recovery, it could help them to obtain a sense of peace or acceptance as well, even though they may not be cured (yet). The concept of a healing environment is described by The Samueli Institute (Sakallaris et al., 2015) as follows: *''a healthcare system that is designed to stimulate and support the inherent healing capacity of patients, families, and their care providers.''*

One of the first who advocated towards shaping what we now call a 'healing environment' was Florence Nightingale in the 1850s. She opted for hospital designs that incorporated the circulation of fresh air and larger windows to let daylight in. Furthermore, she recognised the importance of art in medicine and raised issues that are still highly relevant today. In *Notes on Nursing,* she wrote, 'The effect of beautiful objects, of variety of objects and especially brilliance of colour is hardly at all appreciated' (Lankston et al. 2010). Her ideas on a healing environment can ultimately be viewed as a theory in which the focus lies on the patient at the centre, who is surrounded by environmental factors. In case of one of these factors being out of balance and causing stress to the patient, in her eyes, it is the nurses' task to restore balance to this environment, and consequently, to the patient (Lobo, 2011). To this day, nurses are still considered to be the eyes and ears of the healthcare system (Stone, 2015), but in creating a healing environment, hospital boards in collaboration with architects also have a major role to play, be it a completely different role. This is illustrated by the shift in focus of most hospitals these days regarding the design of the interior environment. Most hospitals of the 20th century mainly focused on functionality and practicality, which for example, is reflected in those narrow, cold, clinical white hospital corridors. Today however, when designing a new hospital or another place of care, it is considered the standard that architects design such places in order to create a soothing, distracting and comforting atmosphere. An atmosphere that not only affects patients in their recovery but has a positive influence on visitors and staff as well. This way, designing the (healing) environment is less placed on the nurses in contrast to the times of Florence Nightingale, though they remain the first to notice the environments influence on patient's ability to heal.

The fact that these days, hospitals are considering the physical environment in a way that it should positively influence patients in their healing process, adds to the notion of patient-centred care.

2.3 Patient-centred care

''Care that is truly patient-centred considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with healthcare professionals in making clinical decisions ... When care is patient-centred ... unneeded and unwanted services can be reduced.''

- The Institute for Healthcare Improvement (2011)

The concept of patient-centred care (PCC) can be interpreted in many different ways, and therefore it does not have a universally accepted definition (Cliff, 2012). The quote above by the Institute for Healthcare Improvements, demonstrates a versatile view of the concept of patient-centred care. One of these views that often initially comes to mind when thinking of patient-centred care, is a physician who not only pays attention to the illness but also to the patient as a whole. This notion could manifest in the physician's communication with patients (Bensing, Verhaak, van Dulmen & Visser, 2000). An example of this is shared decision making, a concept for which the attention has been rapidly increasing. It even has manifested itself in the curriculums of the study of medicine. Patient-centred care however, has not always been on the list of priorities of hospital boards. According to Cliff et al. (2012), the more clinical factors have been considered to be more important. Examples of these factors are quality of care, patients' safety and a healthy operating margin. In the last decade(s), the focus has not shifted away from those factors, but the benefits that patient-centred care has to offer are not only more and more acknowledged: it has established itself as a key concept of quality of care (Epstein, & Street, 2011). This broad acceptance is demonstrated by the Institute of Medicine in the US, that made it one of six key elements of high-quality care that ought to close health care's quality gap in the 21st century (Institute of Medicine (US), 2001).

If we again look at this multi-interpretable concept, it should come as no surprise that in the name of patient-centeredness, hospitals have adopted the inclusion of bookshops, small supermarkets and works of art. These days, the relatively new hospitals are hard to imagine without these features that are supposed to make a stay or a visit (, or a workday) more pleasant or less wearisome, if you will.

When making the decision regarding the implementation of such a feature however, one should always weigh thoroughly whether it is a step in the direction of achieving the goals of patient-centred care (Epstein, & Street, 2011).

This line of thought is also applicable when a hospital considers placing a work of art. In the Erasmus MC, part of the vision is that pieces of art that are placed in the public space should have the aim of creating a pleasant living environment (*Lydia Bogtstra, art coordinator of the Erasmus MC Rotterdam*, 2016).

2.4 Interplay of concepts

The concept of a healing environment is closely related to EBD in a way that by applying elements of EBD, one can improve its ability to create a healing environment, an environment designed to be centred around the patient. The importance of patient-centred care became more and more clear with the development in the 20th century of other fields such as psychology and neuroscience, which linked the physical environment to reducing stress and improving the overall well-being of patients. This demonstrates why it is important to gain insight into the decision-making process of incorporating art in hospitals since the choice of art can be influenced by multiple concepts and ideologies in the context of uncertainty regarding EBD. These should be uncovered and understood.

Chapter 3. Research methods

The aim of this study is to provide insight into the decision-making process of incorporating art in the EMC, the role of EBD in this process and its relation to a healing environment and patient-centred care. This aligns with theory in such a way that by using the methods covered in this section, the concepts in the theoretical framework can be connected to the decision-making process of hospital art in the EMC.

In order to answer the research question, qualitative research methods have been used. This type of research was chosen since it is well suited to explore the role of certain concepts, processes of thought and motivations of those involved. Moreover, this approach made it possible to gain a deeper insight into and understanding of these factors, as well as to find out the potential challenges and vision of the future regarding this topic.

Therefore, this method was deemed appropriate in order to answer the sub-questions and ultimately the main research question:

How does the decision-making process regarding incorporating art take place in the Erasmus Medical Centre?

3.1 Research context

This study was conducted in the context of the overarching thesis theme of *Health and Architecture.* After a period of orientation, which included reading articles related to architecture and healthcare, materialities of care, EBD and healing environment, the topic of art in healthcare slowly started to emerge. The main source of inspiration for the eventual research question was the Erasmus MC in Rotterdam, and the impression that the large statue of Duna made. Before this study commenced, I had a job in the EMC for several months and therefore already obtained an idea of the interior design of the hospital and the major role art played in this design. An additional reason why the EMC was seen as a fit case for this study was because it is a relatively new hospital. Hence, the architects' point of view on the (interior) design and on theoretical concepts like EBD and a healing environment would not be outdated.

3.2 Limitations due to the COVID-19 pandemic

The past year, the situation in the Netherlands and the context of this study differed from other years since this study has been conducted in times of the COVID-19 pandemic. At the start of this thesis, in February, the government had issued a lockdown in attempts to prevent more COVID infections to decrease pressure on the healthcare system. However, this situation only had a minimal impact on this study, for only one interview was conducted online via Microsoft teams.

3.3 Data collection and analysis

The methods that were used in this study are a literature analysis, document analysis and interviews, which will be supplemented by photographs.
Firstly, literature was reviewed in order to create an extensive and complete theoretical framework. Key concepts found in the literature on evidence-based design, healing environment and patient-centred care were derived from this framework and were used as backbone for the prepared interview questions. The codes used to analyse the interviews, were also obtained through the literature review of these key concepts.

Furthermore, in order to gain a broad and complete insight into the decision-making process, data from different angles of the process had to be obtained. Therefore, involved actors with different backgrounds and roles in this process were approached by email. There was no limit set to the number of interviews since, for an outsider, it was hard to estimate the number of involved parties beforehand. The initial intention however, was to approach an architect involved with the interior design of the hospital and the art coordinator of the EMC. At the end of each interview, the method of snowball sampling (Kirchherr & Charles, 2018) would be applied to find out whom they would recommend interviewing in order to gain the desired broad perspective of the process. Making use of this would make sure that I would gain insight into all the sides of the process, which in turn is important for this study's validity.

The architect and art historian were approached early in the process for when they would not be available, there would be enough time to come up with and contact alternative actors. Both were emailed with an interview request, which stated the objective of this study and the preference of conducting the interview face-to-face. The approached interior architect did concede to an interview, but via Microsoft teams, as mentioned earlier.

The motivation behind approaching an interior architect was the desire to find out what the role of evidence-based design was in designing the interior of the building and how a healing environment was understood and applied from an architect's point of view.
Regarding the art historian, who is also an advisor to the art committee, the intention was to focus more on the decision-making process itself, how it looks like, who is involved and what assumptions and ideologies come into play in this process. She agreed to the request, and the interview was conducted in a very green public space within the Erasmus MC. After the interview, she also provided additional documents, wherein the policy of the art committee was stated and motivated.

After each interview snowball sampling was applied, which resulted in several interview recommendations: different members of the art committee, optionally a former member of the committee, the director of the science gallery and a member of the heritage committee. The choice was made to approach several members of the art committee by email. During this time, the notion came up that interviewing an artist of one of the works in the EMC could also prove valuable for it could add a different point of view. Upon request, the contact details of a certain artist were received from the art historian. The interview with the artist was conducted in his studio, in the context of a certain work which he specifically made for the hall of the EMC.

Moreover, the choice was made not to interview the director of the science gallery nor a member of the heritage committee since the priority lie with the decision-making process and consequently, with those directly involved in it.
Only one of the approached members of the art committee did agree to an interview. The rest either did not respond or declined the request. This member, a professor who is head of a department, suggested conducting the interview in his office, full of art, in the EMC. The intended focus of this interview was on his view on art, what it should stand for in the EMC, what it should achieve, and how he would see the future of the decision-making process of art in the EMC. As mentioned earlier, the theoretical concepts would be recurring topics in all the interviews.

The interviews were individually held by me and semi-structured, meaning that there would be room for discussing topics that spontaneously would come up during the interview and were not covered by the initial set of questions. The topics obtained through literature review served as guidance since the focus was mainly on exploring the role of the theoretical concepts in the process of decision making and the motivations behind it. This would not be captured well by a set of fixed questions, as would be the case in a very structured interview.

Role	Reference	Date	Interview duration
Architect	*Architect*	9-4-21	0:49:31
Advisor to the art committee	*Art historian*	5-5-21	1:23:39
Member of the art committee, head of public health department	*Prof. dr.*	11-5-21	0:52:12
Artist	*Artist*	31-5-21	0:41:13

Table 1. Additional information on the interviews.

This table presents an overview of the conducted interviews. Moreover, consent to record the interviews was given in all four cases. After all the interviews were conducted and transcribed, they were coded manually. Due to the limited number of interviews, it was deemed unnecessary to use a program for this process of coding such as Atlas.ti.

Furthermore, the obtained policy document was analysed and included in the results. This method of document analysis has several advantages: documents lack obtrusiveness and reactivity, are stable and exact Bowen (2009). Therefore, applying this method increases the validity of this study.

The final research method that was applied was the inclusion of photographs to complement the other data. This method can be considered an important addition since the work developed in the social sciences should involve a dialogue between theory and practice (Pink, 2015). This is relevant since this study also aims at illustrating and connecting the theory by means of photographing the actual environment of the EMC.

Eventually, the choice was made to take photographs after the interviews were held and transcribed, because by this time I had a clearer idea of which images of works of art ought to be included in this study. After the photographs were taken, they were analysed using coding in order to make sure they would fit well and be placed in the right section in this thesis.

3.4 Validity and reliability

Qualitative research is often criticised for lacking scientific rigour, for research bias would have a strong influence (Mays and Pope, 1995). In order to develop a comprehensive understanding of the topic and to ensure reliability and validity, triangulation was used. By making use of this method, the potential for bias is reduced, and validity can be tested by combining information from several sources (Patton, 1999). In this study, data from literature analysis, interviews, document analysis and photographs were be combined. The primary focus of the triangulation will be on the literature review, interviews and the document analysis. This data will be supplemented by photographs.

Chapter 4. Results

In this chapter, I will first return to the research questions, guiding this project, followed by the presentation of the results of this study.

How does the decision-making process regarding incorporating art take place in the Erasmus Medical Centre?

- *What assumptions and ideologies about care play a role in the decision-making process of hospital art, and how do they relate to EBD?*

- *How is the concept of a healing environment understood and applied in the decision-making process of incorporating art in the EMC?*

The results are obtained through three different methods, as mentioned in the method section: interviews, document analysis and photography. When all the data was acquired, coded and otherwise analysed, patterns started to emerge. These will be covered and ordered in the following categories:

The first main category is *assumptions and ideologies*. When a solid understanding of these assumptions and ideologies has been established, the next main category, the *decision-making process*, will dive deeper into the process of making decisions about art in the hospital, showing how the process currently takes place and the different factors involved. Lastly, the *challenges* that arise within this decision-making process will be presented and discussed by elaborating on the concepts of sustainability and public funding.

4.1 Assumptions and ideologies

In this first section, I will elaborate on the ideologies and assumptions underpinning the complicated decision-making process of how to incorporate art in the EMC. To do this, I will explore how quality is defined and how the concepts of EBD, time and space play an important role in producing meaning of the importance of art in the healing process.

4.1.1 Evidence-based design

> *''Here, art is nothing different from architecture, often beforehand you know very very little. So for instance, in a scientific setting the walking distance from bed to bathroom is tested for falls, this is evidence-based design. But when your room would be just 30 cm. wider, purely scientifically you would not be able to use this evidence.''*

- Architect

In this way, EBD differs from evidence-based medicine, where empirical evidence is often more generalisable and margins could save lives. To this day, controversy still surrounds evidence-based design and implementing EBD in practice is therefore quite difficult, as is illustrated by the architect in the quote above. Hence, what often happens when designing a place of care is the following:

> *''It does happen that people say, just do for me what you know or what worked in your experience, that is good enough for us.''*

- Architect

What partly causes this remaining controversy of EBD is that evidence-based design is not a very old concept, as discussed in the theoretical section: the first study on this subject was done by Ulrich et al., in 1984. However, the interviewed architect mentioned that since then, steps are taken in extending evidence-based medicine to design, resulting in EBD. These days, knowledge on the subject even is shared in congresses and in literature, acknowledging the increasing attention for EBD. Moreover, within her architectural firm, scientific research is being done and the architects concerned with the design of healthcare facilities are certified in evidence-based accreditation (EDAC).

Examples of aspects that are applied in an accreditable way are collecting data and the mapping of and get started with this translocational subject of EBD. However, to scientifically and thoroughly making sure that it will be considered real evidence, is often too complex, she said. You would have to put someone in a bunker and change a single variable at a time. Then it would be real evidence.

> *''So, the evidence that is available, you apply, and you stimulate your client to at least make conscious decisions based on the evidence you provide. And with this, I do notice that as an architect, you can play a leading role since an artist often is not the first one on board with the client.''*

- Architect

In addition to this, both members of the art committee that were interviewed did not say that they made use of evidence-based design in the decision-making process regarding art. This does not mean however, that there are no guidelines for selecting art. This will be further discussed in the next section.

4.1.2 Defining quality

> *''Compare the quality that the EMC pursues in research, science and education with our intention of searching for and finding quality within the world of art, that fits with our target population as well as being a good match with the intended location. This is, in short, our policy.''*

- Art historian

This quote, by one of the interviewed members of the art committee, serves as an illustration as to what the vision behind their policy in essence entails. Furthermore, the committee has established criteria that art must meet in order to be considered at all. These criteria are described in the following policy document:

- **Policy 2015-2018, art committee**, which focussed on decorating the new building with art.

  The Art Committee has explicitly made no choice in percentages, young / old / Dutch / international / Rotterdam / applied / autonomous / nature / people / abstract / figurative / sculpture / painting, etc., but has set the only preconditions:

  1. The individual visual arts are of a (inter)national high level, within the field of visual arts;

  2. In addition to being autonomous, art can also be applied and then it concerns high-quality aesthetic design of functional objects;

  3. Is attuned to the location and its function;

  4. Takes target groups into account.

  5. Artworks are neither shocking nor political, nor do they show gross violence or are sexually explicit.

  6. Works of art are easy to manage and are either reasonably maintenance-free or have a thorough maintenance plan.

  Works of art that do not meet these criteria are no longer included in the Erasmus MC collection.

These criteria, and the assumptions behind them, naturally led the committee to the following ideology: *quality over quantity*. As mentioned earlier, the art committee has been assigned with the interior decoration of the often large public spaces in the EMC. One of the pillars of their policy/ideology is that they prefer less but of higher quality in order to keep people interested. Well-chosen art is therefore able to last a long time, in a sense that a work could be timeless. However, eventually only time will tell whether a work of art really possesses this ability, and that makes choosing the right pieces sometimes a difficult and lengthy process:

''I always say, art is to the EMC, and maybe also for museums, no little jar of Grand D'Italia, on the shelf of the Albert Heijn, which is being produced on a large scale and of what you can always assume that it is present, in our luxury society. Art, you really have to find it together, it is a search, every time.''

- Art historian

The document mentioned earlier (*Policy, 2015-2018)* also states how art is supposed to contribute to a healing environment:

''Artists immerse themselves in society and in what moves people (spiritually) for inspiration for their works. They make visible the things that are present beneath the surface in society by drawing attention to them as well as magnifying them. Stories about the works of art are therefore often very recognisable and sometimes people identify themselves with them. This can help in the healing process. Art thus serves for contemplational purposes or gaining insight, a kind of medicine. That aspect can be highlighted and made more public.''

- Document *Policy 2015-2018, art committee*

The members of the art committee also place a lot of emphasis on artworks not being ''too easy'' for people, for instance a calendar picture like a plain landscape would not be the best choice according to them. The problem with this is that people continue to walk by after having looked at it once. This is a waste of public funds, as well as a waste of the potential that a certain space in the hospital has, which would not be fully exploited by putting a rather simple painting of a landscape.

This is another factor that complicates the search for the right work and as mentioned earlier, eventually only time will tell whether a work possesses a sense of timelessness for it to last a long time in a specific place:

''Yes, the big test I think is when you look at something, and after a week, you look again, do you see exactly the same or not? Well, if you see exactly the same, you can be sure that after you walked past it about four times, you won't even notice it anymore.''

- Prof. Dr.

A piece of art that they deemed fit for display in a hospital is one that is able to keep marvelling people. It does not necessarily need to be difficult, but it must continue to fascinate people. Art fit for display in the EMC should have the ability to make people wonder, to be open, to allow for new discoveries and to make people keep reflecting upon seeing the work. Not every piece of art has that ability. However, for instance when looking at Duna, it is such an enormous and contemplating work, that upon looking at it, one can relax. This is an example of a piece of art that carries something so universal that everyone can identify oneself with it. The most personal often is the most universal.

This section covered how the quality of art in the EMC is defined and the purpose art should serve. In order to secure its continuity, a list of criteria that must be met are stated in a policy document. This ideology does have a consequence: quality over quantity.

4.1.3 Time

As a result of their vision of *quality over quantity* as introduced above, the art committee has not yet been able to decorate every space in the hospital due to the fact that the hospital does not possess enough pieces of art, and, as a committee, they are subject to a budget constraint. Therefore, they still find themselves in a phase in which the not all the public spaces in the EMC are filled with art yet. The idea is to temporarily fill these empty spaces with so-called *healing images*, which aim to reduce stress for patients by making spaces feel less clinical, warmer and more humane. This is shown by Lankston et al. (2010), stating that patients often prefer landscapes and that effects of healing art may be mediated by psychological responses to saturation, colour hue and brightness.
While at the same time acknowledging the evidence is not uniformly high and most of the evidence consists of case studies, patterns, as stated in Lankston et al. (2010), do appear recurrent.

Below, a radiation room in the EMC is shown, where a healing image is implemented on the wall.

Picture 2. Healing image applied in the radiation room of the Erasmus MC.

In the long term however, the plan is for these images to give way to art:

> *''Because the basic idea is that we fill it with art, that art and people give colour to the building. But you also see that healing images do work quite well in a lot of places, they can have a soothing effect so to speak, placebo nature.''*

- Art historian

And of course, for these healing images to work as intended, it must adhere to certain criteria that are mentioned by the art historian:

> *''There also seems to be evidence that healing images work, but only when it strictly meets criteria. That's a clear list: silent water, never a dead end, nothing that seems infinite, a sun, always something flourishing and does not wither. The cheerful, light and radiant so to speak.''*

- Art historian

This section illustrated the importance of temporality in the incorporation of art in hospitals, since it can be seen as part of the context of the case of the EMC in general. Furthermore, it explains why there still are healing images, when at first it would seem that it is contradictory to the ideology of quality over quantity.

4.1.4 Spaces

For a long time, hospitals have been built with a focus on a lot of (day)light and fresh air. As mentioned in the theoretical section, the idea that foul air and the absence of daylight are in some way connected with the onset of diseases stems from the 19th century, the age of Florence Nightingale (Lobo, 2011). These days, architects and designers of hospitals are still implementing these principles of creating proper air ventilation and sufficient windows for daylight to enter the building. In addition to this, a proper sense of space and clear lines of sight are important as well:

> *"If you make spaces very small, your overview will be compromised. So we try to make the spaces as big and clear as possible in order to make the people feel at ease, despite everything. And art should be a part of this."*

- *Prof. Dr.*

This quote illustrates the importance of spaces provoking not a narrow feeling, and in these wide spaces, large pieces of art have their purpose. There, they can make an otherwise very large and open space feel less imposing, while that space at the same time maintains all the benefits of being large and open.

Looking at the current situation regarding interior decoration in the EMC, works of art and healing images coexist. Where healing images mainly try to provide a certain degree of tranquillity, its counterpart art, tries to offer another side of that what society has to offer: the opportunity to always keep wondering, to draw strength from more than just nature, to confront in a reflective manner and think about yourself for a moment even though those thoughts might not be the easiest ones, and to provide the spectator with a moment to not having to think at all. In this last sense, art and healing images have the potential to complement each other, even though they can be considered opposites in many other ways.

> *''Art can also contribute in a way that, because you can experience that someone else is capable of experiencing the same, or maybe even has endured the same. This can create solidarity.''*

- Art historian

As mentioned earlier, when describing the ability that the statue of Duna has, the most personal often is the most universal. People who never met before could find themselves in front of the same work of art at the exact same time, and experience the exact same feelings, whether consolation, piece, distraction or something completely different. This is what is meant by arts' ability to create solidarity.

Furthermore, in the theory section of this study, the difference between healing and curing is discussed. In the interview with the art historian, she mentions her view of how art can contribute to the healing process of the individual patient: while a doctor can give you medical advice and is able to cure you of a disease, in the end, you will have to go all the way back to your own healing process, a process that art can positively contribute to. In this way, curing and healing are different concepts that could complement each other, maybe even *must* complement each other in order to fully realise every aspect of a patients' recovery, from a holistic point of view. The quote above, about solidarity, illustrates one of the ways in which art can be healing. This can only be accomplished when there is harmony, a space must feel balanced. Therefore, when there are insufficient means to purchase enough art to decorate the entire hospital, a priority should be made of the optimalisation of the interplay between art, healing images and spaces. Or in other words, to decorate each space in such a way that it feels as if it is more than just a sum of the individual features, as was illustrated by means of this sports metaphor:

> *''Maybe it is just like how an athlete feels, and you have done all the hard work necessary in order to get to that level. And then you compete in a competition, then that competition almost doesn't feel like one anymore because you are in that flow. You feel that energy, and then you win gold. This gold medal has been a goal of yours for a long time, however, it resulted from you being in that flow, in a moment where everything is right.''*

- Art historian

In order to create this flow, or harmony, or balance in a room, everything has to be attuned to each another:

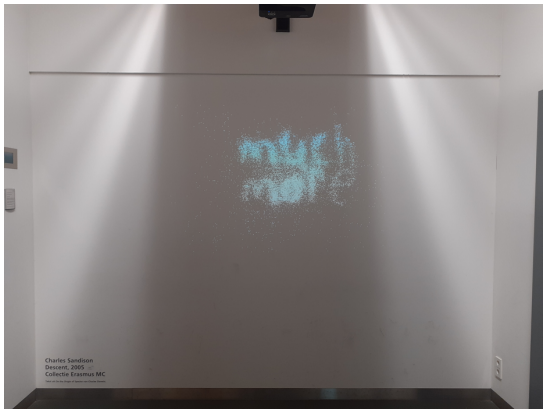
''I think it is important that when you decide to place something, that you always strive for one plus one to equal three. So it is about whatever there already is in place, and what we then can add so that together it becomes more. And how we can contribute to the perception and experience of patients. And how can we contribute to the architecture and how can art be used to its full potential?''

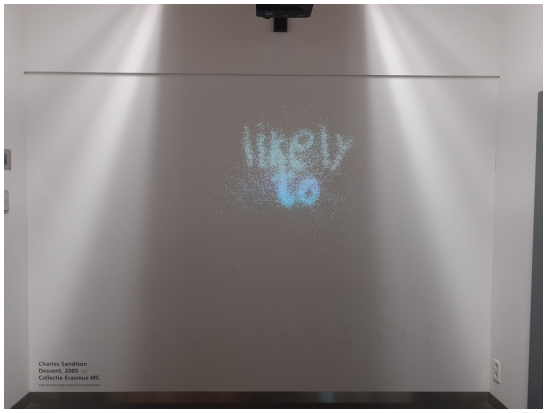
- Art historian

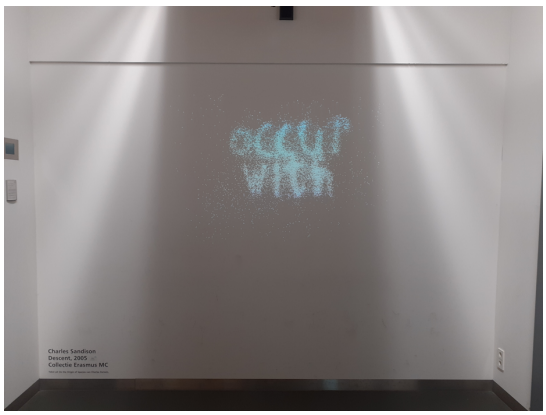
This principle of trying to make one and one equal three is what their decision model is based on essentially. And at the beginning of this process, it was important for the committee to team up with the architects, who were in the lead of the building process. During the period of the continuing construction, the committee had to see what the architects came up with. What is being built? What choices are made? How and with which materialisations are they worked out? These questions were, and still are, relevant in the sense that they all play a role in the choice of art, and specifically: which art does fit best *in which space?*

In this same way, an artist also shares some resemblance with a scientist. Both are not always sure what it is they are working with and maybe they never will fully comprehend. Both are looking for that flow, where things fall in the right place. And both are looking for this process to lead to a result eventually, even though they might not always exactly know what that result will be.

The following example illustrates this connection of one the one hand science and art, and on the other hand the importance of space. Moreover, this work complements the space it is placed in, it is a dynamic work of art in a dynamic place: near the elevators.







Pictures 3,4 and 5. *The Origin of Species*, by Charles Darwin, displayed sentence by sentence, by a beamer next to the elevators.

4.2 Decision-making process

Section 4.1 of the results has provided an elaboration of the role of EBD, the assumptions behind the policy and how they are applied, what is necessary in order to make the public spaces of the EMC healing, what the process over time of decorating the EMC looks like, and the importance of spaces. This section will build on this by diving deeper into the decision-making process itself and its development over time.

4.2.1 Centralisation

In 2003, the decision was made to commence with the actual building of the new Erasmus MC. At this point, the drawings were already ready but not yet discussed with the users of this future building. Furthermore, at this time, it was decided that a merger would take place between several organisational units into the new EMC. This was the case for the seven different art committees that were active at this point, often created because there was a specific reason to be active in a certain department or just because there was someone present who liked art. After 2003, this changed as well: the existing committees were merged into one overarching art committee. In the following quote, a member of the art committee, who started in 2003 in times of the situation stated as above, describes the context of the time of her arrival:

> *''I arrived at the following announcement: we are going to build a new building, and art is something that the architect finds appealing in the sense that the architects design a nice building with glass, concrete, stainless steel and aluminium. And the people and the interior design will give colour and character to the building. And yes, then you also have to think about art inside that building.''*
>
> - Art historian

Not only does this demonstrate the vision of the architects, which indirectly promotes a well-organised art committee since there was a whole new building to be decorated, but it was also in line with the vision of the hospital director at that point in time. In that vision, there was attention for more than just the basic interior design, which resulted in questions such as how should the basic interior design look like? What criteria does it have to meet? And what is the importance of a thoughtful interior design?

As mentioned earlier, the seven art committees that were previously active merged into one EMC broad art committee. This merger did not happen overnight; it was a process, since in the first ten years of this process, there was not anything built yet. However, in this period of ten years, the art historian started talking with the different groups, finding out what the common denominators were and what kind of quality of art those people had in mind. This differed quite a lot amongst those groups, as can be seen in the following quote:

> *''The difference lay in what people mean by art, what they like to look at and what they wanted to let artists put in the building. So, there were different opinions about what can be considered healing in the world of art because, well, that all comes from the brain and the intuition.''*
>
> - Art historian, member of the art committee

Especially important to take from this quote is the mention of the term *intuition*. In the absence of consensus around evidence-based design regarding art, intuition will always play a major role in the decision-making process, given the subjective nature of art. This controversy also applies to whether art is suited for healing purposes, as is the case of hospitals. Looking at the situation in the case of the EMC, previously there were small committees that all made the choice of art, for example, for their ward only. They considered their department in the old building as *their* department. This old situation resulted in the implementation of what each committee liked and what they thought was beautiful, rather than keeping in mind the hospital as a whole and what should be conveyed and achieved with art.

After years, the idea for a necessity of a single art committee, whose scope grasps the EMC in its entirety, was born. This way, it would be better able to regulate the process of the placement of art and to make sure that that what is considered to be contributing to the healing process, is implemented in the hospital:

> *''And actually, the primary interest is of course the public space, the interest of the patient. And the staff members. And the student. And you have to look beyond your own taste, prejudices and ideas, time and time again, and you have to see and experience a lot in the world of art in order to pick out what is useful. Previously, the walls were filled with whatever people found to be important about their discipline.*

But the new building helped of course a lot in developing a vision about what really important when entering a building.''

- Art historian, member of the art committee

Furthermore, this quote adds to the notion of centralisation, and how the structure of the new building itself also played a role in this process.

In the next subsection, the building of the Erasmus MC, its different levels of architecture, and the different role that art plays in these levels will be looked at through the eyes of the interior architect who was involved at the time of designing and constructing the hospital.

4.2.2 Levels of architecture

The architecture of the building of the Erasmus MC in its current form partly determines the choice of art. This will be further explained by elaborating on, as the architect calls it, the different levels of architecture. But before diving deeper into these levels, what they are, and the different roles of art, the place of the hospital in the city itself must be considered:

''The Erasmus MC is of course such a large complex that we haven't really designed it just as a building, but as a piece of the city. And you think about how people understand a city, so that it doesn't feel overwhelming.''

- Architect

This was one of the reasons why the hospital was built in the city centre, at the heart of the community. Its importance is further illustrated by one of the members of the art committee:

''I also like it when it includes art that shows that we are a public space, feel welcome, enjoy. Because that's allowed here too! You can also enjoy a few minutes here. You can also take a look at that art and leave again. We do not stand with our backs to society, we stand with our faces to society. Really in society! Not on the outskirts of the city.''

- Prof. dr.

This is further illustrated by the art historian as she described the EMC as a large publicly available museum without an entry fee. However, unlike a museum, they do not just acquire art merely for the sake of art. The reason for new acquisitions is that they want to add value to the public spaces in order to achieve an improved state of well-being for its patient, its visitor and its staff member that walk by every day. Some pieces however, do not fit in what they are trying to achieve in the context of a hospital, moreover because the social contribution is very important. Art that conveys a political message for example, is not well suited to be displayed in a hospital. The fact that people do not visit the EMC on a voluntary basis has to be taken into consideration. In line with this notion, the location of the hospital location is even more important. Building the hospital in the city centre was the first step that added to the notion of enabling people to identify themselves with the city of Rotterdam. This line of thought was also applied a level deeper within the building, where the following questions were asked: how to make sure that people can identify themselves with the place they have to be in? And how to make the inside of the hospital also recognisable to patients?

> *''...so at the beginning, we thought about whether there are places in the building that demonstrate recognizability so that by all means you can find your way in the city, the medical city. And from the beginning, that led to it not just being about the built environment, but definitely also about the living environment, or rather the space that you compose with one another.''*

- Architect

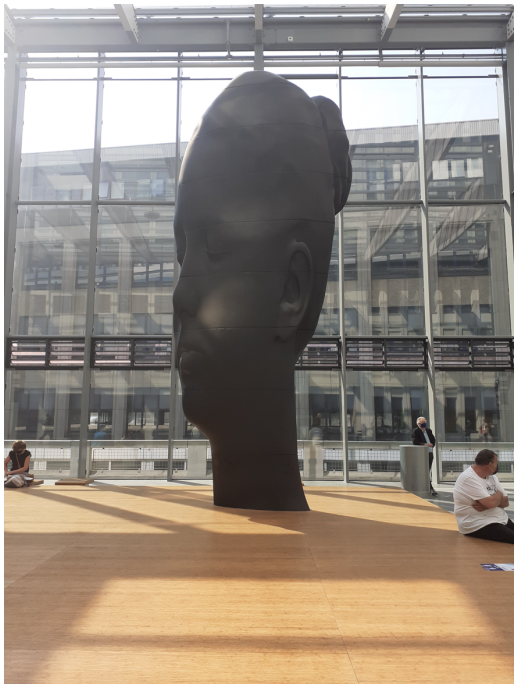
From the architect's point of view, the composing of spaces is done in different levels of scale, in which art, in turn, plays different roles. It starts with the highest level, which includes the concepts of wayfinding and orientation:

> *''There are things which you can play with within architecture to, actually from the principles of a healing environment, to think about sight, light, wayfinding and orientation. Within the complex, we made it so that it does not feel as big as it actually is. And regarding art, art can very well be used to support the wayfinding, the orientation.*

We said at the very beginning, well maybe we should put a pink bunny somewhere. Because that would act well as a place to meet.''

- Architect

These two quotes mentioned above illustrate the highest level of scale in the hospital and how art can be applied there. This concerns rather large pieces of art, that function can help people with orienting themselves in a very large building. An example of this would be Duna:



Picture 6. The statue *Duna*, in the main passage.

When looking at the people in this picture, one can get a sense of the scale of the statue, and therefore its ability to make this large space feel less overwhelming. Furthermore, wayfinding and orientation are stimulated by the statue, but also by the large, wooden plateau. This complementary wooden object was placed for people to wait on, waiting near a large recognisable work of art.

When going a level deeper, onto the ward or outpatient clinic, architecture again is used as a means of creating recognizability, but rather than placing a huge object in those smaller places, a different approach is taken:

''Well, the choice has purposefully been made to make a lot of things in the hospital quite uniform because when everything is the same, it makes it also flexible. For instance, the desks look the same, so you know it is a desk, handy. So on one hand, everything looks similar, but we've chosen to incorporate one wall to apply art on. In this way, art contributes to the identity of a ward.''

- Architect

At this level, art again contributes to wayfinding by providing an otherwise uniform ward with something unique. This creates a point of recognition, and additionally, it functions as a contribution to a wards or clinics identity.

The next level deeper, the last level of architecture, covers the treatment and waiting rooms. The following example of the waiting room of the emergency care department illustrates this:

''In the emergency care department, we have applied art in the form of a sky ceiling, which is a ceiling that does not make use of ceiling plates, but of an art picture with daylight simulation. And you notice that this reduces stress enormously! So architecture, in combination with the application of this sky ceiling as an object of art, enables better care, less stress and therefore also improve the diagnosing. So then art really is part of that healing environment.''

- Architect

Picture 7. Sky ceiling in the emergency care department of the Erasmus MC.

This illustrates the thought process of the architect when applying art in a hospital in a healing way by reducing stress. Another example would be an MRI scanner, in which the patient is slid in quite a small space. By creating a sky ceiling on a smaller scale in the scanner, the patient feels less claustrophobic. Or on the walls of a radiation room, which could contain wide photographs of, for example, nature, in order to ease patients.

The quotes and paragraphs mentioned above illustrate the application of art in all three levels and how they, each in their own way, *attempt* to contribute to a healing environment: wayfinding, orientation and stress-reducing. The last level, which is less an architectural one, is the art collection of the EMC itself. How this collection was and still is acquired will be discussed in the next section.

4.2.3 How is art acquired?

Different works of art are acquired in different ways, in which the decision-making process can vary. Hence, in order to gain a picture as complete as possible of this process of choosing art, these different ways are discussed in this section. Furthermore, the example of the artwork KIT will be discussed, not only to illustrate how an acquisition via an artist takes place but also to go into detail about the process of thought and considerations of this specific artist.

Firstly, the hospital already has an art collection of its own. Some of the works in this collection came from the building of the old hospital. Works that are currently not in use are placed in a depot.

A second way in which works can be acquired, is by contacting artists. This can result in either a purchase of an existing piece of art, or in a commissioned work. In both cases, the following two factors are important: the specific place in the hospital that needs a piece of art, and what that work in that specific place is to mean. When the art committee has a clear vision of what it is they are looking for, an artist can be approached. An example of a case of a commissioned work is the so-called KIT, which is placed on a large wall next to the main entrance.

The artist explained in the interview that the art committee did have an idea in mind of what the work should comply with:

''It must be a pleasant image and should be able to provide distraction and to comfort people going through a bad period: "One does not come here for fun". So it should radiate warmth. It also is desirable that the work gives colour to the building, the work must be grounded, and it must match Rotterdam's character of building and working hard.''

- Artist

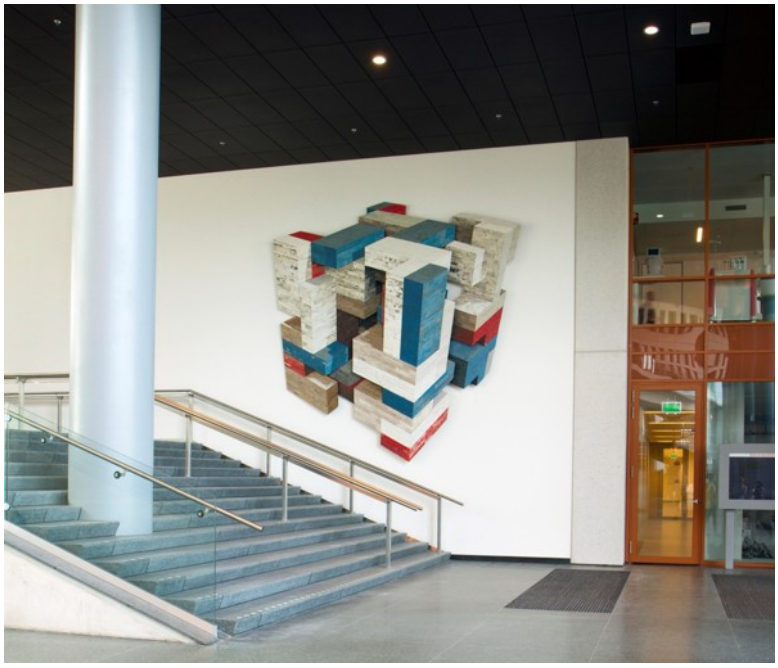
He also elaborated on the importance of scale in this specific case, given that his usual work would be much too small for this wall, it would disappear in its vastness. Not only did the artist had to consider the size and place of this specific location, but also the fact that the work would be placed in a hospital. Therefore, it should not be an exciting work, but it should contribute to the desired healing environment. This was done by trying to create a connection between the monumentality of the building and the individual human dimension. The monumentality of the building, and this wall, was matched by the considerable size of the structure itself. And on the other hand, a clear human aspect was achieved by using scrap wood, which looks artisanal, especially with the use of a lot of small nails to connect all those pieces of wood, which made it look hand made.

''The work is related to the nature of its location; a crossroads of visitor flows, people walk through it, or wait for someone. Visitors come in and try to orient themselves on the composition of the building and the routes to various departments. The monumentality flows from the scale and from the subject. It demands a clear picture, rounded, stylised. It demands a grand gesture and a degree of abstraction and unapproachability. In execution, the work is generous and inviting. The pleasure of making should splash off. It should be pleasing to the eye, and spectacular, it must be the excite the imagination, the viewer must want to get attached to the work.''

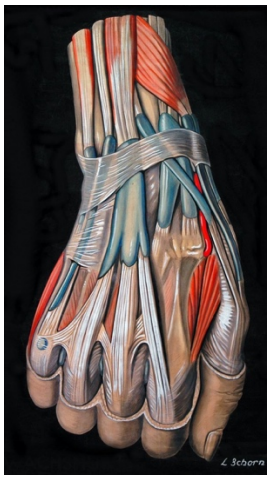
- Artist

The quote above describes the process of thought of the artist himself on the characteristics the work should contain and what it should radiate. Another factor that had to be kept in mind was that that wall is made of plaster, not concrete, which did not support as much weight.

This is an example of collaboration between involved parties: the artist designed a way to strengthen the wall without the need to break it open, and calculations were then made by one of the architects of the building. The process described in the paragraphs above resulted in the following work:



Picture 8. *KIT*, by Ron van der Ende.



Picture 9. *Drawing of the hand and wrist*, by Elisa Schorn. From the anatomical literature and drawings collection at Heidelberg University.

This picture shows the inspiration for the colours used in KIT: the human anatomy.

However, the most common way of acquiring new art, is that someone, most of the time a member of the art committee comes up with a suggestion of a work. Or, in rare cases, someone else: a grateful patient or family member perhaps, or a staff member. These suggestions are then discussed among the members of the committee and perhaps considered for a specific place in the public space of the hospital. In practice however, the suggested ideas that come from outside the art committee are rarely seen as art suited for hospital display.

The last topic that needs to be addressed regarding the decision-making process is the influence that one's own taste or preference can predominate one's input and judgement. And how important it is that this does not happen. The art historian and the member of the art committee however, mentioned that in practice, this does not appear to be a problem:

> *''Eventually, we are with 5-6 people, and we choose different things. It is not like one person with his or her taste is extremely dominant. We genuinely have decent discussions about it.''*

- Prof. Dr.

The subsection above discussed the various ways of acquiring works of art, in order to add to the context of the decision-making process. The next section will cover the next phase, the evaluation of the placed works.

4.2.4 Evaluation and interaction

After a work is acquired and installed, it takes time to see its effect. Regarding the features that come from the architects, those are evaluated after 5 years, which is standard procedure. The pieces of art placed by the art committee however, are in principle not subject to evaluation, as shown by the following quote:

> *''Well, we don't perform official evaluations, also because it is very difficult to negotiate about art.''*

- Prof. Dr.

This absence of official evaluation guidelines however, does not mean that there is no room for feedback. One of the members of the art committee for example, explicitly once said he once emailed the staff of his department with the announcement of a new work of art somewhere in the hospital. And if they would be so kind to email him back with possible feedback on this specific work. Another example of a case where input of staff members outside the art committee was taken into consideration was the case of a certain photograph of an old woman, with all the wrinkles that come with that age but only wearing underwear. The art committee at that time that made the decision to put it there, thought it to be a beautiful photograph. Some staff members who daily passed by it however, disagreed. Consequently, the photograph was removed, and a discussion took place with that department, in which they were asked what they preferred. Hence, interaction does occur, but its role can be expanded. Both interviewed members of the art committee saw in the future an increasing role of interaction regarding art, both in the choosing of art, as well as in the application of education.

The current situation, where opinions of patients, or staff, are not really considered, is illustrated by the following quote:

> *''We don't really actually, it would be a good idea. In the past, we did hold surveys about practical matters and about art. But when people are given a completely free choice, almost all of them are choosing a plant. So you have to be careful with these things.''*
>
> - Art historian

However, it does should be noted that everyone connected to the hospital has influence in the sense that he or she always can suggest a work, and then the art committee must and will take a look at it. This regularly happened in the old building. In the new building however, thus far, it does not happen very frequently. These days people appear to be more likely to wait and see what the art committee comes up with.

Moreover, the main challenge in the decision-making process is that they must be steadfast, true to their vision. Even though there currently is not as much input from sources outside the committee as there used to be, it does happen occasionally. And when it does, they must hold on to their vision, and when needed, also be able to reject an idea.

This also applies to healing images. As mentioned earlier, art is preferred over healing images, and these images are in the long run supposed to be replaced by pieces of art. This does not just happen overnight; it will be a process in which healing images in hospital wards are gradually replaced. Sometimes however, it is a difficult process:

''Well, because there is someone on that ward that clings to what's already there, or they do not like the art that we put there. Well, I don't care about that. I'm not going to discuss with departments heads whether they like the art or not […] because we have been given the assignment by the board of directors.''

- Prof. Dr.

Furthermore, one of the members of the art committee envisioned a future, when more financial means would become available, with more interaction regarding art. Firstly, interaction in the sense of increasing accessibility. An example could be that the art committee presents three paintings of three different artists on intranet, of course with a short description, that are considered for a certain spot in the hospital.

''And then ask the staff, VOTE! And do leave your opinion! This does not happen at the moment, but this could result in a public debate. And it does not necessarily mean that the favoured work will also be chosen, but at least a public debate will take place, and I would like that!''

- Prof. Dr.

The conviction that something like this one day is going to happen certainly seemed present with one of the members. Another suggested way of increasing the interaction, was to create routes of art through the hospital:

''Preferably with a nice leaflet, so that the people can witness the ten most beautiful works of art of the Erasmus MC. And preferably, I would even see a route through the building, on the way to another destination, outside the hospital.

So that the building is also really part of how you move in your city.''

- Prof. Dr.

This quote above illustrates the potential that art holds, but in the case of the EMC has yet to be fully utilised. When it is up to the members of the art committee however, this will definitely happen someday, for instance, in the examples mentioned above, as well as in education:

> *''In the coming years, the art committee can set up an active and substantive communication and education program for visitors and patients. Known makes Beloved.''*

- Document *Policy 2015-2018, art committee*

The goal of this policy is to increase interaction regarding art, especially for visitors and patients. But judging by the tone of the interviews, this can be extended to medical students, staff members and even all the people living in the city of Rotterdam. This quote also introduces the goal of education, which was also mentioned by the art historian in the interview, in which she elaborated on examples of applications of art in education:

> *''You could think about websites, communities of for example students. When they have to learn to draw something medical, it is not for the sake of drawing, it is because you have to find the peace of mind in order to observe well, how does it really look like? So for instance, you could make them look to a work of art for half an hour, let them turn around and let them draw what they have seen. You can get much more out of the collection!''*

- Art historian

This section ended with several notions on how the future of hospital art could look like, namely: the inclusion of more people in the process of choosing art and the options to increase accessibility and interaction. The next section will build on this by discussing the more current challenges that are encountered.

4.3. Challenges

In this last section, two recurring challenges will be discussed, sustainability and public funding. These are important issues since they continually must be considered in the decision-making process, and therefore need to be discussed in order to obtain a picture as complete as possible of this process.

4.3.1 Sustainability

> *''I think as a planet, we actually are one step further since a healing environment focusses on humans and their well-being. But when talking about a healthy environment, it actually is about the sustainability of the system as a whole. And I think that is the next step that we should stand for together. A healing environment reminds me of when you buy meat. You can buy it, or not, out of pity for the cow, or buy biological food, which might be better for the cow and possibly better for your health. But maybe eating meat is in every way harmful to the earth. Well, I think that is a balance of a healing environment, let's make sure that all of us get a better recovery. But we are at a challenge that that should not be at the expense of the environment that we all use.''*

- Architect

This quote by one of the architects introduces the subject of sustainability. It is arguable that a hospital, by definition, can be seen as unsustainable, given the massive amount of energy that is used daily. However, one could also argue that because of this, it is even more important, that whenever possible, sustainability should be taken into account. An example of where this is done is when the art committee contacted the interviewed artist. They wanted a work of art that was made from sustainable materials; hence scrap wood was used. Another requirement of the work was that it had to be fireproof, and given the size of the work, it had to be able to be disassembled in case of emergency.

Furthermore, a completely different example of sustainability was mentioned by a member of the art committee regarding the enormous clock in the central hall of the EMC. When looking at this clock specifically, one can observe two street sweepers that are sweeping the hands of the clock, which can be seen as a form of symbolism:

''It is more than a clock because they are cleaning the street, much like what we're doing in the hospital, cleaning human beings. And we are trying to be a sustainable hospital, meaning that we handle our waste with care, so sustainability is a priority for us. And the fact that art can play with this in a subtle way, I really like that!''

- *Prof. Dr.*

This illustrates yet another potential use for art, the potential to convey what the hospital stands for.

Picture 10. *The Sweepers' Clock*, by Maarten Baas

As can be seen in the photograph above, the clocks' location contains symbolism as well, in two ways. Firstly, at the right bottom of the clock, there is a green cross sign indicating the entrance of a pharmacy. The clock itself is placed right above the space where usually people are waiting in line in order to enter the pharmacy. When waiting, time often is important for people, hence the symbolism of a clock here. And secondly, old hospitals always used to have a large clock in the main hall or passage.

In this subsection, different interpretations of sustainability have been discussed, how they relate to the hospital in general or to hospital art, and how they play a role in the decision-making process. Furthermore, given the climate change that has been going on, the notion of sustainability is increasingly becoming an urgent challenge, hence its overarching importance.

4.3.2 Public funding

> *''Back in the days, we would receive 1% of the building costs as a means to buy art. Well, that would be wonderful of course! This is a building of a billion euros!''*

- *Prof. Dr.*

This was the answer to the question of whether there was enough attention for art in general from the board of directors. Both interviewed members answered affirmative, stating that it is for a reason that one of those board members is a member of the art committee. A side note to this however, must be made since there will never be complete consensus on whether spending large amounts of money on art, in this case public resources, is justifiable. One could always argue that this money would be better spent when invested in research or used for hiring new staff members for instance. This is illustrated by the quote below:

> *''Art is very expensive. So, for instance, the statue of Duna, you won't get it for under a million euros. And then there are always people who say, with that amount you can also…those kinds of discussions.''*

- Prof. Dr.

As touched upon earlier, an important aspect of the vision of the art committee is quality over quantity. Its origin lies in the economic crisis about a decade ago when budget cuts had to be made. In these times of austerity, the following was born out of necessity: *more with less*. And to this day, this philosophy is still applied in the decision-making process regarding art. The inevitable consequence, given the phase of decorating that they still are in, is that some spaces in the hospital must wait a bit longer to receive decoration. This however, is not the only reason why this art-choosing process should be considered a delicate matter.

It is also because the Erasmus MC is a public institution and therefore is obliged to comply with the heritage law, which implies that they cannot just simply get rid of hospital-owned objects whenever they want, including art:

> *''When in the middle of the process you carry the responsibility to take good care of art, and at the end you are by law obliged to get rid of it in a responsible manner, which always costs money, then of course at the front of the process you must choose well whatever you acquire.''*

- Art historian

In a way, this quote also adds to the notion of sustainability by stating the importance of not thinking too lightly about purchasing a certain piece of art. This is one of the reasons why artists who already made a name for themselves are preferred over artists that are just graduated:

> *''We have the idea that since we're spending public resources, there must be value to the works that we buy. So we are very focused on artists of whom works are displayed in museums. We do take this into account when considering a piece of art.''*

- Prof. Dr.

The intention to purchase works of art that are made by artists who already have established their name, demonstrates that the decision-making process is subject to the notion of value, and consequently to, sustainability.

Conclusively, in this results section, three main patterns have been discussed. Firstly, the assumptions and ideologies behind the decision-making process. Notions that have been elaborated on here are EBD, healing environment, the definition of quality, and the role of time and space in this process. After a solid understanding of these topics was established, in the second section, the decision-making process itself was explored more in depth. Lastly, the perceived challenges, sustainability and the fact that the hospital is publicly funded were discussed. By having discussed these three patterns, the decision-making process regarding the incorporation of hospital art has been covered from multiple angles. I will now turn to discussing these findings in the discussion and conclusion section.

Chapter 5. Discussion and conclusion

5.1 Discussion

This chapter will cover the assessment of the results in a broader perspective. Given the limited amount of evidence on hospital art and the factors involved in its incorporation, this study contributes to this conversation by attempting to gain more insights into the decision-making process of incorporating art in the Erasmus Medical Centre.

5.1.1 Contribution to theory

In this study, art is used as a lens through which is looked in order to find out how is dealt with uncertainty regarding evidence. This is relevant because, to this day, the controversy surrounding evidence-based design remains. As a result, there are no evidence-based guidelines for hospitals to follow in order to choose art suited for a healthcare environment. The art committee of the EMC therefore stated criteria that art must meet in order to be considered fit to be displayed in the hospital. These criteria are described in a policy document that functions as a guideline in order to purchase of works of high quality that take target groups into consideration and are attuned to a specific location. This study shows, that without much literature to fall back on, it is possible to make funded decisions.

Furthermore, this study covers the notion that art has the ability to empower patients and be of help in their healing process. This adds to the literature in a way that the interplay of materialities, in this case, art and spaces, can contribute to a healing environment, again, in the context of uncertainty. This is also closely related to the concept of patient-centred care, a concept that has received an increasing amount of evidence over the last decades. In line with this, spaces in harmony, which well-chosen art can contribute to, might possess the ability to aid patients in their healing process. This builds on the ideas of Florence Nightingale.

5.1.2 Empirical contribution

It is important to gain insight into the decision-making process of incorporating art in hospitals, for art can affect everyone being present in the hospital. Therefore, this thesis could function as a descriptive baseline measurement, in which the decision-making process is described the way it currently takes place in the EMC. Consequently, its results can be used by other hospitals that are also thinking about implementing (more) art.

This goes for both existing hospitals as well as hospitals that will be built in the future. For those hospitals, this study could function as a blueprint of the decision-making process, which in this study is covered from multiple angles.

Furthermore, given the increasing attention for patient-centred care, a trend that continues to this day, this study fits well within this current timeframe. This study shows, in the case of the Erasmus MC, that a well-chosen work of art ought to be able to aid patients in their process of healing. This can complicate the process of choosing the appropriate pieces of art, especially in the context of EMC's ideology of quality over quantity. Moreover, each work has to add value to a certain space; one and one has to equal three, otherwise the healing potential of a work of art is not only not fully exploited, it is also be considered a waste of public resources. This last argument is even more relevant in these times of the COVID-19 pandemic, where the (financial) pressure on the healthcare system has increased tremendously.
What this study shows is how policy is made and how this results in the spending of tax money, in this case on art, in the context of uncertainty. Hence, it can be observed that it is possible for the involved healthcare professionals to deal with uncertainty, which is a hopeful thought given the uncertain continuation of the pandemic.

Lastly, art in healthcare has proven a factor capable of facilitating interdisciplinary collaboration, since architects, artists, an art historian and doctors are involved. The course of this process therefore might function as an example, or even as inspiration, for other interdisciplinary initiatives.

5.2 Conclusion

The aim of this study is to explore the decision-making process regarding the incorporation of art in the EMC and contribute to the growing body of literature. This contribution will now be finalised by discussing and answering the two subquestions and ultimately the main research question.

1. *What assumptions and ideologies about care play a role in the decision-making process of hospital art, and how do they relate to EBD?*

Part of the applied ideology is that art in the EMC should continue to marvel, to make people wonder time and time again. Therefore, the specific location of the works is very important: space and art complement each other in a way that, when attuned to each other and to the target group, harmony is created. Consequently, this harmony can assist patients with their recovery and healing process, which is in line with theory. When considering this process of healing in a holistic way, it not merely entails the absence of a disease, a goal that ought to be pursued by doctors, but also to be at peace with one's situation.

Regarding this design, the architects firm involved with the design of the current building of the Erasmus MC, applied evidence-based design. Emphasis was placed on factors that are considered to be able to aid in the recovery of patients. These EBD substantiated factors include the abundant use of green, a lot of large windows to let daylight in, and large, open spaces where patients can easily orientate themselves and find their way in the EMC. Especially regarding this last factor, art has a role to play, assisting with the orientation and wayfinding. This illustrates the interplay between art, design and space.

Lastly, this design of green, daylight and openness, is extended to healing images which often consist of landscapes that, as real nature, can comfort patients and therefore reduce stress. Not all these images have been replaced with art yet, which might not happen at all since these images appear to serve a purpose of their own in the creation of a healing environment. Therefore, art and healing images must complement each other.

2. *How is the concept of a healing environment understood and applied in the decision-making process of incorporating art in the EMC?*

The concept of a healing environment is understood as an environment that aids in the improvement of the well-being of visitors, staff members and most importantly, of patients. Furthermore, art can enable people to identify themselves with that specific piece, to make them reflect on their situation and to create solidarity amongst its viewers. Therefore, it can aid patients in their healing process by empowering them. This line of thought appears to be a key factor in and an objective of the decision-making process.

Furthermore, this study has also shown that evidence-based design, architecture, healing images, patient-centred care and the healing process of patients are all connected and play a role in the decision-making process of art. These factors must be considered in order to create an environment with healing effects.

How does the decision-making process regarding incorporating art take place in the Erasmus Medical Centre?

Many factors play a role in the decision-making process regarding incorporating in the Erasmus Medical Centre. It all starts with the building itself, which is not just designed just as a building but rather as a piece of the city. Therefore, with a new building functioning as the starting point, the art committee has been tasked with decorating the hospital. This committee consists of a small group of professors and doctors, along with an art historian in an advising role. They come up with most of the works of art. This being a small group of people has the advantage that the complexity to make the decisions is reduced - without having to involve more people in this process. However, this does raise the question of whether this process currently is too one-dimensional, especially given the stated desire in their policy document for the EMC to make the hospital feel like a part of Rotterdam. To make this process and consequently the decoration of the EMC future proof, more interaction with a larger and more diverse group of people might be needed. The challenge then will be how to combine the criteria of high-quality artworks that have the ability to marvel and make people wonder, with a more diverse input and a larger role for interaction and discussion. In other words, move from a type of process in which decisions are made by a few, to a participation model, without losing the ability to make the decisions since the decision-making process of art will always remain complex.

5.3 Limitations

During the data collection, an increasing number of possibilities to extend the scope of this thesis presented themselves. For instance, more members of the art committee could have been interviewed in order to obtain even more insights into the motivations and ideologies applied in the decision-making process. Art will always be surrounded by a certain amount of subjectivity, which is why each additional interview could prove valuable. The suggested option of interviewing a retired member of the art committee could also have provided insights into the development of the decision-making process over time.

These are in the first place considered limitations and secondly recommendations for future research since they would have contributed to an even more complete picture of the decision-making process.

Furthermore, as a result of the COVID-19 pandemic only one limitation was experienced. The first interview, the interview with the architect, was conducted online, which at the time I thought went well, given that all topics I intended to discuss, were addressed. However, during the next interview, which took place in the EMC, the difference was evident. This can best be compared to the difference between an online lecture and one in real life, as the latter interviews went far more fluent and felt much more like a real conversation rather than a question-answer interview. Retrospectively, it is difficult to say how much of a difference it would have made when the first interview would also have taken place face-to-face, but what is clear is that the last three interviews contained more spontaneity and room for side paths. Additionally, the last three interviews were conducted in respectively a public space within EMC, an office in a department and in the artist studio. In each of those interviews, the surroundings were spontaneously discussed, for instance, the materiality's and nearby works of art, which added a dimension to the interview.

Moreover, the interviews were held in Dutch and transcribed in Dutch as well. The coding however, was done in English. A consequence of this might be that the clue or actual meaning of a quote was lost in the translation.

Lastly, limitations due to the chosen method of qualitative research will never be completely absent. This includes a potential bias due to the influence of the researcher, the interview questions and how they relate to each other and the respondents.

5.4 Recommendations for future research

In this last section, the recommendations for future research will be discussed. Firstly, several limitations, as mentioned earlier, can be seen as recommendations for future research: this study can be seen as a starting point for new research to build on, for instance, by interviewing even more actors involved in order to obtain an even more complete picture of the process.

Next, the decision-making process of the Erasmus MC could also be compared to that of other hospitals, be it similar or different types as the EMC (e.g., academic vs peripheral and/or recently vs older built). This could prove to be an important extension of this study, given that multiple hospitals could benefit from insights in each other's processes. Should these comparisons occur, society benefits as well in the sense that everyone visiting a hospital could experience an environment that is better attuned to patients, visitors and staff.

Furthermore, regarding the EMC specifically, a heritage committee is active in the hospital, which is about preserving objects of medical science, and there is a science gallery present in a certain public space. This gallery is part of an international university network dedicated to public engagement with science and art; it connects the concepts of biomedical science, art, society, education and healthcare. These initiatives are already active in the EMC and could very well be connected with the art in the rest of the hospital. This could lead to a very productive and innovative approach in order to increase the interaction of art in the EMC.

The last recommendation for future research is about the future of the decision-making process itself. Currently, we face a time of change, where attention for diversity and transparency rapidly increases. These two concepts are in contrast with the way the decision-making process currently takes place in the EMC. At this moment, a small group of highly educated people make the decisions regarding art in the EMC. This composition is not exactly a reflection of the inhabitants of the city of Rotterdam, but is this a problem? Does a committee like the art committee necessarily have to evolve and adapt to the time and place they live in? These questions could function as a starting point for new research, preferably conducted in the near future. For change always takes time.

5.5. Reflection

Something else I've learned and even enjoyed now and then was how far I could push myself. In the last 2 months of this thesis, I've also started working three days a week, and therefore, my days were spent either working or writing. There was not a lot of time for other activities, because I really wanted to accomplish both successfully. This resulted in an enormous drive to be productive as I've never experienced before. This did mean however, taking time to relax every now and then, which was sometimes harder than actually being productive these last two months. Finding this balance, has been a valuable experience. Furthermore, after each of the interviews, I noticed a spike in my motivation. Taking these trips, so to speak, is what made this thesis stand out from ordinary study courses, which was more than welcome in these times of the COVID-19 pandemic.

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