

ETHICS AND HUMANITIES

## A Memory of an Aesthetic Experience Transferred to Clinical Practice

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**ABSTRACT** *Purpose:* To examine the usefulness of writing about a memory of an aesthetic experience, and then transfer the aesthetic experience to a health care situation.

*Methods:* The study was accomplished at two university colleges of health sciences in Sweden. It started with student nurses (N=291) writing about a memory of an aesthetic experience. Then they transferred the aesthetic experience to a purposeful clinical practice.

*Findings:* The results showed that each student could report on a positive memory of an aesthetic experience. Embedded in each story was an aesthetic experience that was meaningful to the student. Domains of memory most frequently reported were music, work of art and nature. Themes derived from the aesthetic memory were happiness and awareness. The awareness theme comprized the value of aesthetic experiences for the patients, and for student nurses.

*Conclusion:* The process of writing about a memory of an aesthetic experience provided an alternative model for nursing education that could improve patient care.

**KEYWORDS** *Nursing, aesthetics, experiences, clinical practice.*

### Introduction

#### *Aesthetic in Nursing Care*

Research concerning the patients' need of aesthetic means of expression for their well-being and recovery to health is now well developed and rapidly expanding. One of these research areas emphasizes the patient's preferences for views containing trees and other vegetation (Day, 1990). Similar findings were reported by Ulrich (1986a). He also found that the benefits of visual encounters with vegetation was important for individuals experiencing stress or anxiety (Ulrich, 1986b). Hospital window views influence patients' feelings

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positively, and accordingly affect recovery from surgery. The patients were assigned to rooms in a hospital that were identical except for window view. One group overlooked a small grove of deciduous trees, whereas the other had a view of a brown brick wall. In comparison with the wall-view patients, individuals with tree-window views had significantly shorter post-operative hospital stays and needed fewer doses of analgesic. They also tended to have lower scores for minor post-surgical complications such as headache and nausea (Ulrich, 1984). Rubin (1998) reported a relationship between environmental design and patients' medical outcome. Furniture placement constitute one example that had a positive impact on patients during hospital treatment.

Pain is the most common complaint among patients that demands nursing attention. Various reports suggest that music can help patients to deal with pain. Locsin (1981) investigated the effect of music on the pain of post-operative patients. Significant differences were found between a control and experimental sample in their verbal pain reactions with a positive impact in the music group. Similar finding was reported by Angus & Faux (1994). Andersson Schorr (1993) examined the effects of music on patients with chronic pain. The findings suggest a positive effect of music. Ryan (1994) found that children who listen to music during vein punctures report less pain.

Humour is recognized as an important psychological variable with a wide range of effects. Bullock (1983) examined the effect of humour on anxiety in children. She found that children exposed to humourous material had a significantly lower state of anxiety compared to children exposed to non-humorous material. Safranek & Schill (1982) reported that humour may be effective in coping with life stress in general. Simon (1988) examined the relationship between the uses of humour and health outcomes as measured by perceived health, life satisfaction and morale in older adults. The findings suggest that humour may be one phenomenon that assists in successful aging. Buxman (1991) argues for 'humour' rooms at hospitals. These could be valuable for the recovery of the patient. The patient and her or his family can take a break from the seriousness of the illness. They can relax in a pleasant surroundings, read funny books, laugh at comic movies, or play games.

Cohen (1993) speaks of the healing powers of books. She means by this that bibliotherapy, the therapeutic use of literature, can be invaluable in helping a patient to understand and cope with illness, because the patients tend to recognise their life situations in the books they read. Reading can also be used as a spring-board to nurse-patient discussions.

In a controlled intervention study, reproductions of works of art were used as communication tools with elderly women. A positive life perception was found in the art group compared to the control group (Wikström, 2000).

The studies presented above comprise some examples of aesthetic means of expression that play a vital role in patients' recovery process. Augurly, knowledge of this kind has to be included in student nurse education.

## **Aim of the Study**

The aim of the present study was to ask student nurses to write about a memory of an aesthetic experience, and then describe by what means the aesthetic experience could be transferred to clinical practice for the well-being of the patient.

## **Research Question**

Could student nurses' personal memories of aesthetic experiences be used in the education process concerning aesthetic means of expression that play a vital role in patients' recovery process?

## **Method**

### *Study Group and Data Collection*

The sample selected for the study comprised student nurses at two university colleges of health sciences in Sweden. These settings were selected so as to ensure that the type of teaching, teaching material and teaching method that were practised were broadly similar. Data were collected during a period of two years (1997–1999). Student nurses in the undergraduate program served as the study population ( $N=291$ ). In the three-year undergraduate program, that leads to professional nurse registration and a degree in nursing, the focus was on the third study year.

The students reported on a memory of an aesthetic experience. Then they transferred the aesthetic experience to a purposeful clinical practice. All students' reports were accomplished individually and presented in written form.

### *Theoretical Framework*

The present study was built on experience that comprises the two senses of knowing that are thinking and feeling or cognitive and affective domains of thoughts. In the present study students' memory of an aesthetic experience formed the knowledge base that consisted of cognitive and emotional knowing.

Previous research showed that there was no sharp conceptual distinction between cognitive knowledge and feelings (Van Manen, 1977). He argues that

feelings were equally important in the learning process as cognitive knowing. He argued that feelings usually accompany beliefs. Similar thinking was expressed by Goleman (1996).

## **Results**

The results of the present study showed that all students ( $N=291$ ) were able to report on a positive memory of an aesthetic experience. Three of these reports are used to illustrate the richness of the students' aesthetic experiences. Embedded in each story was an aesthetic experience that was meaningful to the student. The three domains, music, art and nature, are represented in the reports. These appeared more frequently than others (Table 1).

### **Domains of Aesthetic Memories**

#### *(1) Work of Art*

When I was a child I often had inflammation of the ears, and consequently my parents and I visited the medical health centre several times. The room at the health centre had gloomy walls, and the light from the ceiling was bright and gave the room a frightening atmosphere, because it illuminated instruments for medical examination. However, on one of the walls was a painting that had many details, and it was painted in bright colours. The painting represented a farm with lots of animals. I studied the painting very

**Table 1.** The profile of aesthetic experiences ( $N=291$ ) reported by the students were organized around nine major domains.

Aesthetic domains	Number of aesthetic memories
Music	95
Nature experience	62
Work of art	58
Colour/form	21
Literature	14
Theatre/circus	12
Dance	7
Movie	4
Religion	3
Humour, play, holiday, reading aloud, cut-out, Lucia Day, Midsummer celebrations, photo album	15
Total number	291

carefully every time I visited the medical health centre, and I always discovered something new in it, such as tools to be used by the farmer, and different kinds of animals. I could put myself and my feelings into the picture. I was reminded of my grandparents' farm I used to visit every summer. When I was examined I was placed so that I could see the painting. It took me away from the frightening situation.

#### *Aesthetic Experience Transferred to Clinical Practice*

This experience made me think of how important it can be to use paintings during nursing procedures. When a child shows anxiety about a vein puncture, a painting could divert the anxiety. A painting moves thoughts in varying directions. It makes a person think of things that happened in the past or perhaps will happen in the future. A painting could also stimulate thoughts far from the frightening situation a person finds oneself in.

#### *(2) Nature Experience*

It was a summer many years ago. I was 8 years old when I was hospitalized. I was very sick. My parents and I lived far from the hospital, so I could not have many visits. But the worst thing was that I was not allowed to go out. Besides, my bed was placed in a way that made it impossible to look out through the window. I envied my friends at home who were able to play and have fun. After several weeks in my hospital bed a nurse asked me if I would like to 'go' out. She placed my bed under a tree. It was the happiest day in my life. I do not remember what the nurse and I talked about, but what I do remember was the lovely view, the sun, and to be able to listen to the birds and the wind sighing in the trees.

#### *Aesthetic Experience Transferred to Clinical Practice*

This aesthetic experience made me think of how important it can be to offer the patients walks in the surroundings of the hospital so that they could enjoy the nature. Patients should have access to a view from a window. It could help them to vary their thoughts.

#### *(3) Music*

As a child I often had difficulty in falling asleep. So my father used to play the piano for me. Most of all I wanted to listen to the same piece of music. The music helped me to relax. When I grew up I found that some music made me sad and some exultingly happy. Sometimes I wanted to get up and dance.

#### *Aesthetic Experience Transferred to Clinical Practice*

When writing about my aesthetic experience I fully realized that music must have a place in nursing care. Music could be a way to calm down a restless patient suffering from dementia, or to calm down an anxious patient worrying over his diagnosis.

## **Themes Derived from Student nurses' Aesthetic Experiences**

The process of analysis was made in two steps. The first step was a content analysis with open, substantive coding of each aesthetic memory. Open coding fractured the data and allowed identification of categories. Then a naming and a categorizing of phenomena through a close examination of data was undertaken, and compared for similarities and differences. Questions were asked about the phenomena as reflected in the data.

When contemplating the categories and considering the tone of students' aesthetic memories, the two themes happiness and awareness appeared. These comprised the value of aesthetic means of expression for patients and for student nurses.

### *Theme 1. Happiness*

- 'The painting . . . made me think of all the lovely summer days I spent with my grandmother';
- 'When spring comes with sunshine and flowers one perceives feelings of happiness and a peaceful frame of mind';
- 'The music made me experience feelings of happiness I never felt before';
- 'it was aesthetics that brought me happiness when hospitalized';
- 'some music made me sad and some exultingly happy';
- 'After several weeks in my hospital bed. . .She placed my bed under a tree. It was the happiest day in my life.'

### *Theme 2. Awareness*

#### *Sub Theme: personal value for student nurses*

- 'Writing about an aesthetic experience brought back a memory that I had never thought of before as aesthetic. It has meant and means a lot to me'
- 'The aesthetic program made me realize how important aesthetics were to me'
- 'Writing about an aesthetic memory was effective in increasing my focus upon aesthetic aspects of nursing care that could not be taken for granted'
- 'Through recalling a memory of an aesthetic experience I understood my own need of aesthetic experiences'
- 'Through recalling a memory of an aesthetic experience I recognized aspects of my behaviour towards patients that I had not thought of before'.

#### *Sub Theme: patient value*

- 'When a child show anxiety about an examination, a painting could divert the anxiety'
- 'To offer a patient a walk in the surroundings of the hospital so that she could enjoy the nature'

- ‘Through reawakening the aesthetic experience I could understand a patient who felt sad because he could not enjoy the outdoor life’
- ‘I understood that I have to pay more attention to patients’ likes and dislikes regarding different aesthetic means of expression’
- ‘Long-term ill patients should have access to a garden with flowers to attend to’
- ‘We could decrease the patient’s anxiety through offering flowers on the table and a work of art at the bedside’

### *Summary of Results*

Each student’s memory of an aesthetic experience was completely unique and individually illustrated, and the value of these aesthetic experiences for the students as well as for the patients were concisely and clearly depicted and transferred to clinical practice. Each story had different facts and concern for patients’ need for aesthetic means of expression. The students discussed in writing the changes in their thinking. They became aware of the unlimited possibilities to meet the aesthetic need of the patient, and explored issues of individual value.

## **Discussion**

In the present study the students were encouraged to view aesthetics from a personal point of view and from clinical practice. These perspectives could be looked upon as the time dimensions of past, present and future. All students had a memory of an aesthetic experience to tell. It could be regarded as the dimension of the past. The students’ feelings were awakened by a memory of an aesthetic experience—the present dimension. The aesthetic memory was transferred to a purposeful clinical practice in the future dimension. Through these time dimensions they became aware of how aesthetic means of expression were relevant in the process of nursing care.

Happiness was one of the main themes in the aesthetic stories about music, art and nature. The students’ descriptions of experiences of nature, contemplating a painting and of listening to music were illustrative examples characteristic of this theme. The students described walking in a beautiful landscape, or looking at a stretch of wild nature as a positive experience in words such as: ‘When spring comes with sunshine and flowers one perceives feelings of happiness and a peaceful frame of mind’. They described that experiencing music made them feel lighthearted, forgetting all the worries in their daily life in words such as: ‘The music made me experience feelings of happiness I never felt before’. They wrote about art in words such as: ‘The painting ... made me think of all the lovely summer days I spent with my grandmother’. The aesthetic experiences reported by the students took them on an imaginary journey that brought forth joy and happiness. Through feelings of

happiness that a memory of an aesthetic experience brought forth they could understand that patients needed access to different aesthetic means of expression when hospitalised. In this connection it is important to remember that feelings aroused by an aesthetic experience always are inside that person. Denzin (1984) argues that emotionality lifts people 'into and out of themselves ... People, then, must engage themselves and their emotionality if they are to more meaningfully enter the affairs of others' (p. 278). Similar thinking was expressed by Goleman (1996). Feelings of happiness had their starting point in the students' personal memory of an aesthetic experience. Although feelings could be regarded as less reliable than knowing, they played an important part in the present programme. As stated by Van Manen (1977), feelings and knowing go hand in hand. Similar thinking was expressed by Goleman (1996). He argued that feelings are essential guides in all learning. Also Main (1980) developed this kind of thinking.

The second main theme in the present study was awareness. Student nurses express a personal awareness of the importance of aesthetic experiences in terms of: 'The aesthetic programme made me realize how important aesthetics were to me', and 'Writing about an aesthetic memory was effective in increasing my focus upon aesthetic aspects of nursing care that could not be taken for granted'. Besides expressing the personal value of an aesthetic experience, student nurses also become aware of the unlimited possibilities to meet the aesthetic need of the patient. Below are some examples that enlightens this aspect. 'When a child shows anxiety about an examination, a painting can divert the anxiety. 'Another example that enlightens the awareness aspect was 'to offer the patients walks in the surroundings of the hospital so that they can enjoy the nature. The examples above show that the students' aesthetic awareness was part of an reflection process that was firmly established in personal experiences. This is in line with Van Manen's (1977) arguing that awareness of a specific perception of our own is part of a reflection process. Atkins & Murphy (1993) included self-awareness as a skill needed for reflection in the learning process, an aspect that partly was found in the present study. Boud *et al.* (1985) argue that an individual could not become aware without reflection. Similar finding was reported by Main (1985).

Awareness, as it was expressed by the students in the present study, could also be described in terms of awareness of an inner private world. This reasoning lays stress upon awareness from another angle. Burnard (1990) speaks about the inner world as feeling, sensing, thinking, and intuition. When students in the present study wrote about the personal value of an aesthetic experience they focused on their inner private world of feelings and memories. They became aware of their inner word, represented by memories of aesthetic experiences as valuable, not only for themselves but for the patients as well, which could have contributed to make it easier for them to understand that patients must have access to their favourite aesthetic means of expression for their recovery to health.

An ideal study situation fosters students using personal knowledge as much as theoretical knowledge. Research into this area has been developed by Dewey (1933), Kolb (1984), and Carr & Kemmis (1986). They emphasised that learning from experience was as important as learning from theoretical knowledge. In the present study, students used personal knowledge of an aesthetic experience. It could be argued then, by telling about a personally experienced aesthetic memory, the students gained insight into the potential of aesthetic means of expression in meeting the need of the patient.

Whether students' understanding of the patients' need of aesthetic means of expression was due to personal experience of aesthetic memories brought back to mind, could only be speculated about. However, there was a value of unforgettable memories expressed by the students in their aesthetic stories that could have made them understand the patients' need of aesthetic experiences.

All ways of knowing have to be encouraged, because a narrow way of thinking is detrimental to nursing (Carper, 1978). In the present study a new dimension was integrated in the students' caring experience that made them understand by what means aesthetic experiences deserve a place in the nursing process.

## **Conclusion**

The relevance of writing about a memory of an aesthetic experience as learning objectives need to be considered, particularly because it provided a lens through which an alternative model for nursing education was explored that could improve patient care. For instance, music can help patients to deal with pain, and patients who had tree-window views had significantly shorter post-operative hospital stays and needed fewer doses of analgesic.

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