



Public Art: A Case Study at Nundah Community Health Centre, Queensland

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REVIEW

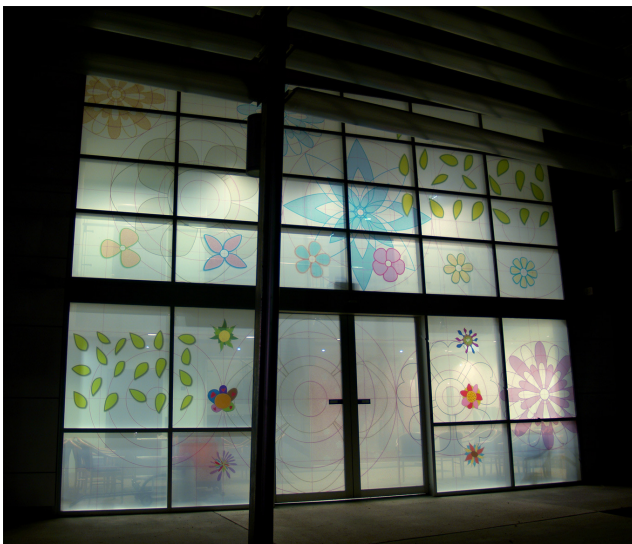
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Abstract

At a basic level health science/care involves negotiating the human/technology interface and a patient-centered approach should consider the patient experience, particularly in the context of building design. The creation of an environment that acknowledges the need to address the anxiety many patients feel in a health care setting is important. Health care workers should also be considered in this context as the quality of the building environment is an important factor in their everyday lives.



Main Entry Glazing - external view at night.

Over the past several decades art has been introduced to the health care setting, either through the use of art therapy or through its incorporation in the built environment as a means of mediating the interface between patient and institution. Indeed, it has been suggested that an involvement with art in hospitals can

aid patient recovery and a number of organizations such as the Society for the Arts in Healthcare 1 in the United States and the Centre for Arts and Humanities in Health and Medicine 2 in the United Kingdom have been established to promote and research the use of art in this context. The Arts Council of England has published *Arts Health and Wellbeing* where it states that;

There is increasing recognition that people's health and wellbeing is influenced by a range of interconnecting factors. Indeed, the World Health Organization suggested over 50 years ago that health is a complete state of physical, mental and social wellbeing, not merely an absence of disease or infirmity. This definition acknowledges that good health and wellbeing are reliant on an array of multiple factors, not just physical, but also psychological and social 3.

The Arts Council of England has also published *Arts in Health Literature Review 4* which contains nearly 400 references from medical literature on the arts and humanities in healthcare.

In Australia, art has been incorporated into health care facilities predominantly through various state based public art programs such as those in Tasmania and Queensland. Individual hospitals, such as the Children's Hospital at Westmeath, NSW have also been active in the use of art, employing artists to work with children and adolescents.

I have been involved as an artist with a number of projects in Tasmania and Queensland including; as artist-in-residence at Launceston General Hospital (1994); commissions for a community health centre in Hobart (1996) and for the Princess Alexandra Hospital in Brisbane (2001) and a recent project at Nundah Community Health Centre (2008) also in Brisbane. The Nundah project involved working with local children and a Coordinator of Indigenous Health at Queensland Health to create an environment that was more welcoming for the local community and staff who worked in the building.



Artwork, Princess Alexandra Hospital, Brisbane.
(one of nine screens - 2001)



Flower concept - early images were of European flora but it was decided that Australian flora would be more appropriate.

There are a number of constituents for health based artworks, each with a different relationship or involvement with the healthcare environment; the architect and client group (the owner of the facility); staff who spend a large amount of their time at work; patients and their visitors and the general public who also form an impression of the facility. While the therapeutic aspect of art is sometimes employed in hospitals, such as in the context of sick children, stroke patients or those with mental illness, my concern is with the creation of artworks that address the broader audience and contribute to the human dimension of the environment.

Given the broad nature of the audience for artworks in a health care context it is not surprising that there are concerns about the reception of the artworks, particularly since the audience may have no specialist knowledge of art. If it is a truism that people don't know much about art but they know what they like it is also true to say that people know what they don't like and artworks that are not well received can have a negative impact; particularly if artworks are considered in the context of competing economic priorities at an institution. There are therefore some risks for the client in embarking on an art project and unlike design where decisions

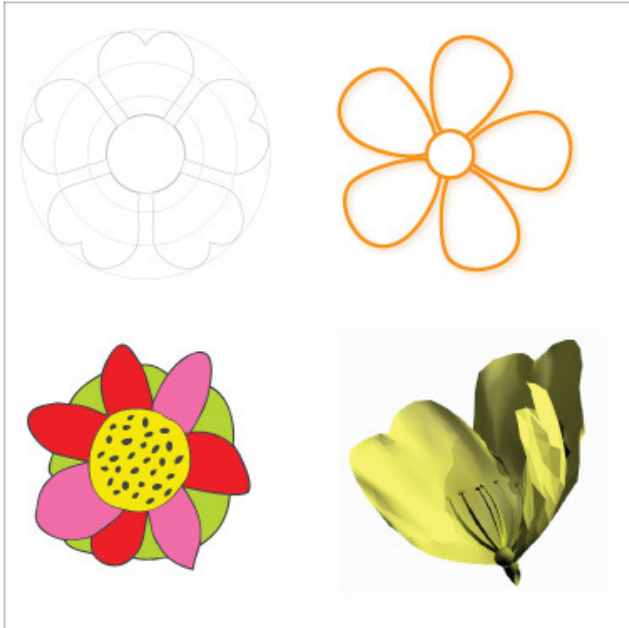
can be rationalised in terms of function, the openness of art can be problematic if the artist is not receptive to the audience and its context.

The notion of the autonomous artist expressing his individual creativity requires some adjustment in the context of public artworks as other factors along with audience are also of concern. Artworks need to be safe, hygienic, low maintenance, fit with the construction schedule and also be achievable within the budget. In short, there is a design component to public art that needs to be accommodated by the artist and the process for negotiating this relationship between art and design is important for successful projects.

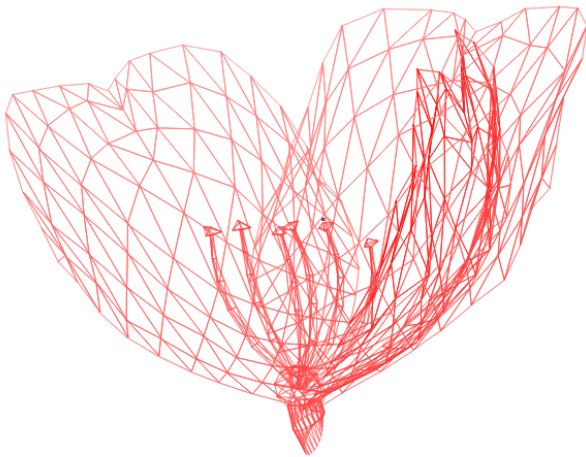
Nundah Community Health Centre (Nettleton Tribe Partnership, architects) is a new facility in suburban Brisbane where patients visit for treatments such as immunization, physiotherapy and dialysis that do not require an overnight stay and it is also houses the administrative offices for community health workers. Many of the visitors are women with children and although there is a diverse local population, there is also a larger than average indigenous population in the area. The architects included a playground at the facility and an "indigenous garden" with Australian native plants was planned for near the main entrance. It was envisaged that the artworks would engage with the community, contribute to a welcoming environment and humanise the institutional experience for the visitor and staff.



Children's drawing of flowers were developed for use on the playground panels



Styles for representing flora; line art, child's drawing and 3d computer model



Wireframe of computer modelled flower.

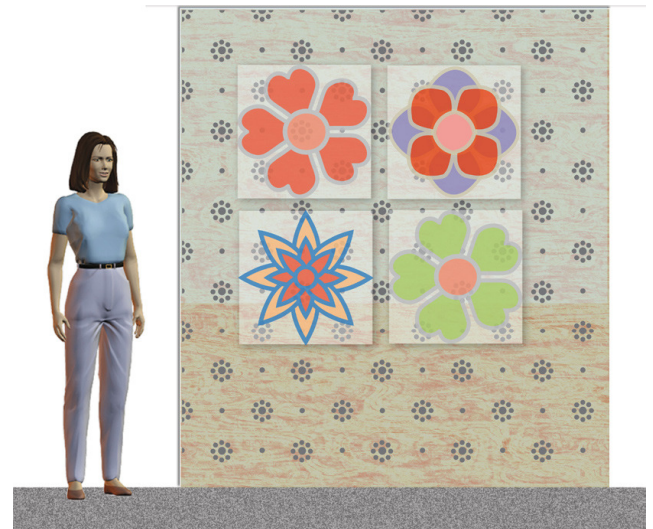
The process for the art project at Nundah was indicative of the problems and opportunities associated with public art. As the client was rightly concerned with the quality of the outcome there were a number of stages to the process, each with an option to proceed. A reference group/committee had already been established to work on the design for the building and it included representatives from Queensland Health, Project Services (the Queensland Government's construction management body) and the architects. Concept ideas/designs were presented to this group and a direction chosen as a result of discussion. The ideas then went through a further development process before being accepted by the client.

Initially, the main entry glazing was identified as the principal art opportunity but other options evolved as a result of the concept and development process.

My initial concept was to develop the "garden idea" and this was further reinforced by the building's location near Boondal Wetlands, a large area of environmental importance adjacent to Moreton Bay and a significant place for local indigenous people. It was suggested that flora might work as a theme for

the artworks and this idea was further reinforced by the cultural association of flowers with health care. The inclusion of a playground also suggested an opportunity to make works that specifically addressed children.

An idea however, is just that until it is given form; agreement on a direction is easier to achieve than agreement on its visual expression. Of course the problem for an artist is that the committee approval process might not be likely to result in a very satisfying outcome but nevertheless presenting a range of options to a committee can be a good barometer for how the finished works might be received by the public.



Early concept sketch for internal artwork



Construction of internal artwork - the images were printed using in-glass technology and positioned to allow the pattern to continue behind.

Initial concept images were produced on computer and the public circulation area between the front and rear entries was considered for developing artworks beyond the initial opportunity at the main entry glazing. The main entry contained a reception and waiting area where patients/visitors would have time to contemplate



artworks and the rear entry also had a reception/waiting area along with the (external) playground. Linking these two entry/waiting areas with artworks along the corridor would help unify the public space and also aid way finding.

However, my concept images had an unintended cultural bias in that I used European flora for the imagery and the committee suggested that indigenous clients might feel more welcome with images of local flora. Coincidentally, a Coordinator of Indigenous Health at Queensland Health had an interest and understanding of the plants in the area and their use in traditional culture. As it happened, many of these were used for medical purposes, which provided a nice link to the health centre and the planned garden. With his help I researched native plants and visited Boondal Wetlands, eventually deciding on three species for modeling using 3D software;

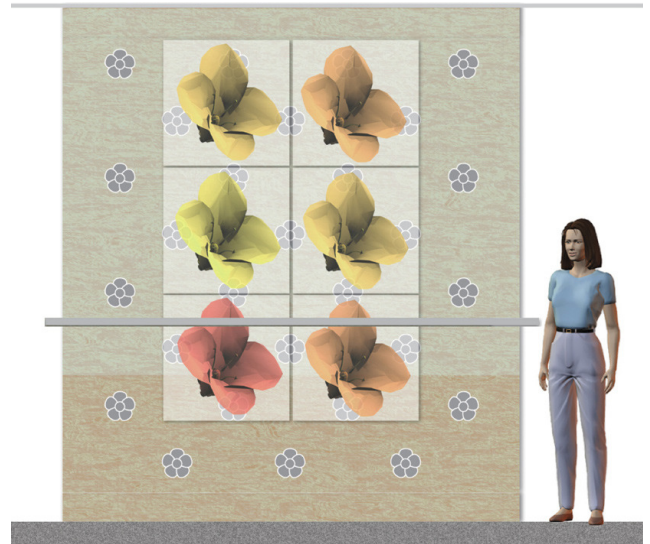
Swamp Orchid (*Phaius Australis*) an endangered species, which grows at the edges of swamps around Moreton Bay adjacent to Boondal Wetlands.

River Mangrove (*Aegiceras Corniculatum*) the inner bark was used to treat stingray and stonefish stings, the seeds were eaten and the wood used to make shields.

Purslane (*Portulaca Oleracea*) the seeds are highly nutritious and were eaten by Aboriginal people.



Concept sketch for internal artwork



Visualisation finished internal artworks with River Mangrove

The modeling of the plants proved an enjoyable challenge and the local content added a dimension specific to the project and the clients visiting the facility. The computer modeled images also provided a complex component for the aesthetic representation of flora and I decided to use line drawings representative of the classification of Australia plants as a simple representation /aesthetic to balance this. I also decided that the complex imagery would apply to the internal artworks with more simplistic representation (although not necessarily a simple aesthetic) for the artworks at each entry. In this sense the representation of the flora moved from simple to complex, from drawing to computer model, as the visitor moved into or out of the building.

The playground also provided a challenge and opportunity in that I found it difficult to replicate the style of imagery made by children. I envisaged that child-like images of flora would sit between the simple line drawings and the computer modeled images to provide a spectrum of representation. However, children's drawings can have a naive quality and a sense of play that would require me to "unlearn" my use of colour for example. I had also experience of this on another project at a Brisbane school where the children provided the drawings for inclusion on a gateway and I therefore decided to approach a local school for help. The children at the school provided a range of drawings which allowed me to develop imagery that better reflected an aesthetic appropriate for the playground and also created a connection with the local community. It was agreed with the school that individual children (or their background) would not be identified in the context of the project.

However, the three styles of representation, line drawings, child-like imagery and computer modelled images also needed to be connected; to have a common "ground" that knitted them together so as not to appear disjointed. I therefore decided to use pattern as a component on each of the artworks with a leaf pattern repeated on the playground panels and main entry



artwork. The internal artworks also contained a pattern “background” based on a development of the flora classification shapes and this was suggestive of the use of pattern in wallpaper, giving a domestic reference or feel to the works



Rear Reception Artwork. The use of pattern evokes a domestic interior.



Front Foyer Artwork showing Swamp Orchid

If an idea requires expression in visual form to be realised, then the imagery (on screen or in print) is also required to have a material form in order to exist in the context of a building. The translation from image to object involves choosing material and working with fabricators in order to realise the actual artworks. There are a number of important considerations, particularly in a health care environment, relating to hygiene, safety, fire-rating and maintenance when choosing materials and the artworks also need to fit with the construction program. I decided to utilise timber panels for the playground and internal works as this introduced natural materials in keeping with the overall theme. The playground panels were constructed using marine plywood because of their outdoor location and the internal works used timber veneers from Queensland, which further reinforced the local context.

The child-like imagery and the leaf patterns for the playground panels along with the motif pattern for the internal works were translated on computer to vector files, which enabled them to be CNC (computer numeric control) cut using a router connected to a computer. These were then assembled in layers and coated with an external paint before application to each panel. The playground elements were cut from full size sheets, which were later used as templates for positioning on the marine plywood and the layering of the elements will allow for an easier painting process when the colours to the outdoor works eventually need retouching.

The main entry glazing and the internal computer modelled images were manufactured using an in glass imaging technology that also acts to laminate the glass. This process locks the image inside the glass and away from “prying fingers” and also allows for ease of maintenance as the glass can be cleaned as part of the normal process for building. Toughened glass was used in accordance with Australian standards for safety and the digital files for all artworks were provided to the client to allow for repair in the event of any future damage. Translating an image from the computer screen to the size of the entry glazing (around 56 square meters) while maintaining image quality in relation to file size is also a technical challenge as is the accurate representation of colour from screen to glass.



Early concept sketch for a playground panel



Playground Panels - internal view during installation.



Playground Panels - external view during installation. The pattern motif unifies the artworks

There is a sense then in which public art involves negotiating the interface between art and design; between the artworks and the building. Another important component is the design of a process that allows for a recursive relationship between the artist, architecture and in the case of Nundah the local community, the staff and users of the building. While a range of responses to the artworks are to be expected an inclusive process can help in the creation of works that are more likely to be well received.

There is a certain anxiety associated with finishing a project in that there is generally some discrepancy between the impressions created by the prints during the development stage and the actual quality and scale of the finished works. There is also some uncertainty around the reception of the works by staff and the public and as part of the process I decide to solicit feedback from staff several months after they occupied the building. Fortunately, feedback was favourable and comments included;

“Inviting, dynamic and colourful. Wonderful work. Thank you for making my work place more exciting.”

“My colleagues and I love the art work at Nundah. It is subtle, welcoming and very pleasing to the eye. It creates a lovely ambiance and calm environment for staff and clients.”

The process and outcome at Nundah helped create a sense of place for staff and the community and importantly, signaled

that Queensland Health was concerned about this aspect of its relationship to staff and clients. The artworks relate to the building, its function and to the community who use it on a daily basis.

Although the general studies mentioned earlier point to the benefits of artworks in a health care environment, it would not be possible to identify if there are specific health outcomes at Nundah without a research study. Perhaps a key point here is the *difference* between art and design; art being a more “open” process than the more functional/scientific orientation of design with its focus on manufacture rather than creation or expression. However, art can function in an intangible way and can at least communicate an institutional awareness that there are important non-quantifiable aspects to the relationship with patients.

The theme for the Nundah artworks may be an apt analogy for the effectiveness of art; after all, how would you measure the impact a bunch of flowers might have for a patient? However, while the technical/scientific interface is an essential component of patient care, it would be inappropriate to try and situate art as somehow oppositional to this. Rather, art has the potential to create a more holistic relationship to patients and a better work environment for staff.

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PEER REVIEW

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests