ABSTRACT

Professional nursing defines its foundation of practice as embedded in the sciences and humanities of a liberal education. This liberal education is commonly alluded to with the phrase “the art and science of nursing.” Yet how do we as nursing educators integrate these two concepts? This article describes a method of integrating the humanities as part of an innovative clinical experience. A defined visual art experience was used to improve professional nursing students’ observational and communication skills, narrative sequencing abilities, and empathy. The nursing and medical literature describing the use of visual art encounters in health care education is reviewed. The incorporation of an art education program into the curriculum of a cohort of accelerated baccalaureate nursing students is described. Qualitative evaluation measures from the students suggest this was an experience that broadened their understanding of patient encounters.

"We miss more by not seeing than by not knowing."
~Sir William Osler (1849-1919)

Both the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN) emphasize the need for liberal education, including the arts and humanities, as a foundation for professional nursing practice. The NLN Accrediting Commission (2005) asserts that “courses in the sciences and humanities provide the foundation for the nursing curriculum,” whereas the AACN (2008) links liberal education to both critical thinking and clinical judgment. Yet, beyond reviewing admissions coursework for required classes in the liberal arts, how often do nurse educators make direct and concrete links between the arts and nursing education? The results from a survey conducted by the NLN on curricular innovation suggest the answer is “not very often.” The respondents reported that curricula are “content laden, highly structured, and concentrated on measurable objectives,” and 60% felt a need to cover all of the content in the curriculum (Pardue, 2006).

Certainly, nursing faculty has a responsibility to present a curriculum that prepares graduates for successful licensure and professional practice. Using humanities opportunities outside the typical classroom, laboratory, and clinical settings yields a memorable educational experience that provides new ways of thinking about educational concepts and complements the dominant scientific pedagogy of nursing education.

This article describes the development, implementation, application, and evaluation of an art museum educator-led exercise in art observation and interpretation and its relationship to clinical practice. Ways in which the principles of art observation and interpretation can be used in classrooms when museum experiences are not readily available also are discussed.
Related Clinical Objectives of Nursing Education

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<th>Learning Objectives of The Discerning Eye</th>
<th>Related Clinical Objectives of Nursing Education</th>
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<td>1. Examine a painting from both near and far perspectives to appreciate the whole as well as the detail; examine a sculpture in 360° to appreciate dynamic, three-dimensional representations.</td>
<td>Integrates data from a variety of sources to accurately identify and prioritize nursing diagnoses for patients and families with complex health alterations</td>
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<td>2. Evaluate works of art using controlled observation before making interpretations.</td>
<td>Functions collaboratively and communicates effectively with members of the health care team regarding the status and care of patients and families with complex health alterations</td>
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<td>3. Describe works of art using precise and objective language.</td>
<td>Based on nursing diagnoses, implements and evaluates an appropriate outcome-oriented action plan for patients and families with complex health alterations</td>
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<td>4. Attend to the perspectives and voices of others in interpreting art.</td>
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<td>5. Interpret body language and position of depicted figures in works of art to understand power and vulnerability in physical relationships.</td>
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<td>6. Propose a pictorial and temporal narrative based on the evidence within a single work of art or a series.</td>
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**LITERATURE REVIEW**

The use of the visual arts as part of professional education is described in both the medical and nursing literature. Using a pretest-posttest design, Dolev, Friedlaender, and Braverman (2001) and Kirklin, Duncan, McBride, Hunt, and Griffin (2007) conducted studies that compared standard assessment education to art-based education on groups of medical students or physicians. In each study, participants in the art-based education program scored higher on the posttest for accurate and precise descriptions of medical and dermatological disorders.

Although the medical literature emphasizes quantitative research, the nursing literature is more descriptive. Several authors have explored an enhancement of aesthetic knowledge, clinical skills, and empathy by examining reproductions of art (Blomqvist, Pitkala, & Rutjasalo, 2007; Darbyshire, 1994; Jackson & Sullivan, 1999; Price et al., 2007; Wikstrom, 2000a, 2003).

Important to this discussion and distinct from these authors is looking at original works of art rather than slides or reproductions. Pardue (2005) described the benefits of art observation to health assessment. Using concepts from formal art analysis (line, color, light, texture, and shape), small groups of students explored an art gallery and then reconvened to discuss their findings. Pardue (2005) stated that this process improved assessment skills and “generates energy and creativity in the academic environment” (p. 337). Others have described the benefit of art observation as a teaching-learning strategy for the nursing process (Hoshiko, 1985; Innskeep & Lisko, 2001), interpersonal relationships (Wikstrom, 2000b), and narrative interpretation (Delaney, 2006).

On the whole, the literature suggests that keen visual acuity is essential to professional nursing practice. The educational experience discussed in this article builds on much of this previous work. It also supports using art observation and interpretation to develop nuanced understanding of communication, narrative sequencing, power in relationships, and empathy.

**PROGRAM DEVELOPMENT: THE DISCERNING EYE**

The Department of Museum Education at the Art Institute of Chicago began offering programs for health care professionals in 2005. Facilitated experiences with works of art in different media including painting, sculpture, and photography are used to elicit discussion about observation and interpretation. In 2007, the assistant director of museum education at the Art Institute of Chicago and the faculty at Rush University College of Nursing tailored The Discerning Eye to the educational needs of baccalaureate nursing students enrolled in their final medical-surgical clinical rotation. Learning goals and clinical objectives were considered during program development and are listed in the Table.

The assistant director of museum education selected five works of art. The students were not informed in advance of which artworks they would observe and were instructed on the day of the program to refrain from reading the title or description of the work on the wall label, pointing to particular aspects of the work of art, and using adjectives such as “obviously” or “clearly” in describing the work. These ground rules focused students on visual information and analysis rather than previously acquired knowledge or assumptions, required them to state in precise language the form and location of elements they perceived in the work of art, and prevented them from assuming that other observers see the same images with the same degree of attention or from the same perspective. (The authors acknowledge Rika Burnham, Director of Education, and Amy Herman, former Director of Education, The Frick Collection, New York, New York, as sources for these particular teaching guidelines.) After the guided museum experience, nursing students were asked to se-
lect one of the pieces and describe in writing how the observ-
ervation of it or discussion about it applied to a clinical
objective and patient experience.

**STUDENT LEARNING AND CLINICAL REFLECTION**

**Bonnard's Earthly Paradise**

Pierre Bonnard’s *Earthly Paradise* (1916-1920) served
as the introductory work of art. Students were introduced
to formal art analysis and the use of precise observation
from both a far and near perspective. This exceptionally
large detailed canvas (51.5 x 63 inches) is primarily un-
derstood as a rendering of the Garden of Eden (http://www.
artic.edu/aic/collections/artwork/144361).

Standing at a distance of 20 feet, students were asked
to describe what they saw first in the work. Some students
noted the two human figures, particularly the reclining
naked woman in the lower right side of the canvas, other
students focused on the standing male figure, and still oth-
ers focused on the bright orange glow in the middle of the
work. By sharing their initial impressions, students real-
ized that not everyone sees the same thing first. Standing
close to the painting, within 2 to 3 feet, students observed
numerous details, particularly the many small animals in
the foreground and in the trees that were not appreciated
from a distance.

After the observations about the work were fully dis-
cussed, students were asked to interpret the work, and
most recognized the Garden of Eden theme. In discuss-
ing this work, the students echoed the themes stated in
Pardue’s (2005) work about the benefits of multiple per-
spectives and collaboration in interpreting a work of art.
In addition, in their written comments about the experi-
ence, students understood the relationship between the
exercise of controlled observation and patient assessment,
linking this exercise to a variety of clinical situations. One
student who had recently taken care of a postoperative
patient wrote:

> A nurse might recognize that a patient is in pain, while
> the surgeon focuses on the healing wound and the physical
> therapist focuses on amputation and self-care. Each disci-
> pline notices something different about the patient, but by
> collaborating we take care of the whole patient.

**Goya’s Friar Pedro and the Bandit Maragato**

Francisco de Goya’s series of six paintings about *Friar
Pedro and the Bandit Maragato* (c. 1806) shows an inter-
aaction between a monk and a bandit. This series was cho-
sen to assist the students in interpreting power and body
position, and reading a visual narrative through role-play
(http://www.artic.edu/artaccess/AA_Rococo/pages/6goya.
shtml). Stumbling on the bandit in the act of robbing the
townspeople of Oropesa, Spain, the monk tricks the ban-
dit, wrestles away his rifle, and then shoots and restrains
him.

Two students volunteered to pose like the two central
figures in the series, using a closed umbrella as a prop for
the rifle. For each painting, they freeze-framed their poses,
allowing the other students’ directions to help them match
the poses correctly. Students provided specific instructions
about positioning such as “Place your left hand on the bar-
rel of the gun between the hands of the monk,” and “You
should be standing over the bandit, with your left leg at
his right hip and your right leg between his legs.” These
directions demonstrated the students’ abilities to make
and communicate controlled, objective observations.

In addition, at each freeze-frame, the students per-
forming the roles of the monk and bandit were asked to
talk about how they felt in those positions. They were able
to talk about their kinesthetic understanding of body lan-
guage. Each described a complementary sense of shifting
authority and vulnerability corresponding to the develop-
ing narrative in the series.

When asked to relate this exercise to clinical practice,
one student described a patient-teaching interaction in
which the patient asked the nursing student to “pull up
a chair because I would rather be looking at you face-to-
face than having you look down at me.” In addition, the
student noted that to understand the final painting in the
series, one has to examine the first five. She compared
this to preparing for a clinical experience by reviewing the
patient’s chart and getting report, which provide an un-
folding narrative of the patient’s health history, crucial to
more fully understand the patient’s immediate situation
and to anticipate further needs.

**Monet’s Stacks of Wheat**

Claude Monet’s *Stacks of Wheat* (1890-1891) also em-
phasizes interpreting a narrative, although not one based
on human interaction as the Goya series. Rather, in these
five paintings (of a total of 25), Monet painted the same
subject but from different angles, at different times of the
day, and in different weather conditions from late summer
through winter (http://www.artic.edu/artexplorer/search.
php?resource=210&tab=2).

Faced with all five paintings on one wall, the students
divided into two equal groups and began to observe the
series from opposite ends. Each group was asked to se-
quence the works chronologically by interpreting subtle
changes in visual details (e.g., atmosphere, light, time of
day, seasonal findings). Ultimately, each group came to
the same consensus about the order of the paintings.

Although the subject matter was not a human form,
participants were able to relate the experience of inter-
preting details to clinical assessment. One student noted
that she had cared for a patient who suddenly developed
atrial fibrillation. The student reflected that had she ob-
served the patient more carefully, she would most likely
have detected the changes that preceded the dysrhythmia,
including frequent irregular heart beats, decreasing blood
pressure, and subtle cyanosis.

**Rodin’s Adam and Dubuffet’s Supervielle**

With the final two works of art, observation of the hu-
man form was presented to develop empathy. Auguste
Rodin's sculpture *Adam* (1881) and Jean Dubuffet's *Supervielle, Large Banner Portrait* (1945), represent two contrasting views of man. In the former, the subject is a well-developed, muscular, male nude cast in bronze. The figure is posed athletically yet awkwardly, with his head and face cast downward (http://www.artic.edu/artexplorer/search.php?tab=2&resource=62).

Each student was stationed at a particular place around the sculpture and was instructed to focus on the view from only that position. After a few minutes of silent observation, students were asked to assume the posture of the figure and to conjecture why the figure was positioned as it was.

Because each student had only one angle on an object in the round, their visual impressions and kinesthetic experiences differed markedly: from one vantage, the figure was perceived to be suffering a sore or broken ankle; from another vantage, a dislocated shoulder; and from yet another angle, emotional pain or sorrow. In contrast, some students saw a healthy muscular figure. As with the Bonnard painting, the variety of impressions surprised the students and revealed to them that within a single image, or one patient, a range of inferences can emerge.

By contrast, Dubuffet's painting, *Supervielle*, depicts the enlarged head of a man atop a thin torso (http://www.artic.edu/aic/collections/artwork/96625). Painted in gray and brown tones of thick and roughly applied oil paint, the Art Brut style of the painting draws attention to its raw and ungainly appearance as a reaction to traditional assumptions of beauty in art.

From a clinical perspective, however, the image also appears to emphasize the decay and deconditioning of advanced age. The students noted the heavy lines on the face, sunken cheeks, visible teeth, prominent clavicles, and atrophied muscles. Yet on further discussion, one student noted that the eyes of the figure fully confront or engage the viewer, highlighting how an art form that challenges cultural assumptions about beauty through images and techniques that are deliberately unappealing can also establish a connection with its audience.

By pairing these two works of art, the students realized that initial impressions can often be superficial and misleading. In discussing the application of their observations of these works to clinical experiences, students mentioned patients with seemingly conflicting findings. For example, one student referenced Rodin's *Adam* when describing her surprise in realizing that an apparently healthy adult was actually suffering the unrelenting effects of complex regional pain syndrome. By contrast, Dubuffet's painting reminded the students that elderly patients often have intact cognition and willingly share engaging life histories.

The exposure to a variety of visual art objects—iconographical paintings, serial narrative paintings, sculpture, and portraits—helped the students understand the role of perception in the act of observation. Students' reflective comments after the museum visit demonstrated their ability to successfully connect the art experience to the clinical objectives of the nursing course.

The students expressed a unanimous appreciation for the experience and recommended it to subsequent students. Singling out their increased awareness of the "special skills it takes to make accurate, precise observations," students expressed value for making the effort to "look deeper and more objectively." Finally, the experience demonstrated to students "the connection between professions that seem separate" and "the importance of integrating art into the nursing learning experience."

**ART IN THE CLASSROOM: TEACHING IN THE AFFECTIVE DOMAIN**

Although a museum such as the Art Institute of Chicago is a unique resource not available to many nursing programs, drawing on the humanities, and art in particular, is an innovative teaching strategy in the classroom. Incorporating art in classroom teaching balances the dominance of "scientism" (Darbyshire, 1994) prevalent in most nursing curricula and enables students to understand the human experience, one of the underlying principles of professional nursing, and intrinsic to affective learning.

Consider the typical classroom presentation of Alzheimer’s disease: an adult-onset dementia characterized by progressive cognitive decline, identified on autopsy by neurofibrillary tangles and amyloid deposits, diagnosed from clinical findings of memory and personality changes over time, and treated with medications. Certainly, all of these facts are important, yet none emphasizes the patient's experience of Alzheimer’s disease.

However, a discussion of a series of paintings by William Utermohlen (1933-2007), an artist who suffered from Alzheimer's disease, can illuminate the patient's experience (Alzheimer’s Association, 2008). The self-portraits, painted from 1995 to 2000, show Utermohlen's experience of the disease. His control of color, space, and representation evolves over time to show anger, isolation, fear, and finally disintegration, all classic clinical findings associated with Alzheimer’s disease. A classroom exercise might include shuffling the portraits and then having students try to order them chronologically and thus arrange the narrative of the patient's experience, similar to the exercise with Monet's *Stacks of Wheat* series.

Three of Utermohlen's self-portraits deserve particular discussion because they poignantly express the progressive emotional toll of the disease. Utermohlen painted *Broken Figure* in 1996, soon after his diagnosis. His head is surrounded by geometric shapes and doodles. The viewer empathizes with Utermohlen's experience of the disease when informed that he painted this shortly after failing to complete the tasks of the mental status examination, which involve copying simple geometric forms. The portrait expresses his desire to hold onto the skill and to articulate the sense of alienation in failing the examination.

One year later, Utermohlen painted *Self Portrait (with Saw)*, depicting a frightened face with open eyes engaging the viewer. Immediately to the right of the face is a serrated saw edge. The empathetic significance of this por-
trait relates to Utermohlen realizing that only at autopsy would his disease be definitively diagnosed. His final portrait, Head I (2000), exhibits his inability to represent an image of himself, corresponding to the loss of identity that results from the disease. Examining the self-portraits as a complement to factual information can engage students in understanding the human experience of Alzheimer’s disease.

Conceptual art, although more difficult to translate in the classroom, lends itself to learning in the affective domain as well. Felix Gonzalez-Torres’ Untitled (Portrait of Ross in LA) (1991) challenges the viewer to understand the emotional impact of AIDS on loved ones (http://www.artic.edu/aic/collections/artwork/152961). The installation is composed of a large pile of brightly colored, cellophane-wrapped, hard candies placed on the floor of the museum at the curator’s discretion. The viewer is encouraged to take a piece of candy, so that over time the “portrait” decreases in size and mass. The seriousness of the work is only realized after reading the artist’s accompanying explanation. The installation is intended to represent Ross, the artist’s partner who died of AIDS-related illness in 1991.

Gonzalez-Torres associates the sparkle and color of the wrappers and sweet taste of the candy to the love and joy that Ross brought to his life. The initial weight of the candy (175 lbs) corresponds to Ross’ ideal weight before his illness, and the decreasing weight of the candy, as viewers comply with the invitation to take pieces of it, represents the wasting effect of AIDS.

In a work of conceptual art, Gonzalez-Torres has revealed the emotional impact of joy and love within a relationship, a clinical manifestation of AIDS, and the heartbreak of death and dying. In the domain of affective learning, students address emotional awareness, empathy, and attitude as nursing concepts. A discussion of Gonzalez-Torres’ Untitled (Portrait of Ross in LA) provides a meaningful exercise to assist students with this objective.

CONCLUSION

Although these examples would have direct and vivid impact in a museum gallery, they may be effectively included in a classroom exercise to fulfill the learning objectives of assessment, communication, narrative sequencing, power in relationships, and empathy. Other humanities materials may serve a similar function. For example, a screening of the film Wit (Nichols, 2001) or The Diving Bell and the Butterfly (Schnabel, 2007) can serve to make nursing students aware of the human experience of diseases such as cancer and stroke. Integrating the humanities in the core courses of the nursing curriculum advances the objectives of a profession that operates at the intersection of science and art.

REFERENCES


