Purpose of the study
The purpose of this exploratory qualitative study is to investigate the significance of culture in the ways people establish color meaning in healthcare environments. Based on Blumer’s discussion of symbolic interaction theory, which represents the interaction between humans and designed environments, this study seeks to determine what role the self and socio-cultural influence play in an individual’s interpretation and establishment of color meaning in healthcare environments. The findings of this study can be used to inform interior designers’ decisions about color palette selection to reduce stress from fear, anxiety, or discomfort of occupants in healthcare environments.

Interior color meaning and culture
Color is a fundamental visual element of designed environments by which human beings are physically, psychologically, and socially influenced. Since the prehistoric era, humans have applied color in interior environments for various purposes and in diverse contexts. Interior color has aesthetic and functional features and often conveys symbolic meanings. Such color symbolism is common within a homogeneous culture, yet individual differences still exist. Although today’s multicultural society shares global color meanings such as red means ‘hot’ and yellow means ‘warm’, individuals from various cultures assign diverse meanings to color in their environments.

Historically, color has been found to have connections with health in multiple domains—e.g., medicine, hospital design, and color therapy—and the positive and negative connection between color and health has varied in cultural contexts (Fleeser, 2006; Makin, 2002). Color planning in today’s healthcare environments is complicated because designers have become more sensitive to the diversity and needs of the occupants. The diverse backgrounds of healthcare facility occupants challenge interior designers because individuals can establish different meanings for environmental color based on their life experiences. Life experience is an important factor in establishing color meaning because “to perceive color means to experience” (Makin, 1996, p. 35).

Furthermore, research has recognized the significance of color as a means of support for healing as a relationship exists between healing treatments and the patients’ mental and emotional attitudes. These attitudes are closely related to perceiving color (Miesner, Rodeck, and Makin, 2007). Color of healthcare facilities needs to be carefully planned because diverse people—patients and their families, visitors, and caretakers—staff-populate healthcare facilities for various purposes. These purposes may cause different levels of expectations or experiences for comfort, pleasure, and familiarity. Therefore, interior designers should be aware of the color meaning that is appropriate to different cultures and be able to apply that color meaning in interiors so that it can satisfy diverse users, especially in stressful healthcare environments.

Color meaning in healthcare environments
Color is considered informative and a way to interpret and understand meaning of designed environments (Makin, 1996). Since people assign meaning to designed environments and social interaction (Blumer, 1969), color as a property of designed environments may not have intrinsic meaning. Instead, color meaning is established through the process in which external color stimulation corresponds with an inner reaction of the perceiver (Makin, 1990). This process involves interaction between the self and environments and between two or more people, the perceivers of designed environments in the socio-cultural context.

Much research has demonstrated that healthcare environments—patients, families of patients, and staff experience considerable stress, and one of the major stresses is produced by poorly designed physical environments (Clark & Monroe, 2000; Uhrich et al., 2005; 2006). Since color is connected to stress and clinical variables, color in healthcare environments needs to be considered as an environmental factor that can impact patients’ and staff’s stress, safety, fatigue, and wayfinding. Since color stimulus is closely related to stress, poorly planned interior color has been known as a stressor in an interior space (Miesner et al., 2007; Uhrich, 1993). The contrary, color palettes have also been found to positively affect people’s healing processes as well as increase the work efficiency of healthcare staff (Makin, 2002; Uhrich, 1993; Uhrich et al., 2006).

Theoretical framework: Symbolic interaction
The theoretical framework of this study is based on symbolic interaction theory developed by Herbert Blumer (1969). The reason is his standpoint is specifically on the relationship between the meaning people assign objects—including physical environments as objects—and the self. Symbolic interaction theories have been used in architectural and environmental sociology to explore the connection between environments and “human thought, emotions, and conduct” (Smith & Bugn, 2006, p. 124). Although there are a number of symbolic interaction theories, many of these theories are less related either to designed environments or to the meaning that people assign the environments.

Color planning in today’s healthcare environments is complicated because designers have become more sensitive to the diversity and needs of the occupants. The diverse individuals from various cultures assign diverse meanings to color in their environments. Life experience is an important factor in establishing color meaning because “to perceive color means to experience” (Makin, 1996, p. 35).

The research question is: what is the relationship between color meaning in healthcare environments and influences of self-organization and social interaction?

To explore the framework of the proposed research model, this study uses a semi-structured interview strategy that involves a color palette instrument. Since the framework of this study is based on symbolic interaction theory, the focus of the interviews will be on the subjects’ lived experiences and social interactions related to their perceptions and interpretations of color in healthcare environments. The premises underlies this study is that color in healthcare environments is memorable and important to occupants.

A convenience sampling will be used to identify the participants, therefore a three-dimensional photo image was used to develop the color palette instrument.

The color palette instrument
A semi-structured interview questionnaire that consists of two sections was developed based on the theoretical research model. Phase 1 is to ask interviewees’ past experiences of color in healthcare environments and Phase 2 is to ask questions on five color palettes. The color palette instrument is used to investigate whether the subjects assign meaning to color based on Korean color symbolism.

Five color palettes were developed based on the Korean interior color combinations proposed by Shin and Park (1999). Color combinations derived from the findings of the study and used in the color palettes are natural, cheong-nak, cheong, and cheong-ja (see Table 1). These, except the natural color combination, are either primary/primary or secondary/secondary color combinations of the Korean traditional color system. The color palettes are used to focus on different hues that determine symbolic meanings in the Korean tradition rather than value and chroma. As Miesner, Rodeck, and Makin (2007) argued, interior color needs to be examined in spatial context because the “relative effect” of color is influenced by the surroundings, and therefore, a three-dimensional photo image was used to develop the color palette instrument.

Currently, the interview data collection of the study is in progress, and completion of this study is anticipated in September 2009.

References

Additional references