

VOYANT

THE ART & GRAVITY of PRESENCE™

WHITE PAPER | FOR INTERIOR DESIGNERS WORKING IN CARE SETTINGS

A Place to Pause, in Care Settings

For the designer taking Voyant to a hospital, clinic or health-system owner, a facility or patient-experience lead, and the patients, families and staff who use the building.

Let us provide the gravity. You provide the space.

Care settings are designed for safety first, and rightly. What tends to get squeezed out is somewhere for a worried person to put their attention. Voyant is one large landscape photograph, made to order, and a three-minute composed audio session written for that exact image. A patient, family member or staff member scans a code beside the work, puts on headphones, and takes a few minutes with nothing asked of them but attention.

This paper is for you to take to the people who own and run a care setting, and to speak from when you meet patients, families and staff. It sets out why environments matter and how far the research actually goes, what the app does and does not do today, what each decision-maker will ask, and how to test the idea without promising an outcome. Where Voyant cannot yet answer a facility question in writing, the paper says so and marks it **ask for written specification**.

What this is not

- **Not a medical device.** Voyant does not diagnose, treat, cure or prevent any condition, and does not replace care from a clinician.
- **Not a clinical programme.** It makes no clinical claim and promises no clinical outcome: not for pain, anxiety, recovery, length of stay or safety.
- **Not monitoring.** No alerts, no thresholds, no clinician view, and no link to medical records is described or proposed.
- **Not validated in care settings.** Voyant has no data of its own from a hospital or clinic yet. The research cited here is about healing environments and nature imagery in general, and is context, not proof of what Voyant does.
- **Not heart-rate-variability biofeedback, and not a breathing pacer.** With an Apple Watch the app reads heart rate during a session; heart-rate variability is daily context only.
- **Not a replacement for real nature,** and not yet specified for healthcare cleaning, fire or anti-ligature use. Those specifications are asked for in section 5.

1 Why the environment matters

Designers have put nature into care environments for a long time on instinct, and researchers have tested the instinct for four decades. Read together, the studies we opened say three things.

- **Real nature is the strongest signal.** The best-known results involve real windows and gardens (Ulrich 1984; Ulrich et al. 2020). Reviews find real exposure tends to do better than simulated (Stevenson 2018; Du 2026).

- **Art and pictures show up in how a place is perceived more reliably than in clinical scores.** The one randomised trial of paintings in patient rooms found better perception of the hospital environment and no change in anxiety, mood, pain or length of stay (George 2018).
- **Where effects are found they are modest, and the studies are small and mostly single-site.** Attention restoration theory (Kaplan 1995) is widely cited; its pooled evidence is mixed (Ohly 2016).

That is why the pilot in section 7 measures how the space is perceived and used, not clinical outcomes.

Figure 1. Evidence map: what each study showed and how far it goes. Read on PubMed at abstract level (Kaplan 1995 from its Crossref record); full texts were not read, so anything only in a full text is not claimed.

STUDY	WHAT IT SHOWED	HOW FAR IT GOES
Ulrich, 1984 OBSERVATIONAL	Real window. 23 gallbladder-surgery patients with a tree view vs 23 matched with a brick wall: shorter stay, fewer strong analgesics, fewer negative nurse notes.	A records review of 46 patients. A real window, not a print. It suggests; it does not prove.
Ulrich et al., 2020 OBSERVATIONAL	ICU family members (n = 42, 128 breaks): stress ratings fell after breaks in a garden, an atrium or an ICU waiting room. Garden a little better; only the "sadness" scale differed significantly.	Convenience sample, no randomisation. A real garden. Family members, not patients.
Diette, 2003 RANDOMISED TRIAL	80 adults during bronchoscopy. Nature murals plus nature sounds: better pain-control ratings (odds ratio 4.76, CI 1.35 to 16.7). No difference in reported anxiety.	One procedure, one hospital, sights and sound combined, wide interval.
Nanda et al., 2012 BEFORE / AFTER	Two ED waiting rooms, 30 hours of observation before and after nature art (still and video): less restlessness and noise.	Behaviour observed, not feelings. No control group. Authors' affiliation includes an art supplier.
George et al., 2018 RANDOMISED TRIAL	186 inpatients with cancer. A painting in the line of sight (chosen or assigned) vs none: no differences in anxiety, mood, pain or length of stay. Perception of the hospital environment improved.	The nearest test of art on a wall. It moved perception, not clinical or psychological scores.
Berman, 2008 Ohly, 2016 Stevenson, 2018 THEORY + REVIEWS	Walking in nature or viewing nature pictures improved attention tests in healthy people. Reviews: 3 of 13 pooled measures clearly positive (31 studies); later review: low to moderate effects, real settings may beat virtual.	Mixed to modest. Healthy participants. Kaplan (1995) supplies the theory; these studies test it.
Lankston, 2010 Ulrich, 2008 Du, 2026 REVIEWS	Art in hospitals is generally viewed positively; patients often prefer landscape and nature scenes. A design review lists nature distraction among supported features. A rapid review rates simulated nature "moderately strong".	Lankston: evidence quality "not uniformly high". Du (2026) is a rapid review; long-term clinical outcomes limited.
Alvarsson, 2010 LAB STUDY	40 adults after a stressor: skin conductance tended to recover faster with nature sounds than noise. Heart-rate variability showed no effect.	Healthy adults in a lab. "Tended" is the authors' word.
Nejati et al., 2016 SURVEY	Hospital staff break areas: used more when close to work and private. Private outdoor access rated more restorative than window views, artwork or plants.	For staff respite, real outdoor access outranked art.
Laborde, 2022 Zaccaro, 2018 REVIEWS	Slow breathing raised vagally mediated heart-rate variability across 223 studies; 15 studies in healthy people linked it to comfort and relaxation.	Background only. Voyant does not set a breathing rate or measure HRV in a session.
A Voyant work plus session in a care setting Not studied. Voyant has no data of its own from care settings yet. The pilot in section 7 is the first step.		

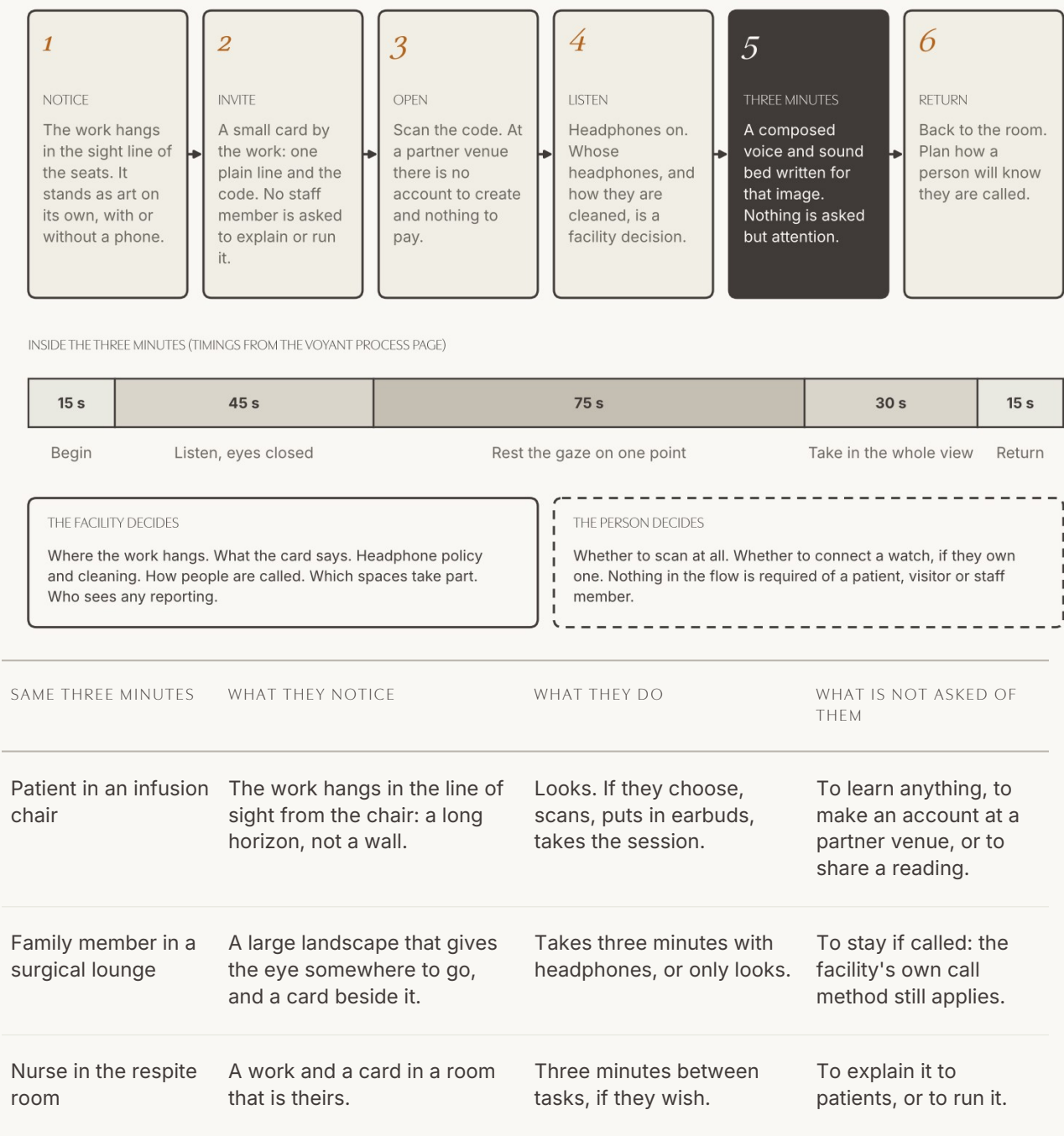
Where the reasoning stops

None of these studies tested a composed audio session paired with a wall work in a care setting, and Voyant has no data of its own from care settings. The research explains why designers put nature into care environments and why a three-minute pause is worth testing. It does not show that Voyant does anything. The slow-breathing reviews are background only: the app does not set a breathing rate.

2 The moment: patient, family, staff

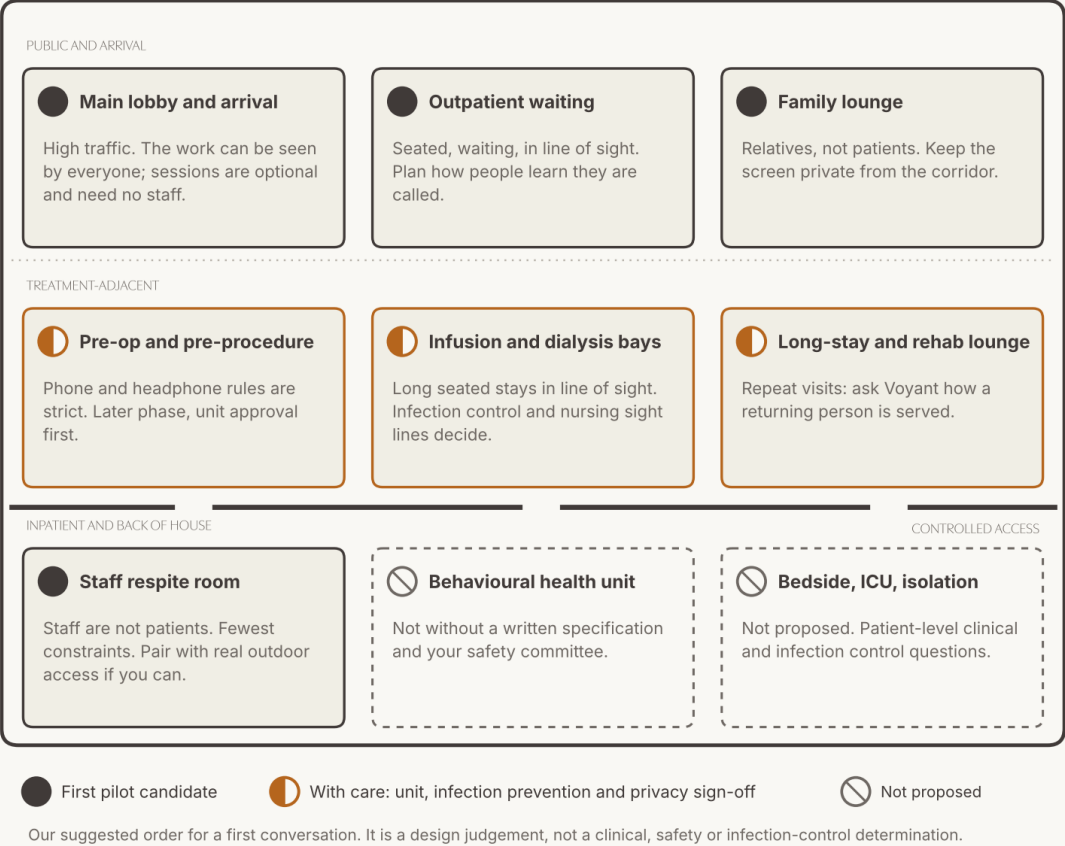
The test of anything in a care setting is the three minutes a person actually has. First the moment, then where it can go.

Figure 2. The moment, step by step. Timings are from Voyant's process page; the sequence of control is what matters to a facility.



We do not say what a person will feel. The invitation is to look, listen and rest attention. For staff respite, note the finding in Figure 1: outdoor access was rated more restorative than artwork, so pair the work with real daylight or outdoor access where you can.

Figure 3. Care-setting placement map: where we suggest starting a conversation, and where we do not.



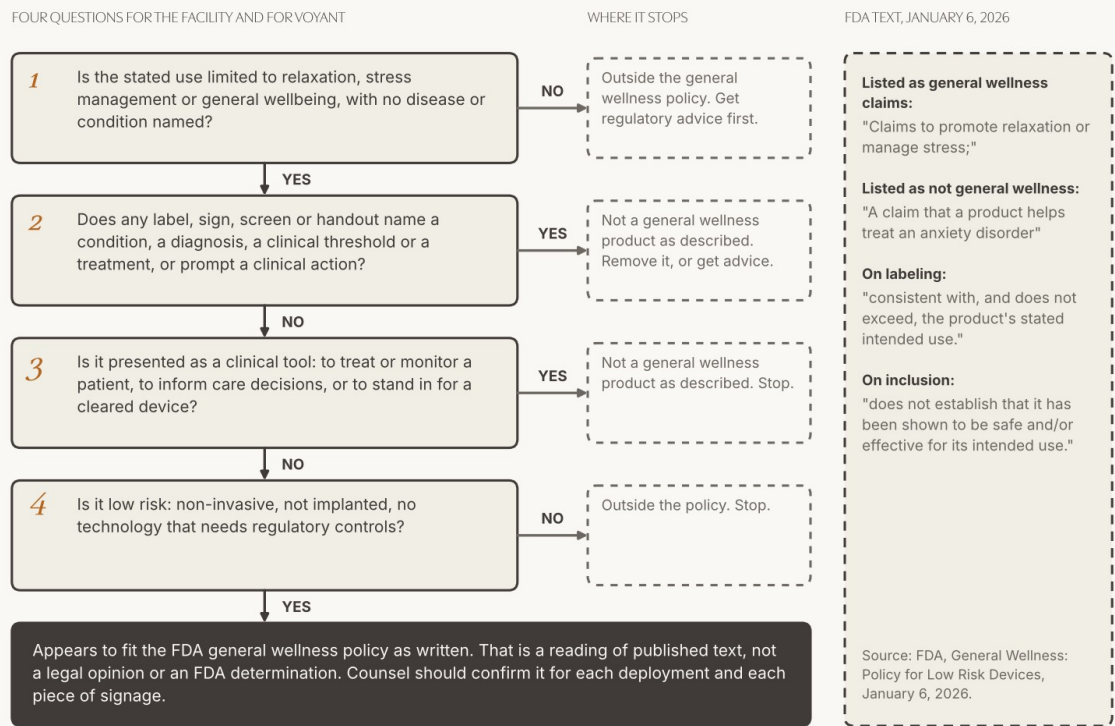
3 *What the app does today, and what it does not*

DOES TODAY	DOES NOT
Plays a composed voice and sound-bed session, three minutes by default, written for the specific image on the wall.	Address any condition, give instructions about care, or offer content written for a medical condition. (Confirm with Voyant.)
At a partner venue, opens from a code beside the work: no account, nothing to pay. Anyone can also make an account in the app.	Work without a phone and headphones. The work on the wall still stands as art.
With an Apple Watch and the person's permission, reads live heart rate during the session and shows a personal ZeroPoint Score: the change from where they started, built from heart rate and how they say they feel. Where the reading is thin the app says so.	Measure heart-rate variability during a session, set a breathing rate, diagnose, alert, or apply clinical thresholds. No clinician view or medical-record link is described.
Can read daily context (such as resting heart rate) from a connected wearable if the person allows it. Apple Watch sessions write a single Mindful Minutes entry to Apple Health; beyond that the app writes no health data.	Sell health data or use it for advertising. Health data is never sold and never used for advertising. The camera feature, if used, faces outward only.
Can give a pilot partner a summary of sessions started and finished by location. Format to be confirmed.	Not yet available: a live dashboard (in development), data of its own from care settings, or a care-setting version of the content.

Privacy and HIPAA. HIPAA applies to covered entities and their business associates, as defined at 45 CFR 160.103. Whether a facility's use of Voyant creates a business-associate relationship depends on what data moves and who holds it. The cleanest design aim is a venue session with no account and no link to any patient record. That is our reading, not a finding. Voyant should supply a written data-flow description for a venue session (identifiers, storage, retention, service providers) for the privacy officer, and counsel should confirm the position.

Wording that keeps the posture. Say "a three-minute pause" and "a place for attention to rest". Do not say it reduces anxiety, pain or stress, helps recovery, or is therapeutic, on signs, in staff scripts, in donor materials or in press. FDA expects labeling and promotion to be consistent with, and not exceed, the stated intended use. Heart-rate output is shown to the person as personal reflection, never as a reading for staff.

Figure 4. Regulatory-posture decision box, drawn from the FDA guidance text. It is a reading aid. It is not legal advice, and counsel should confirm.

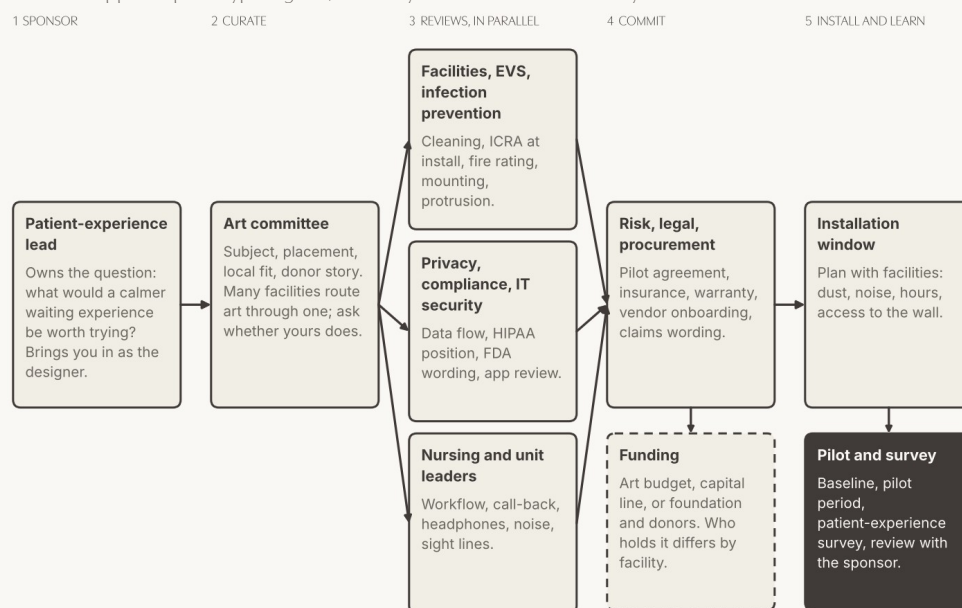


4 What each person in the building cares about

WHO	CARES ABOUT	WHAT YOU CAN SAY TODAY
Owner, executive	Reputation, patient experience, community story, no new risk.	Art in the art or environment budget, optional for the public, nothing for clinical staff to run, and a pilot with pre-agreed measures. Signature pricing is by private inquiry; ask for trade terms.
Patient-experience lead	A visible, measurable change in how the space is experienced, with no extra burden.	Room art is the intervention that best matches the evidence: perception of the environment (George 2018). The pilot uses a short survey. One room will not move facility-wide scores.
Facilities, EVS, infection prevention	Cleanability, ICRA at install, fire rating, mounting.	Build, mounting and care guidance as published. What is not published is listed in section 5.
Nursing and unit leaders	No added workload; sight lines, noise, call-back.	Guest-initiated; nothing to issue, charge or reset. Headphone policy and call-back are the facility's to set.

WHO	CARES ABOUT	WHAT YOU CAN SAY TODAY
Privacy, compliance, IT security	What is collected, where it goes, what is claimed.	Published privacy statements; no account at a venue; claim guardrails (Figure 4). A written data flow is still to come.
Art committee, foundation	Subject, local fit, longevity, a donor-worthy story.	Signature is hand-signed, numbered, 10 per image, then retired. Patients often prefer landscape and nature scenes (Lankston 2010). Gift-acknowledgement terms: ask Voyant.

Figure 5. Stakeholder and approval path. Typical gates; confirm your client's own order early.



Typical gates, not your client's actual chain. Ask early who must say yes, and in what order. Durations are not stated because they vary.

Procurement path. Sponsor, then art committee, then facilities, privacy and nursing reviews in parallel, then risk, legal and procurement, then installation (Figure 5). Funding varies: an art budget, a capital line, or a foundation or donor gift. Ask the client who holds each and how a gift is acknowledged.

5 The designer's specification and procurement path

	SIGNATURE	COLLECTOR	OPEN
Size	40 × 60 in	30 × 45 in	24 × 36 in
Edition	10 per image, hand-signed and numbered, then retired	50 per image, numbered	Unsigned, unnumbered, unlimited
Mounting	Heavy-duty French cleat into studs or blocking; plan for 40–50+ lb	Z-bar or security mount	Confirm at specification
Minimum wall / viewing	7 ft wide × 6 ft high; 4–6 ft	6 ft wide × 5 ft high; about 4 ft	Confirm

Build (Signature): print optically laminated behind 3 mm antiglare acrylic, frameless, with a subframe and shadow gap. Collector and Open builds to be confirmed. Made to order in Camas, Washington; lead time four to six weeks; crated, insured courier to the point of installation; no installation service is listed, so plan for your own art handler. **Lighting:** high-CRI LED at 3000 to 3500K, 30 to 45 degrees from the ceiling; avoid a large uncovered window opposite; 12 to 18 inches of clear wall. Antiglare reduces reflection; it does not remove it.

Healthcare asks: ask for written specification

Voyant's site does not specify any of the following for a healthcare setting. Do not accept a verbal answer, and do not write these into a specification until they are on paper.

TOPIC	WHAT IS PUBLISHED TODAY	ASK VOYANT FOR, IN WRITING
Cleanability, infection control	Care guide: microfiber with distilled water or an anti-static cleaner; no chemicals.	Which healthcare disinfectants the face tolerates, if any; surface data sheet; cleaning frequency.
ICRA at installation	Nothing.	Installation method statement: dust, noise, duration, hours; delivery to point of installation.
Flame spread, fire rating	Nothing. Materials named: acrylic face and backer, aluminum-composite core, subframe.	Fire-test or compliance statement for the whole assembly, and what your corridor and egress rules require.
Wall mounting, protrusion	French cleat or Z-bar; stud or blocking.	Weight by size; depth from the wall; whether hardware crosses a rated partition; tamper-resistant options.
Behavioural health, anti-ligature	Nothing; not designed or specified for it.	Treat as out of scope until a written specification and your safety committee say otherwise. Phone and earbud cords are a separate question.
Glare, sight lines	Antiglare finish; lighting and placement guidance as above.	Confirmation of the finish under your lighting and window conditions. Seated eye height and wheelchair and gurney sight lines are yours to resolve on site.
Privacy, data	"No account at a venue"; health data not sold or used for ads.	Data-flow description, retention, service providers; whether heart-rate display can be switched off in care settings.
Warranty, insurance, onboarding	Defects repaired or replaced; all sales final once production begins.	Warranty term, certificate of insurance, vendor-credentialing documents.

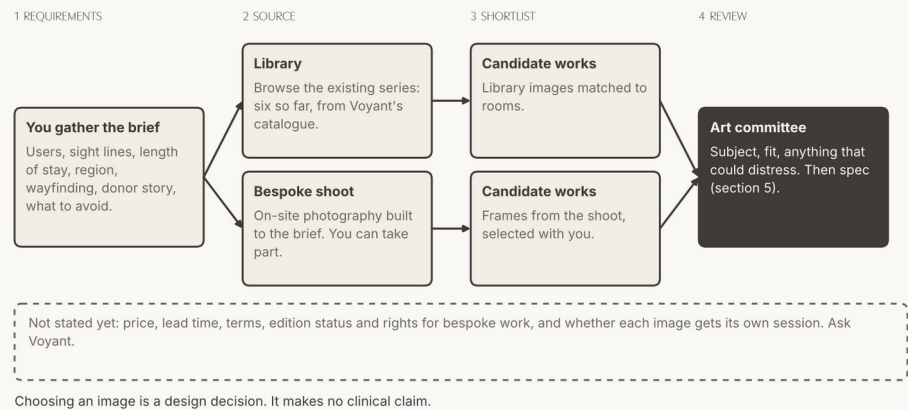
6 Library or bespoke for your facility

Voyant art comes from a library of existing series, and it can also be made to order for a client: photography shot on site, built to the facility's need and location and to attributes that help the owner, from requirements you gather. You can take part in the shoot. Price, lead time and terms for bespoke work are not stated here; ask Voyant (listed in the open items).

- **Regional landscapes people recognise.** A view from the facility's own region may feel familiar to patients, families and staff. No study we read tested local against non-local imagery, so treat it as a design choice.
- **A community or donor-story series.** A set of works tied to the place or to a gift. Gift and naming terms are not stated; ask Voyant and the foundation.
- **A wayfinding-friendly series.** A distinct image per wing or floor can help people place themselves. That is a design judgement, not a studied effect.
- **An art-committee review step.** Put candidates, from the library or from the shoot, in front of the committee before purchase, including a check for anything that could distress people in that room.

Imagery choice makes no clinical claim. The evidence in Figure 1 is mixed: patients often prefer landscape and nature scenes (Lankston 2010), but in the one randomised trial patients choosing their own painting did no better on clinical or psychological scores than those assigned one (George 2018). Pick images for fit, not for effect.

Figure 6. Library or bespoke: one brief, two sources, one committee review. Voyant has not stated price, lead time or terms for bespoke work.



7 A pilot, measured with patient-experience surveys

A proposal for discussion. It promises nothing about outcomes, and it is built around what the evidence says art moves: how the space is perceived and used.

ELEMENT	PROPOSAL
Space	One space from Figure 3's first-pilot candidates (an outpatient waiting area, a family lounge or a staff respite room). One Signature or Collector work. Facility sign-offs from Figure 5 complete first.
Periods and usage	A baseline period before installation, then a pilot period in the same space. Length set by foot traffic: long enough to collect a usable number of responses; the facility sets it. Usage is sessions started and finished by location from Voyant's pilot summary: counts only, no patient identifiers.
Survey (anonymous, 4 items + comment)	"This space felt calm." "It was easy to take a moment for myself here." "The artwork contributes to how I feel about this facility." "A short audio session felt appropriate for a healthcare setting." Five-point agree scale. Staff version adds "It added no work for me." Locally written, not a validated instrument; descriptive only.
Stop rules	Any complaint, infection-prevention concern or safety event pauses the pilot for review with the sponsor.
Not measured	Pain, anxiety scores, medication, length of stay, readmission, or facility-wide satisfaction. No patient-record linkage. Ask your IRB or quality office whether the survey is quality improvement or research.
Success, agreed in advance	Descriptive: response pattern, usage, comments, staff burden, any issues. "Little change" is a valid answer; the best trial of room art found none in clinical or psychological scores.

8 Risks

RISK	WHY IT MATTERS	WHAT REDUCES IT
Claims drift	A sign or a remark says it "reduces anxiety". That moves a wellness object toward a clinical claim.	Approved wording only; counsel reviews signage; no outcome language in facility, donor or press material.
Cleaning conflict	Care guide says no chemicals; facilities disinfect.	Written compatibility statement before purchase; place outside splash and heavy-touch zones.

RISK	WHY IT MATTERS	WHAT REDUCES IT
Headphones and call-back	Shared headphones raise an infection-control question. A person with eyes closed and headphones may miss being called.	Own earbuds or a single-use supply by policy; a visual or vibrating call method; ask Voyant for an eyes-open option.
A heart-rate number	A patient may read a number clinically, though the app calls it personal and not diagnostic.	Ask whether it can be hidden in care settings; no staff access; signage says nothing about readings.
Long stays and access	The same work and session many times; not everyone has a phone, earbuds, hearing or the language.	Make long-stay a later phase; the work stands as art without the app; ask Voyant how a returning person is served and about accessibility.

9 Objections you will hear

Is it a medical device? Voyant says it is not and makes no diagnostic or treatment claim. The FDA's January 2026 general wellness guidance lists relaxation and stress-management claims among general wellness uses, for low-risk products whose claims stay general. Wording and use matter, so counsel should confirm for your deployment.

Will it lower anxiety or pain? We do not say so, and Voyant has no care-setting data. The closest evidence: nature murals plus sounds improved pain-control ratings but not anxiety in 80 bronchoscopy patients (Diette 2003), and paintings in patient rooms moved perception, not clinical scores (George 2018).

Why not just a beautiful print? A fair baseline, and the evidence here is mostly about art and nature views, not sessions. The session is an optional layer. If the facility wants to separate them, compare a print-only space with a print-plus-session space, knowing small samples cannot settle it.

Let us provide the gravity. You provide the space.

References and sources

PubMed abstracts opened 21 Oct 2026 unless noted; full texts not read.

- Ulrich RS. View through a window may influence recovery from surgery. *Science*. 1984;224:420-1. PMID 6143402.
- Ulrich RS, Zimring C, Zhu X, et al. A review of the research literature on evidence-based healthcare design. *HERD*. 2008;1(3):61-125. PMID 21161908.
- Ulrich RS, Cordoza M, Gardiner SK, et al. ICU patient family stress recovery during breaks in a hospital garden and indoor environments. *HERD*. 2020;13(2):83-102. PMID 31390887.
- Kaplan S. The restorative benefits of nature: toward an integrative framework. *J Environ Psychol*. 1995;15:169-182. Crossref record only.
- Berman MG, Jonides J, Kaplan S. The cognitive benefits of interacting with nature. *Psychol Sci*. 2008;19:1207-12. PMID 19121124.
- Ohly H, White MP, Wheeler BW, et al. Attention restoration theory: a systematic review. *J Toxicol Environ Health B*. 2016;19:305-343. PMID 27668460.
- Stevenson MP, Schillhab T, Bentsen P. Attention restoration theory II. *J Toxicol Environ Health B*. 2018;21:227-268. PMID 30130463.
- Diette GB, Lechtzin N, Haponik E, et al. Distraction therapy with nature sights and sounds reduces pain during flexible bronchoscopy. *Chest*. 2003;123:941-8. PMID 12628899.
- Nanda U, Chanaud C, Nelson M, et al. Impact of visual art on patient behavior in the emergency department waiting room. *J Emerg Med*. 2012;43:172-81. PMID 22325555.
- George DR, Boer C, Hammer J, et al. Evaluating the benefits of hospital room artwork for patients receiving cancer treatment: a randomized controlled trial. *J Hosp Med*. 2018;13:558-561. PMID 29401210.
- Lankston L, Cusack P, Fremantle C, Isles C. Visual art in hospitals: case studies and review of the evidence. *J R Soc Med*. 2010;103:490-9. PMID 21127332.
- Du Y, Xie M, Zou Y. Biophilic design in hospital environments: a rapid review. *Front Public Health*. 2026;14:1786483. PMID 41929880.
- Alvarsson JJ, Wiens S, Nilsson ME. Stress recovery during exposure to nature sound and environmental noise. *Int J Environ Res Public Health*. 2010;7:1036-46. PMID 20617017.
- Nejati A, Shepley M, Rodiek S, et al. Restorative design features for hospital staff break areas. *HERD*. 2016;9(2):16-35. PMID 26163571.
- Laborde S, Allen MS, Borges U, et al. Effects of voluntary slow breathing on heart rate and heart rate variability. *Neurosci Biobehav Rev*. 2022;138:104711. PMID 35623448.
- Zaccaro A, Piarulli A, Laurino M, et al. How breath-control can change your life. *Front Hum Neurosci*. 2018;12:353. PMID 30245619.
- U.S. FDA. General Wellness: Policy for Low Risk Devices. Guidance for industry and FDA staff, issued 6 January 2026 (read in full).
- 45 CFR 160.103, Definitions (covered entity, business associate), eCFR.
- Product and specification detail: voyantpresence.com. Voyant is a product of Nine-Eleven-Nine LLC.