

Exploring Global Case Studies of Arts in Healthcare

Kagaba Amina G.

Faculty of Business, Kampala International University, Uganda

ABSTRACT

The intersection of arts and healthcare represents a transformative approach to addressing physical, emotional, and social well-being. This paper investigates global case studies to examine the role of arts in healthcare, emphasizing their therapeutic and rehabilitative impact. From visual and performing arts to community-based initiatives, the arts have demonstrated the potential to reduce anxiety, foster emotional resilience, and enhancing quality of life. Drawing on examples from countries such as the United States, Canada, and the United Kingdom, this analysis highlights the systemic, financial, and ethical challenges faced in scaling arts-based health interventions. Additionally, the paper delves into the necessity of robust research methodologies, interdisciplinary collaboration, and diverse funding mechanisms to sustain arts programs in healthcare. The findings emphasize the importance of integrating arts into health systems as a culturally relevant, human-centered practice for holistic well-being.

Keywords: Arts in healthcare, Therapeutic arts, Global case studies, Arts and well-being, Health disparities.

INTRODUCTION

The global exploration of arts in health gained recognition with the first International Arts in Society Conference and the opening of the first Museum of Arts and Health. This institutional representation was later followed by the publication of the first arts in health book series. Although the arts and health field have a long history, the current development of arts in health has spanned just over a decade, with the rapid expansion of case studies and discoveries from researchers, practitioners, educators, healthcare professionals, patients, and policymakers [1, 2]. The stages of development and current exponential growth of the field

illustrate the ethos and ideological foundations of arts in health. Stimulated by economic growth, the financial socialism created through social entrepreneurship has driven the creation of enterprises, strategies, practices, and responsible sustainable global design goals. Supported and shaped by current trends, resulting from improvements in the transportation of people, events, and experiences, and the creation of technology, the promotion of increased accessibility and popularization of contemporary art, visual art, music, and videos in addition to literature already created [3, 4].

Definition and Scope of Arts in Healthcare

The act of actively engaging with visual and performative arts in the healthcare setting, in health promotion, or artistically, as a therapeutic application, is often described as the arts in healthcare. Arts in healthcare can manifest in various modalities, including theater, visual arts, music, and dance. Traditionally, the organizations or individuals engaging in such activities include artists, art

therapists, creative arts therapists, art curators, musicians, dancers, and dramatists. Over the years, the field has seen significant growth in depth and breadth. It serves many kinds of therapeutic and rehabilitative purposes. Advances in neurobiology and psychology have supported the theory and practice of arts in healthcare. Such practices progress into many highly specialized fields, as well as community-

based settings and industrial settings. Many small and medium non-profit organizations, or freelance therapists or artists, often operate arts in healthcare programs. The scope of work often includes short to long-term support for individuals or patient groups, elderly homes, daycare, respite, as well as patient support services [5, 6]. Some proactive organizations incorporate education and support services for healthcare professionals and the public related to restorative and therapeutic art in their arts in healthcare programs. These professional learning or consumer empowerment programs aim at raising awareness of the socio-medical

impact of the arts in healthcare and art appreciation. These programs also act as a platform to foster art and cultural exchange. Whether the term is defined as arts in healthcare or art in health, both terms simply suggest that arts are actively engaging with medical, nursing, public health, and cultural needs to facilitate actual paths for improvement in wellness and health, in accordance with the wishes of diverse individuals, patient groups, and healthcare professionals by maximizing the safety, security, and comfort in the healthcare setting [7, 8].

The Impact of Arts on Health and Well-Being

The impact of arts on health and well-being is becoming more widely recognized as both formal and informal arts interventions are made more widely available. The health benefits of arts include relief from stress, anxiety, and depression; increased emotional support; strengthened and richer social networks; mental flexibility, particularly in the elderly; a greater sense of control over their lives; and a greater sense of connectedness and understanding of themselves. Research has shown that the contribution of art to well-being may be uniquely beneficial and far-reaching. There is evidence that the arts can be physically as well as mentally beneficial to those who engage with them. The arts may help to prevent illness, maintain and build health, and enable individuals to better manage and ultimately recover from illness when it does occur [9, 10]. Arts in healthcare require a strong clinical rationale, commitment to integrating practice within healthcare systems, transparent quality

assurance, promotion of diversity and equality of participation, and institutional readiness to promote, support, and advocate the role of the arts in healthcare. The integration and segmentation of theoretical and practical activities in arts, culture, and quality of life initiatives offer an innovative insight for healthcare services research in both educational and clinical terms. Given sufficient attention, the potential benefits of art interventions generally fail to be used in the health and social care systems or even discussed by healthcare professionals. It may be that art has yet to live up to its potential as a healthcare adjunct; it may also be that traditional systems of health and illness are predicated on a narrow view of what it is to be human, as separate from culture, the arts, or the community. Regardless of conventional health policies, a meaningful and common-sense approach to health recognizes the importance of the arts [11, 12].

Psychological Benefits of Arts in Healthcare

The psychological benefits of participating in or viewing the arts for people working or being cared for in healthcare settings have been observed for many years. This includes a reduction for those involved in the arts in these settings of anxiety and depression, and an improvement in general mood, quality of life, and self-esteem. Sharing the arts enables better communication between healthcare users and staff, collectively promoting innovative

healthcare practice that covers the whole person. The benefits of the arts being included in health and social care include clinical benefits such as reduced anxiety and depression. Investigations into the benefits of a range of art in healthcare case studies reinforce visual art that is designed to meet the needs of and respond to and respect all who use the healthcare environment, including patients, staff, and visitors [13, 14].

Global Case Studies

The importance of culture and art as catalysts for personal and emotional well-being, social safeguarding, and economic well-being is well known. This case study paper contributes to presenting different ways an organization's art program is having a positive impact on the social isolation and emotional well-being of staff

and students at the University of Technology Sydney. These studies make a distinct contribution to the field of arts in health and suggest that more academic research that analyzes the impact of a body of arts in health programs and contributes to project monitoring and evaluation is required. Furthermore, health

communications researchers interested in understanding the social dimensions that influence access to services and individual well-being may be able to use the learning from arts and health programs as a potential solution model for reducing vulnerability [15, 16]. The outbreak of COVID-19 has profoundly affected people's daily lives and disrupted the arts, cultural ecologies, and business models worldwide. The toll is staggering with a dire impact on artists, cultural professionals, and institutions. In this context, maintaining

connections with art is proven to be key to maintaining good mental health. Viewing, making, and practicing art can also strengthen relationships by engaging in online, one-on-one, or syndicate group activities. Now, in the middle of the pandemic, it is as important as ever to recognize, elevate, and emphasize the role of arts as a distinct cultural asset, a critical, indispensable field, and a source of essential support for the health and wellness of individuals, families, and communities [17, 9].

United States: Arts in Healthcare Programs

The United States has a long tradition of utilizing the arts in healthcare. Myriad arts in healthcare programs are found across the US in a variety of settings. Additionally, there is work with veterans, law enforcement officers, and many other populations who face unique stressors. Interestingly, funding for hospital-based arts in the United States is very different and much less prevalent than in other countries. In creating their work, individuals immersed in each organization were interviewed to look at

what makes US expressions of arts in healthcare similar and unique to the world. The hope was to document the collective efforts, progress, visions, principles, and the natural creative therapy model or methods at practice in a wide array of organizations using the arts in its various disciplines to enhance patient medical care and create health and wellness with patients and families in medical settings [18, 19].

Challenges and Future Directions

The creative arts in healthcare are a relatively recent approach to patient care that complements medical, nursing, physical therapy, and other disciplines designed to improve aspects of health. There is growing evidence about the value and power of the arts in healthcare that supports their inclusion in both clinics and hospitals, as well as community settings. In this paper, the discussion focuses on case studies that have global significance. The case studies come from several countries and illustrate a variety of related works, including locations in the US, Canada, the UK, and other areas [20, 21]. Here, the focus is on the various challenges to initiatives of the creative arts in healthcare and the needed future steps. The funding of creative arts in healthcare initiatives

is a major issue. The three most common sources are the public sector, private sector, and philanthropy. While the public sector cannot and should not fund everything that everyone suggests, it is important to ensure that decisions are made transparently and using an evidence base. Without proper funding, many of the arts, creative organizations, and others with expertise to combine the arts and social problems are unable to deliver. It is important to build a more diverse funding base so that creative opportunities are not fully reliant on one-time grant opportunities, which are often insufficient for developing evidence-based programs that require long-term engagement [22, 23].

Ethical Considerations in Arts and Healthcare

A body of knowledge in arts in healthcare has developed over recent years, founded on evidence-based philosophical, theoretical, empirical, and applied research. A significant number of these studies have used a case study design. However, in general, there has been little research exploring best practices in the design and analysis of case studies in arts in healthcare. This paper addresses this gap by mapping the main themes of global case studies within arts in healthcare, including the purpose, the art form, and the intervention. Reflections on key questions raised by our scoping review

include research priorities, research methods, case study design, new pathways of knowledge translation, and the best methods to meet policy and regulation initiatives [24, 25]. While the importance of ethics in humanistic and social research is widely recognized, research has suggested that arts in healthcare are frequently symptomatic of an incongruity between the research report and the clinical evaluation. In this paper, we present written and visual case studies of arts in healthcare and highlight the importance of adhering to rigorous research standards. These case studies, we believe,

provide a timely opportunity to reflect on principles and practice while providing a challenge for both the humanities and research communities. We explore collaborative case study narrative as a means of addressing challenges faced in arts in healthcare research design and reportage, reflecting some of the verisimilitude of humanities research while

retaining the rigor of an evidence-based approach. Ethical considerations of arts in healthcare research, practice, governance, and regulation are also discussed. Our commentary concludes by drawing attention to the potential for new pathways of knowledge translation with multiple communities of practice [26, 27].

CONCLUSION

Arts in healthcare stands at the confluence of creativity, medicine, and community well-being, offering a dynamic avenue for holistic health promotion. Global case studies illuminate the profound psychological, social, and physiological benefits that creative arts interventions bring to diverse populations. However, challenges such as funding instability, ethical considerations, and insufficient research

continue to hinder the full realization of their potential. To move forward, healthcare systems must embrace the arts as an integral component of care, invest in interdisciplinary research, and foster partnerships that bridge cultural, clinical, and creative practices. Ultimately, leveraging the arts for healthcare can redefine healing as a multidimensional process, resonating with the complexity of the human experience.

REFERENCES

1. Clift S, Phillips K, Pritchard S. The need for a robust critique of research on social and health impacts of the arts. *Cultural Trends*. 2021 Oct 20;30(5):442-59.
2. De Geyter CH, Wyns C, Calhaz-Jorge C, de Mouzon J, Ferraretti AP, Kupka M, Nyboe Andersen A, Nygren KG, Goossens V. 20 years of the European IVF-monitoring Consortium registry: what have we learned? A comparison with registries from two other regions. *Human reproduction*. 2020 Dec;35(12):2832-49. oup.com
3. Adro FD, Fernandes C. Social entrepreneurship and social innovation: Looking inside the box and moving out of it. *Innovation: The European Journal of Social Science Research*. 2022 Oct 2;35(4):704-30. researchgate.net
4. Halberstadt J, Niemand T, Kraus S, Rexhepi G, Jones P, Kailer N. Social entrepreneurship orientation: Drivers of success for start-ups and established industrial firms. *Industrial Marketing Management*. 2021 Apr 1;94:137-49. worktribe.com
5. Byxbee J. The Use of Expressive Arts Therapy for the Treatment of Trauma. In *Experiential Therapies for Treating Trauma* 2024 Dec 16 (pp. 57-72). Routledge.
6. Giraldez-Hayes A. Arts as medicine: Using art interventions to promote health and wellbeing. In *Routledge International Handbook of Positive Health Sciences* 2023 Dec 29 (pp. 252-265). Routledge. HTML
7. Bhuyan SS, Kabir UY, Escareno JM, Ector K, Palakodeti S, Wyant D, Kumar S, Levy M, Kedia S, Dasgupta D, Dobalian A. Transforming healthcare cybersecurity from reactive to proactive: current status and future recommendations. *Journal of medical systems*. 2020 May;44:1-9. researchgate.net
8. Miotto K, Sanford J, Brymer MJ, Bursch B, Pynoos RS. Implementing an emotional support and mental health response plan for healthcare workers during the COVID-19 pandemic. *Psychological trauma: theory, research, practice, and policy*. 2020 Aug;12(S1):S165. escholarship.org
9. Sheppard A, Broughton MC. Promoting wellbeing and health through active participation in music and dance: a systematic review. *International journal of qualitative studies on health and well-being*. 2020 Jan 1;15(1):1732526. tandfonline.com
10. Brielmann AA, Buras NH, Salingaros NA, Taylor RP. What happens in your brain when you walk down the street? implications of architectural proportions, biophilia, and fractal geometry for urban science. *Urban Science*. 2022 Mar;6(1):3.
11. Wijnen-Meijer M, Van den Broek S, Koens F, Ten Cate O. Vertical integration in medical education: the broader perspective. *BMC medical*

- education. 2020 Dec 14;20(1):509. [springer.com](https://www.springer.com)
12. Strohbehn GW, Hoffman SJ, Tokaz M, Houchens N, Slavin R, Winter S, Quinn M, Ratz D, Saint S, Chopra V, Howell JD. Visual arts in the clinical clerkship: a pilot cluster-randomized, controlled trial. *BMC medical education*. 2020 Dec;20:1-9. [springer.com](https://www.springer.com)
 13. Fancourt D, Baxter L, Lorencatto F. Barriers and enablers to engagement in participatory arts activities amongst individuals with depression and anxiety: quantitative analyses using a behaviour change framework. *BMC Public Health*. 2020 Dec;20:1-2.
 14. Jensen A, Holt N, Honda S, Bungay H. The impact of arts on prescription on individual health and wellbeing: a systematic review with meta-analysis. *Frontiers in Public Health*. 2024 Jul 9;12:1412306.
 15. Çolakoğlu Ü, Yurcu G, Avşar M. Social isolation, anxiety, mental well-being and push travel motivation: the case of COVID-19 in Turkey. *Asia Pacific Journal of Tourism Research*. 2021 Nov 2;26(11):1173-88. [\[HTML\]](#)
 16. Bar-Tur L. Fostering well-being in the elderly: Translating theories on positive aging to practical approaches. *Frontiers in Medicine*. 2021 Apr 9;8:517226.
 17. Geller S. Cultivating online therapeutic presence: Strengthening therapeutic relationships in teletherapy sessions. In *How the COVID-19 Pandemic Transformed the Mental Health Landscape* 2023 Feb 28 (pp. 79-95). Routledge.
 18. Datta SD, Talwar A, Lee JT. A proposed framework and timeline of the spectrum of disease due to SARS-CoV-2 infection: illness beyond acute infection and public health implications. *Jama*. 2020 Dec 8;324(22):2251-2.
 19. Jeannotte MS. When the gigs are gone: Valuing arts, culture and media in the COVID-19 pandemic. *Social Sciences & Humanities Open*. 2021 Jan 1;3(1):100097.
 20. Grant M, de Graaf E, Teunissen S. A systematic review of classifications systems to determine complexity of patient care needs in palliative care. *Palliative medicine*. 2021 Apr;35(4):636-50.
 21. Bickman L. Improving mental health services: A 50-year journey from randomized experiments to artificial intelligence and precision mental health. *Administration and Policy in Mental Health and Mental Health Services Research*. 2020 Sep;47(5):795-843. [springer.com](https://www.springer.com)
 22. Spiro N, Perkins R, Kaye S, Tymoszuk U, Mason-Bertrand A, Cossette I, Glasser S, Williamon A. The effects of COVID-19 lockdown 1.0 on working patterns, income, and wellbeing among performing arts professionals in the United Kingdom (April–June 2020). *Frontiers in psychology*. 2021 Feb 10;11:594086. [frontiersin.org](https://www.frontiersin.org)
 23. Simon NM, Saxe GN, Marmar CR. Mental health disorders related to COVID-19-related deaths. *Jama*. 2020 Oct 20;324(15):1493-4.
 24. Kraus S, Schiavone F, Pluzhnikova A, Invernizzi AC. Digital transformation in healthcare: Analyzing the current state-of-research. *Journal of Business Research*. 2021 Feb 1;123:557-67. [sciencedirect.com](https://www.sciencedirect.com)
 25. Zubala A, Kennell N, Hackett S. Art therapy in the digital world: an integrative review of current practice and future directions. *Frontiers in Psychology*. 2021 Apr 8;12:595536.
 26. Finley JC, Cerny BM, Brooks JM, Obolsky MA, Haneda A, Ovsiew GP, Ulrich DM, Resch ZJ, Soble JR. Cross-validating the Clinical Assessment of Attention Deficit–Adult symptom validity scales for assessment of attention deficit/hyperactivity disorder in adults. *Journal of Clinical and Experimental Neuropsychology*. 2024 Feb 7;46(2):111-23. [researchgate.net](https://www.researchgate.net)
 27. Samer HS, Malak MZ, Shehadeh A. The Effect of Drama Therapy on Depressive Symptoms and Quality of Life among Older Adults in Residential Care Facilities: A Systematic Review. *The Arts in Psychotherapy*. 2024 Oct 9:102222.

CITE AS: Kagaba Amina G. (2024). Exploring Global Case Studies of Arts in Healthcare. IDOSR JOURNAL OF COMMUNICATION AND ENGLISH 9(3):21-26. <https://doi.org/10.59298/IDOSR/JCE/93.2126.202400>