

# Developing Metrics for Evaluating Arts in Medicine Programs

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## ABSTRACT

The integration of arts in medicine has gained significant recognition for its ability to enhance healing processes and overall healthcare experiences. However, the lack of standardized metrics for evaluating the efficacy and impact of these programs remains a critical barrier to their broader acceptance and scalability. This paper investigates the development of comprehensive evaluation metrics tailored for arts in medicine programs. It examined the importance of such evaluations, existing methodologies, challenges, and a proposed framework for creating versatile and stakeholder-informed metrics. By addressing limitations such as subjectivity, interdisciplinary variability, and resource constraints, the proposed framework offers a roadmap for piloting and refining evaluative criteria applicable across diverse settings. This effort aims to enhance accountability, foster scalability, and strengthen the role of arts in healthcare systems globally.

**Keywords:** Arts in Medicine, Evaluation Metrics, Program Assessment, Healthcare and Arts Integration, Qualitative and Quantitative Analysis.

## INTRODUCTION

Given the growing recognition of the role arts can play in the healing process, particularly in settings of concentrated care where complex emotional, physical, and psychological work is underway, measures are required to track and assess the actual effects of programs, training, and personnel that comprise the "arts in medicine" components of healing systems. Metrics or measures tend to get a bad rap or be talked about as advisory in a system because there is a fear of fetishism of data. However, metrics tend to drive improvement or better integration and responsiveness of systems because they provide specific examples of where goals or missions have been met and/or where they are not. Systems tend to respond to well-thought-out and informative measures. Thus, if there is a desire to move arts in medicine into the center of healthcare, then quality measures

### The Importance of Evaluating Arts in Medicine Programs

Both in the therapeutic arts and humanities and the Arts in Medicine Program, evaluation is important to understand the extent to which these programs are effective in accomplishing their goals. Demonstrating that arts in medicine make a difference in patient care is extremely important to the success of the program.

and standards are necessary to improve service, care, and program delivery [1, 2]. The metrics or standards could use the planning triangle of situational, strategic, and operational mapping domains to frame what is essential in the provision, planning, teaching, and researching of arts in healthcare programs in any setting for any group. This paper attempts to do "some accounting" by developing criteria for measuring the effectiveness of arts in medicine programs. The paper is divided into different domains of evaluative criteria that can be used by artists and/or healthcare personnel. This is an interdisciplinary effort that is of interest to people in the arts and those in the healing professions. It involves criteria that are the foundation of knowing whether or not a program is successful according to its goals and objectives [3, 4].

Evaluation increases the "hardness" of an argument for the benefits of arts in medicine. It is important to be able to offer other team members, hospital administrators, grantmakers, and academic medical personnel tangible outcomes. In any large institution, services, and programs are greatly influenced by the

availability of evidence to support effectiveness. Determining to what extent these initiatives are successful can lead to revisions and reassessments of the program [5, 6]. Evaluation can help us strengthen working relationships with others within the hospital and university. By being held accountable, we can maintain a certain level of transparency in the process and functions of the program, making us more available to others. There is also the issue of greater scalability when moving from

#### **Existing Evaluation Methods in Arts and Medicine**

Qualitative and quantitative methods of evaluation are used for assessing arts in medicine programs. Qualitative methods typically are used to collect in-depth information and are especially useful for data collection that involves human subjects, including patients, family members, and hospital employees. Survey methods are also used to determine the effectiveness of an arts in medicine program. They can be disseminated to a large group of people with relative ease and usually are available to individuals throughout a set period of time. Groups that frequently are surveyed include patient populations, patient families, and hospital staff members. Another common method of evaluating an arts-in-medicine program is through the use of interviews. The benefits of the survey can be offset by the immersive experiences that can be documented during the course of an informal interview [9, 10]. Observational studies can also be incorporated into evaluation. They are often used during the development stage of an

#### **Challenges and Limitations in Evaluating Arts in Medicine Programs**

The evaluation of arts in medicine programs is complex. Indeed, it is generally easier to identify key elements of the program that cannot be measured or assessed than to articulate those that can. The multiple interrelated challenges associated with evaluating arts in medicine programs may be structured, for didactic purposes, to suggest that there are five general areas where limitations and opportunities exist. First, issues of validity and reliability are central to fine arts but are also problematic even for one art form considered carefully. However, combining several art forms often precludes such measurement as the outcomes of each art form differ in both form and function. Second, the very nature of art experiences is emotional. Subjective outcomes are often difficult to standardize, while their measurement across participants and/or settings is beyond the

#### **Proposed Framework for Developing Comprehensive Evaluation Metrics**

The structure and process for creating the metrics from the present study can provide a

presenting a single program to constructing a program model. Some suggest that evaluating what we do in the form of describing programs typically leads to greater accountability and transparency. Presenting evaluation results often leads to further dialogue, discussion, and interest from those involved. An evaluative focus within arts in medicine can help us disseminate our model and ideas among others [7, 8].

arts-in-medicine program where "kinks" can be identified and the program can be improved. Several evaluation frameworks and models have been used. One of the most commonly used approaches is the logic model, and another frequently used method is the development of performance metrics. A weakness of these methods is determining appropriate indicators and outcome measurements. The development of an initiative, including an arts-in-medicine program, may require a logical analysis and tracking as the program develops and is evaluated over time. However, the evaluations that have been performed as part of any one of these projects should not be used as rules to create evaluation methodologies that will not fit the vast array of practice settings and goals that an arts-in-medicine program can encompass. There have been many case studies that highlight the success and importance of incorporating the feedback of the stakeholders when developing art and medicine evaluation practices [11, 12].

ability of evaluation standards of practice. Third, practical issues such as training, staffing, expense, and the availability of trained evaluators also generally limit the potential for evaluations in the fine arts. Fourth, we all often agree to some extent that human subject research is different from other types of studies and should be held to a higher standard of conduct involving such ethical considerations as beneficence and justice, among others. Finally, some can agree that to evaluate an interdisciplinary model, considerations should be given to the purpose of the evaluation itself. Additionally, the evaluation plan may be more or less multidisciplinary and collaborative based on who the principal intended audiences are. The undercurrent to some of these so-called problems is that criteria, procedures, or process standards do not exist [13, 14].

framework that any individual or organization may use to create a comprehensive set of

metrics to evaluate the impact of their particular arts in medicine program. Objectives and guiding principles that should be considered when developing the metrics include reflection of stakeholder opinions, the practice being evaluated, the environment in which the creative practice occurs, alignment with programmatic goals, accessibility to a wide variety of arts in medicine programs, the utilization of more qualitative information than quantitative data, adaptability across a variety of artistic practices and healthcare environments, and an exploration of the potential for new and existing exemptions to inform one another. Novel versus existing metrics would coexist, as there is a recognition that some existing metrics can and should be further developed to contribute to a more comprehensive evaluation. The potential to add new metrics as interest and data on the arts and health research landscape transforms can provide the formative framework for stakeholders to continue their work. Between initial drafts and the pilot phase, the proposed metrics could be revised based on stakeholder comments, piloted in a diverse range of arts in medicine programming both within the United States and internationally, and revised based on results from the pilots

The development of robust metrics for evaluating arts in medicine programs is essential for their sustainability, scalability, and integration into mainstream healthcare systems. Such metrics provide critical insights into the efficacy of these initiatives, aligning program outcomes with institutional goals and patient needs. While challenges such as subjective outcomes and resource limitations persist, adopting a multidisciplinary approach and

## CONCLUSION

before being made available for widespread utilization. We are currently in the process of piloting the comprehensive metrics, and the information collected will be shared after the completion of those pilots [15, 16]. At minimum, to be considered complete, the following components should be included when constructing the methods: Parent Goals, Best Practices for Comprehensive Minimal Common Metrics Development, Part A: Parent Arts-Informed Practices/Business/Nomenclature, Part C: Schema for Developing Comprehensive Minimal Common Metrics for Arts-in-Medicine Programs, Best Practices for Selecting Minimal Common Metrics for Social Effect when the process covered reaches consensus for the value of each: If minimal common metrics are not available, this needs to be expressed in the documents and an argument stated. The proposed guardians of main principles and fundamental beliefs are free of influence and liability to any funding source. These governing guardians work as a neutral body, ensuring that any influenced bias is not present. Professional development in the development of Comprehensive Common Data Processes will allow them to serve this post. Decisions are made based on the feedback described [17, 18].

engaging diverse stakeholders can overcome these barriers. The proposed framework serves as a foundation for creating adaptable and comprehensive evaluation criteria that cater to varying healthcare environments and artistic practices. As arts in medicine continue to evolve, these metrics will play a pivotal role in demonstrating its value, fostering greater collaboration among stakeholders, and advancing the field globally.

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**CITE AS: Kato Nabirye H. (2024). Developing Metrics for Evaluating Arts in Medicine Programs. IDOSR JOURNAL OF HUMANITIES AND SOCIAL SCIENCES 9(2): 20-24. <https://doi.org/10.59298/IDOSRJHSS/2024/922023000>**