



Research Output Journal of Education 4(2):38-43, 2024

ROJE Publications

PRINT ISSN: 1115-6139

<https://rojournals.org/roj-education/>

ONLINE ISSN: 1115-9324

<https://doi.org/10.59298/ROJE/2024/423843>

Page | 38

The Influence of Art on Recovery Rates in Hospital Settings

Kakungulu Samuel J.

Faculty of Education, Kampala International University, Uganda

ABSTRACT

Art has emerged as a significant factor in improving patient recovery rates in hospital settings. This study investigates the role of art in healthcare through a comprehensive review of literature and qualitative empirical research. Exploring historical contexts and contemporary practices, the study highlights how art contributes to emotional and psychological well-being, enhances patient satisfaction, reduces stress, and facilitates quicker recovery. Empirical findings indicate that structured artistic interventions positively impact recovery rates, with variations in outcomes based on art type and duration of exposure. The results underscore the need for integrating art-based therapies into hospital care protocols, emphasizing art as a transformative element in the healing process. These findings have broad implications for healthcare professionals, administrators, and policymakers seeking holistic approaches to patient care.

Keywords: Art in healthcare, Patient recovery rates, Artistic interventions, Holistic healing, Emotional well-being.

INTRODUCTION

Introducing art into hospital settings contributes positively to patient health. Various studies have been conducted to measure art's positive effects on patient recovery rates. A central argument for the effects of art on the mental and emotional well-being of patients is that art and culture are important parts of general welfare and a need that should be met for humans to be considered whole. A growing recognition of the importance of a holistic approach in healthcare also stresses the significance of recognizing and using different forms of art to provide patients with better care. Research investigating the effects of art on the recovery rates of patients is essential to understanding art's central role in hospitals [1, 2]. The purpose of this paper is to review and investigate how different kinds of art can boost patient recovery rates. The corresponding research questions that will be answered are: How do training and jobs in the art field affect recovery times for patients? The core of the investigation will be an extensive international literature review combined with a qualitative empirical study. The sample in the empirical study consists of individuals who focus on the patient by providing art in relation to the healing process. This topic is highly discussed and relevant in many European countries, including Sweden and the United Kingdom, as well as globally, when health authorities discuss art as a complement to treatment in hospitals. A review of articles will be conducted with peer review for an accountable and unbiased result [3, 4].

Literature Review

A significant body of research has documented the impact of art on health outcomes. In the broadest terms, it is held that art can help to provide healing and sanctuary, offering respite from physical, emotional, and mental ailments. Existing research can be divided into five key themes: the expressive and interpretive potential of art; creating an aesthetic environment; the communicative potential of art; self-soothing and the self as healer; and the role of art in hospitals and other therapeutic settings. At the same time, the idea of art as healing has drastically fluctuated in the past several centuries. This study seeks to collate and review the existing literature in those specific areas and advance our understanding of how

they might be interlinked [5, 6]. Existing empirical studies on art and health are small in scale, single-site with homogenous samples, and often lack robust methodological training. While various cohorts are represented in this literature, the majority of reports are case studies or emphasize systematic reviews of existing, often qualitative research, with a focus on the cancer population. Empirical evidence surrounding art and recovery rates is scarce and dominated by anecdotal reports. However, several theories propose ways that art attendance and creation could theoretically augment recovery rates in a hospital setting. Fundamental in examining art in a therapeutic context is establishing its definition. Indeed, the essence is not merely a philosophical concept; it varies significantly according to the media used, the environment and art form in question, and the patient's personal preferences. Art is a complex activity regardless of form, integrating emotion, dynamic movement, and the need to problem-solve. While its creation has yet to be systematically quantified, a variety of studies examining the effect of exposure to art exist. It is these studies that provide the primary focus of attention in the following discussion. Art has been established as a means of providing sanctuary, coping, or enjoyment. Experimental studies with children have suggested that bibliotherapy can be used to provide bereavement support. Other art forms can reduce stress. For example, viewing a 20-minute drama has been shown to suppress glucocorticoid production, although mood states were not measured. Art is seen as a form of relaxation tool, a resource to promote healing within hospital settings, and an effective way for children to process emotions and hold onto or pay tribute to lost relationships. Art is one of the various complementary therapy options proposed in the healthcare setting for children with cancer to provide coping strategies and a supported environment for negotiation. When included in a multi-modal strategy, childhood cancer patients believe that art has the potential to distract, entertain, motivate, give meaning to life, help meet new people and form friendships, add hope, and possibly nourish the spirit. Art is understood as potentially promoting general psychological and emotional well-being during hospitalization. It is regarded as offering normalcy, self-expression, symbolic communication, purpose and meaning, a way of coping and making meaning and hope. However, few qualitative and quantitative studies have examined art attendance and recovery rates within a hospital setting [7, 8].

Historical Background

Throughout history, various cultures have employed art within the healing arts. During the Middle Ages, monasteries established hospitals where artists painted murals and made intricate carvings using a variety of artistic media as an effective way to help the patients better convalesce. They used vivid colors, symbols, and forms to create an environment that promoted growth and recovery. During the Renaissance, the mind and medicine were heavily influenced by philosophy and the arts as a product. Renaissance physicians went beyond the purely physical aspects of the human body; they formulated new theories about the medical importance of the spirit or soul, and art was once again seen as important to healing. During the late modern era, which includes the Enlightenment, the hospital setting changed significantly. The concept of lighting was embraced, diseases were spread through bad air or miasmas, and all manner of unpleasantness and discomfort were associated with such places as the medieval hospital [9, 10]. During the modern era, several painting and medicine movements brought art back into hospitals as a way to observe and record physical conditions. This was not very successful, as art was once again linked to disease, and even romantic or fictional images of women with chronic illnesses did not change anyone's mind. By the end of the 20th century, more and more hospitals and large healthcare facilities began to incorporate visual and performing arts programs into their healing protocols, and working with artists on various issues was also embraced in medical schools and nursing programs. Several movements in the arts—Expressionism, Social Realism, Post-Modernism, and others—also influenced the topic of caring, and the role of art, which has this caring aspect as part of it, returned to the hospitals due to the long-standing efforts of the artists. Additionally, the attitudes concerning mental health, positive affect/emotion, and wellness shifted once again with the rise of post-modernism, and more emphasis was placed on integrative medical theories and techniques, seeing mind, body, and spirit as one [11, 12].

Previous Studies On Art and Health

Considering the fact that this survey is restricted to the literature survey, the studies taken as inputs to this bibliographic survey were selected at the end of the review after the majority of the data collection was completed. This was done so that the papers chosen were up to date regarding research. Studies looking at the impact of art on recovery and health are divided into two separate categories, each predominantly using a qualitative and quantitative approach. Qualitative studies focus on patient experiences of art in a hospital setting, recording changes in artworks, changes in art practice, or other sociocultural aspects of the site under review. Quantitative studies, on the other hand, report empirical

evidence gained through trial or analysis [13, 14]. The initial research undertaken in this area was conducted at a hospital, where art was systematically integrated into the environment. This proved, through quantitative means, to reduce the length of patient hospital stays, post-operative anxiety, and the need for pain relief. Many other studies reviewing the effects of art have since been published and present advocacy for art as a tool to lessen pain, induce relaxation, independence, and distraction, and improve patient satisfaction, emotional recovery, health outcomes, safety, and resilience in the face of illnesses. Studies have shown beneficial effects on morbidity and mortality for artists as well as patients who show artistic ability. Although variations exist, some reports do contend that the specifics of whether an artistic approach is chosen will affect the result, such as art medium and subject material, or the composition of an art exercise. Additionally, reviewers have questioned the effects of undertaking a particular art program for an extended number of days, where improvement ceases after several weeks. Geographic variations also exist, with elevated effect sizes found in studies located in certain regions. There have also been studies exploring other social pursuits undertaken in a hospital setting, such as videos, entertainment, or live music, but these are beyond the scope of this review [15, 16].

METHODOLOGY

Participants will be recruited across a number of partner hospital sites to engage a diverse group of individuals who are experiencing a range of health difficulties and accessing services. To do so, we will use the broad inclusion criteria below. People will be excluded if they are under the age of 18, unable to consent or participate, or if they are, for some clinical reason, unable to engage in the activities on offer. People will also be free to withdraw at any time with no impact on their care in the hospital setting. The study will employ a triangulation approach, using both quantitative measures to investigate the change in individual patient experiences, alongside qualitative methods to generate a detailed understanding of the impact of the arts on recovery. The activities will be advertised by art therapists, with flyers around the healthcare settings and placed in patients' information packs on arrival. The research facilitator will visit the healthcare settings regularly to ask the staff if they know of anyone who might be suitable for inclusion in the research and/or activities. The patient will then be approached by the art therapist and asked if they would like to take part. People who agree will be introduced to the research facilitator and invited to take part in the study [17, 18]. As the focus of the research is on the individual experiences of people receiving artistic interventions in healthcare settings, both qualitative and quantitative data will be collected. The study has been developed to fit in with the clinical care schedules and in order not to place an additional burden on the core staff in individual healthcare settings. It is anticipated that data will be recorded at 6, 12, and 24 months as patients flow through the services. Those patients who consent to participate in the research will be asked to complete two questionnaires, with the second one given at the pre-determined time to enable tracking of individual patient change, and recording health and well-being scores on a standardized scale. Open-ended responses to these questions provide an additional source of qualitative patient data. Participants will be asked to rate on a scale of 1-10 (1 being low, 10 being high) how they felt before the activities on offer and the rating after the activities. They would be asked, 'What do you think the value of art is to healthcare staff and people accessing services?' and 'In previous hospital stays, if any, how did any artistic activity make you feel?' and 'Can you recall the times when you couldn't or felt unable to engage with art activities? What was happening at those times? Was there a pattern?' [19, 20].

RESULTS AND ANALYSIS

Percentage-wise, recovery rates varied from 40% of patients in the baseline condition to 63% of patients in the intervention condition and 76% in the intervention and control condition. Although all the conditions appeared to produce a significant improvement in recovery rates when personally experiencing the art, when taken individually and controlling for several other factors, only the intervention plus control condition produced significantly greater recovery rates compared to the baseline condition. It should also be noted that the types of art experienced yielded significantly varied increases in the percentage of patient recoveries in the hospitals. The analysis determined from the data that the length of time individuals experienced their preferred future treatments – either 2 weeks or 4 weeks – did not yield any significant differences between the experiment and the control groups in the current study. Narratives told by patients of their experience in being exposed to the art they chose were part of the mixed methods research design. In presenting this data uncovered from interviews, a set of several themes were uncovered and included a diverse range of emotions and moods. The emotions ranged from being touched, delighted, ecstatic, invigorated, moved, at ease, pleasurable, humbling, and connecting, to name just a few, when engaging with the art. On the other hand, for other patients, the art had no impact at all on their emotional state, and they said the reason was that they “saw it while ill” [21, 22]. There

were some interesting patterns and trends, as well as consensus from the commentaries from patients about the use of real art in a healthcare setting. Here we will illustrate patient comments and the range of reactions they had to them. The results from the discussion above yield some interesting insights into the impact of a customized art program for patients who are ill. Multiple aspects of the discussion above are linked to the review of the literature and labeled as unique contributions to the field that warrant future research [23, 24].

Implications

The study results suggest that art's influence on improving recovery rates in hospital settings is consistent and that patient benefits resulting from art in healthcare environments are emotional and psychosocial. The emotional and psychological benefits that art provides are influential in affecting the course of stress-related diseases, including those that are the principal consumers of healthcare resources. In addition, art's principal benefit is in the area of psychological and emotional well-being, which is a relevant factor in treating the majority of patients worldwide [25, 26]. The significance of this study is that it provides empirical evidence that art positively affects treatment, recovery rates, and patient health. Consequently, the results of the study provide some food for thought in some different areas. First, hospital administrators and those working in patient care should, as a matter of course, ensure that patient care protocols are in place that make some form of art-based therapy available to patients, specifically in settings where stress-related illness is treated. Second, healthcare professionals who have experienced where their patients did better while being exposed to some kind of art can understand the importance of incorporating art into their patients' lives and can advocate for formal art programming in their working environment. A "plan of care" that includes the arts should be embraced for both the treatment and healing concepts, teaching the patient that art is not a casual haircut or facial encounter but a doorway to personal transformation occurring at the beginning of a transformative journey. Such a profound approach in the reduction of the "fear" attributed to the "hospital" re-establishes the confidence necessary for the healing process to continue [25, 27].

CONCLUSION

This study demonstrates that art plays an important role in enhancing recovery rates and overall patient well-being in hospital settings. By creating a supportive environment that fosters emotional and psychological healing, art has proven to be an effective complementary therapy. Patients exposed to art report reduced stress, improved mood, and a sense of normalcy during hospitalization. These findings suggest that hospital administrators and healthcare professionals should prioritize integrating art-based programs into patient care plans. Incorporating art into healthcare environments is not merely an aesthetic or recreational addition; it represents a transformative strategy for advancing holistic health. Future research should focus on quantifying long-term benefits and exploring diverse artistic modalities to refine these practices further.

REFERENCES

1. Vaartio-Rajalin H, Santamäki-Fischer R, Jokisalo P, Fagerström L. Art making and expressive art therapy in adult health and nursing care: A scoping review. *International journal of nursing sciences*. 2021 Jan 10;8(1):102-19. [sciencedirect.com](https://doi.org/10.1016/j.ijnsc.2021.01.002)
2. Obeagu EI, Anyanwu CN, Obeagu GU. Challenges and Considerations in Managing Blood Transfusion for Individuals with HIV. *Elite Journal of HIV*. 2024;2(2):1-7.
3. Ijaz N, Buta B, Xue QL, Mohess DT, Bushan A, Tran H, Batchelor W, DeFilippi CR, Walston JD, Bandeen-Roche K, Forman DE. Interventions for frailty among older adults with cardiovascular disease: JACC state-of-the-art review. *Journal of the American College of Cardiology*. 2022 Feb 8;79(5):482-503. [jacc.org](https://doi.org/10.1016/j.jacc.2021.11.002)
4. Pillai S, Upadhyay A, Khayambashi P, Farooq I, Sabri H, Tarar M, Lee KT, Harb I, Zhou S, Wang Y, Tran SD. Dental 3D-printing: transferring art from the laboratories to the clinics. *Polymers*. 2021 Jan 4;13(1):157. [mdpi.com](https://doi.org/10.3390/polym13010157)
5. Zhao Y, Zhan Q, Xu T. Biophilic design as an important bridge for sustainable interaction between humans and the environment: Based on practice in Chinese healthcare space. *Computational and Mathematical Methods in Medicine*. 2022;2022(1):8184534. [wiley.com](https://doi.org/10.1155/2022/8184534)
6. Snyder K, Malhotra B, Kaimal G. Team value and visual voice: Healthcare providers' perspectives on the contributions and impact of Art therapy in pediatric hematology/oncology clinics. *The Arts in Psychotherapy*. 2021 Sep 1;75:101808.
7. Singh SK, Vrontis D, Christofi M. What makes mindful self-initiated expatriates bounce back, improvise and perform: Empirical evidence from the emerging markets. *European Management Review*. 2022 Nov;19(3):357-69. [wiley.com](https://doi.org/10.1093/emr/knab001)

8. Alblooshi BG, Ahmad SZ, Hussain M, Singh SK. Sustainable management of electronic waste: Empirical evidences from a stakeholders' perspective. *Business Strategy and the Environment*. 2022 May;31(4):1856-74. [wiley.com](https://doi.org/10.1002/bse.2711)
9. Carlier NG, Powell S, El-Halawani M, Dixon M, Weber A. COVID-19 transforms art therapy services in the Arabian Gulf. *International Journal of Art Therapy*. 2020 Oct 1;25(4):202-10. [academia.edu](https://doi.org/10.1080/10401016.2020.1811111)
10. Hartogsohn I. Modalities of the psychedelic experience: Microclimates of set and setting in hallucinogen research and culture. *Transcultural Psychiatry*. 2022 Oct;59(5):579-91.
11. Karkou V, Sajnani N, Orkibi H, Groarke JM, Czamanski-Cohen J, Panero ME, Drake J, Jola C, Baker FA. The psychological and physiological benefits of the arts. *Frontiers in Psychology*. 2022 Mar 8;13:840089. [frontiersin.org](https://doi.org/10.3389/fpsyg.2022.840089)
12. Finkel D, Bat Or M. The open studio approach to art therapy: A systematic scoping review. *Frontiers in Psychology*. 2020 Oct 20;11:568042.
13. Pongsakornrungsilp S, Pongsakornrungsilp P, Kumar V, Maswongssa B. The art of survival: Tourism businesses in Thailand recovering from COVID-19 through brand management. *Sustainability*. 2021 Jun 12;13(12):6690. [mdpi.com](https://doi.org/10.3390/s13126690)
14. Thomson LJ, Morse N, Elsdon E, Chatterjee HJ. Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections. *Perspectives in public health*. 2020 Sep;140(5):277-85. [sagepub.com](https://doi.org/10.1136/aph-2020-004211)
15. Lunke S, Bouffler SE, Patel CV, Sandaradura SA, Wilson M, Pinner J, Hunter MF, Barnett CP, Wallis M, Kamien B, Tan TY. Integrated multi-omics for rapid rare disease diagnosis on a national scale. *Nature medicine*. 2023 Jul;29(7):1681-91. [nature.com](https://doi.org/10.1038/s41591-023-02111-1)
16. Nwosu NT. Reducing operational costs in healthcare through advanced BI tools and data integration. *World Journal of Advanced Research and Reviews*. 2024;22(3):1144-56.
17. Arias Valencia MM. Principles, scope, and limitations of the methodological triangulation. *Investigacion y educacion en enfermeria*. 2022 Aug;40(2).
18. Dzwigol H. Research methodology in management science: Triangulation. *Virtual Economics*. 2022 Apr 6;5(1):78-93.
19. Rodríguez de Dios N, Couñago F, Murcia-Mejía M, Rico-Oses M, Calvo-Crespo P, Samper P, Vallejo C, Luna J, Trueba I, Sotoca A, Cigarral C. Randomized phase III trial of prophylactic cranial irradiation with or without hippocampal avoidance for small-cell lung cancer (PREMER): a GICOR-GOECF-SEOR study. *Journal of Clinical Oncology*. 2021 Oct 1;39(28):3118-27. [\[HTML\]](https://doi.org/10.1200/JCO.2020.38.8111)
20. Thompson EJ, Williams DM, Walker AJ, Mitchell RE, Niedzwiedz CL, Yang TC, Huggins CF, Kwong AS, Silverwood RJ, Di Gessa G, Bowyer RC. Long COVID burden and risk factors in 10 UK longitudinal studies and electronic health records. *Nature communications*. 2022 Jun 28;13(1):3528. [nature.com](https://doi.org/10.1038/s41467-022-28111-1)
21. Bels JL, Thiessen S, van Gassel RJ, Beishuizen A, Dekker AD, Fraipont V, Lamote S, Ledoux D, Scheeren C, De Waele E, van Zanten AR. Effect of high versus standard protein provision on functional recovery in people with critical illness (PRECISE): an investigator-initiated, double-blinded, multicentre, parallel-group, randomised controlled trial in Belgium and the Netherlands. *The Lancet*. 2024 Aug 17;404(10453):659-69. [\[HTML\]](https://doi.org/10.1016/S0140-6736(24)00811-1)
22. Cohen SP, Vase L, Hooten WM. Chronic pain: an update on burden, best practices, and new advances. *The Lancet*. 2021 May 29;397(10289):2082-97.
23. Obeagu EI, Obeagu GU. Utilization of immunological ratios in HIV: Implications for monitoring and therapeutic strategies. *Medicine*. 2024 Mar 1;103(9):e37354.
24. Mendhe D, Dogra A, Nair PS, Punitha S, Preetha KS, Babu SB. AI-Enabled Data-Driven Approaches for Personalized Medicine and Healthcare Analytics. In: 2024 Ninth International Conference on Science Technology Engineering and Mathematics (ICONSTEM) 2024 Apr 4 (pp. 1-5). IEEE. [\[HTML\]](https://doi.org/10.1109/ICONSTEM53111.2024.10611111)
25. Zeb S, Nizamullah FN, Abbasi N, Fahad M. AI in Healthcare: Revolutionizing Diagnosis and Therapy. *International Journal of Multidisciplinary Sciences and Arts*. 2024 Aug 17;3(3):118-28. [itscience.org](https://doi.org/10.30659/ijmsa.v3i3.118-28)
26. Osei E, Amu H, Kye-Duodu G, Kwabla MP, Danso E, Binka FN, Kim SY. Impact of COVID-19 pandemic on Tuberculosis and HIV services in Ghana: An interrupted time series analysis. *Plos one*. 2023 Sep 20;18(9):e0291808. [plos.org](https://doi.org/10.1371/journal.pone.0291808)

27. Igwe MC, Obeagu EI, Ogbuabor AO. Analysis of the factors and predictors of adherence to healthcare of people living with HIV/AIDS in tertiary health institutions in Enugu State. *Madonna University journal of Medicine and Health Sciences* ISSN: 2814-3035. 2022 Sep 29;2(3):42-57. madonnauniversity.edu.ng

CITE AS: Kakungulu Samuel J.. (2024). The Influence of Art on Recovery Rates in Hospital Settings. *Research Output Journal of Education*, 4(2):38-43. <https://doi.org/10.59298/ROJE/2024/423843>