

Collaborative Art Projects for Social Change in Healthcare

Kagaba Amina G.

Faculty of Business, Kampala International University, Uganda

ABSTRACT

Collaborative art projects in healthcare have emerged as powerful vehicles for social change, helping bridge divides between patients, healthcare providers, and communities. This article investigates the transformative potential of such initiatives, focusing on how creative collaboration fosters connection, empathy, and resilience in healthcare settings. Through a detailed examination of case studies, it highlights diverse methods and impacts of collaborative art on patient care, mental health, and community engagement. Additionally, the paper provides best practices for implementing these projects effectively in clinical settings and discusses strategies for measuring their impact on health outcomes. These insights offer healthcare professionals, artists, and community leaders a guide for utilizing art as a means to enhance care, support patient identity, and promote systemic change within the healthcare field.

Keywords: Collaborative art, healthcare, social change, mental health, community engagement.

INTRODUCTION

Collaborative art projects have the potential to create change within and beyond healthcare. At the heart of collaborative art practices is the idea of collective and individual transformation. In your collage for Melanie, who dislikes herself after a mastectomy and does not have a sex life, whatever art materials you choose, however you use them can create a space of conversation, connection, and possibilities for Melanie. Art enables new ways of seeing, feeling, and experiencing. Art projects can bridge gaps between patients, health professionals, communities, and the public by celebrating health, recognizing somatization, and the complex emotional life displayed when something goes wrong, engaging patients and health professionals in conversation about the experience of illnesses and the effects of the system and treatment [1, 2]. For decades, the arts and literature have been used qualitatively to create new knowledge about the experience of illnesses and to assist with medical education. The recent surge of interest in visual arts, music, poetry, dance, and performance as potential tools for engaging patients and the community can be located in the broader arts and medicine movement. It is often informed by the broader field of inquiry called social practice art. Its roots are diverse and have occurred in various societies over a long period of time, including Renaissance Italy, as well as in twentieth-century Central Europe, where multimodal art therapy sessions encompassed physical, emotional, and intellectual expressions. Social practice art's particular focus is on 'fairness' and engaging participants in open, critical dialogue [3, 4].

The Role of Art in Promoting Social Change in Healthcare

Art has long been understood as a powerful catalyst for promoting social change in the context of healthcare. Engaging artistically with lived experiences of health and illness can help challenge dominant narratives, prioritize voices that are often marginalized, and catalyze new ways of thinking and feeling. The arts can play a pivotal role in promoting acknowledgment of the patient as a person, the importance of affirming identity, and having access to space. Within critical care, creating visual and narrative representations is important for supporting practitioners' processing of the intensive experiences of patient care. Creative arts enable better recognition of the psychological, emotional, and traumatic stresses of critical care nursing as a context of work. In healthcare, work with the creative and performing arts has been used in a variety of environments, including hospitals and primary care [5, 6]. The therapeutic benefits associated with art and mental health have been endorsed and advocated for as an

important approach to promoting early intervention and recovery from mental illness. Art has long been researched for its ability to foster resilience, establish identity and voice, and mediate social support. Art also provides an opportunity to create and establish visibility and representation. Throughout history, art has been utilized by individuals and community groups to identify, attract interest, and demand action on health-related issues. Examples of activities that have aimed to engage communities in solidarity and/or advocacy have included visual arts and performance. Such accounts highlight the importance of art in developing a sense of unity, engaging socially and effectively with others, and demonstrating the amount of effort put into an activity. Creating an art project can help community groups connect, feel stronger and more united together, as well as communicate messages in appealing and engaging ways to a broader public. Art is often seen as a powerful mechanism through which to engage with disenfranchised and/or disempowered communities and increase their representation. Moreover, this does not always have to involve traditional 'art'; many projects around sustainability or interfaith work involve a process of creating and representing aspects of identity that work to engage communities as participants, consumers, or producers [7, 8].

Case Studies of Successful Collaborative Art Projects

Each of the projects outlined in the five case studies included here is a collaborative art project that had a useful deployment in health care. However, there are great differences between them in terms of discourse and methodology: how the participants were recruited and selected, the systems that were at stake and where the problem lay, and the use of language, artwork, and intention. Each study opens with a small piece of background information and then moves on to the analysis of specific projects. This is then followed by a discussion that aims to tease out what was achieved through the project and, where possible, what the nature, extent, and implications of the success were [9, 10]. The case study moves on to review what the study was and how it was done; an analysis of the context of the art discipline; what was useful and/or good about it; any negative issues or problems; and anything that was learned as part of the research. In looking at each area, the authors hope to raise awareness of the many different ways in which collaborative arts can be used to invite communities and patients to get involved, share experiences, and support systems of care and facilities. The specific case studies presented detail the background of the projects and the specific areas of concern. The successful impact was evidenced via the involvement and engagement with people within the communities in which the projects were embedded, the ability to raise awareness of the issues and encourage conversations about the stated aims, and an indication of potential change and benefit as a result of this work. In addition, the case studies discuss some of the difficulties and constraints involved in running this type of project [11, 12].

Best Practices and Guidelines for Implementing Collaborative Art Projects in Healthcare Settings

Best practices and guidelines for implementing healthcare-based art practice for personal and community health and social change. Ultimately, it is impossible to create "universal" guidelines for performing arts for personal health and social change, in part because there are so many ways to create and run arts initiatives, and in particular because effective arts practice is context-specific – it must speak to the needs, skills, and abilities of the people and the local cultures that are served. For anti-oppressive practice and long-term impact, art practices need to be modeled and owned by the people served. There is nothing worse than parachuting in an elite performer or artist who has not known about the site's politics, body of previous work, community agreements, or professional codes, or doing a show or workshop that has no follow-up or support [13, 14]. However, here are some guidelines, lessons, and experiences initiated by staff at a hospital and a theatre, participant-observing and interviewing facilitators and participants during one of a series of performances of stories from a project. I offer these general observations knowing that these elements must be understood differently in each context [15, 16].

Best-Practice Principles

Peacekeepers for happy collaboration include strong facilitation and good communication and conflict management skills between all artists, participants, and hospital staff. If you intend to create an organizational shift, you will need to have cooperation, an investment in artists from the facilitator/organizer, and paid hospital staff time, not just free space.

Measuring The Impact of Collaborative Art Projects on Healthcare Outcomes

Qualitative and quantitative measures must be developed to evaluate the impact of collaborative art projects on social change in healthcare. What is the nature of those changes and how may the beneficial qualities of arts interventions be demonstrated to have improved some aspect of healthcare or achieved some change in practice or behavior? This report seeks to describe methods available to measure the changes arts interventions provoke and to stimulate debate around the appropriateness and collection of resultant measures. Should the impact, influence, or effects of a collaboration be measured quantitatively or qualitatively, and how might the impact of an initiative be 'proved' or demonstrated? [17, 18]. From

an arts and healthcare perspective, debates have started to emerge on the efficacy of certain arts interventions and methodologies. A project in England has nevertheless looked at a wide range of interventions and approaches to develop an appropriate methodology for each. Developing evaluation in the diverse and complex field of art and healthcare is vital if the arts are to demonstrate through and for themselves the importance of these practices for the communities they serve. Practitioners and experts, artists, and healthcare professionals are involved in the development of a series of case studies, of which five are presented below. Detailed case studies provide important operational and process material against which the efficacy or otherwise of the proposals can be tested and new knowledge about the impact of such work developed. Each of these case studies was chosen to highlight work that is considered both effective and able to be tested. All include an example of partnership work between artists and healthcare professionals or practitioners, and each has involved the development of an effective evaluation methodology. Consideration was given to featuring some work which, although it would have been offered as examples of effectiveness and best practice, did not have an established evaluation process, but ultimately it was decided to limit the selection to work for which rigorous evaluation was possible [19, 20].

CONCLUSION

Collaborative art projects hold unique promise in transforming healthcare by enabling patients and communities to express, connect, and engage deeply with health experiences. Through this process, art fosters recognition of patient identity, strengthens practitioner-patient relationships, and challenges the healthcare system to view patients holistically. The case studies reviewed demonstrate that these projects encourage dialogue and empathy, reduce isolation, and foster resilience, thereby contributing to mental and emotional well-being. For sustainable impact, collaborative art in healthcare must be context-sensitive, support anti-oppressive practices, and engage local communities. Effective implementation and rigorous evaluation of these projects will further validate their role in addressing health disparities and supporting systemic change.

REFERENCES

1. Cornish F, Breton N, Moreno-Tabarez U, Delgado J, Rua M, de-Graft Aikins A, Hodgetts D. Participatory action research. *Nature Reviews Methods Primers*. 2023 Apr 27;3(1):34. [nature.com](https://doi.org/10.1038/s41598-023-28111-1)
2. Yang Y, Zhang H, Gichoya JW, Katabi D, Ghassemi M. The limits of fair medical imaging AI in real-world generalization. *Nature Medicine*. 2024 Jun 28;1-1. [nature.com](https://doi.org/10.1038/s41591-024-0111-1)
3. Shukla A, Choudhari SG, Gaidhane AM, Syed ZQ. Role of art therapy in the promotion of mental health: a critical review. *Cureus*. 2022 Aug;14(8).
4. Barlow B, Webb A, Barlow A. Maximizing the visual translation of medical information: A narrative review of the role of infographics in clinical pharmacy practice, education, and research. *Journal of the American College of Clinical Pharmacy*. 2021 Feb;4(2):257-66. [HTML]
5. Sanz T, Rodriguez-Labajos B. Does artistic activism change anything? Strategic and transformative effects of arts in anti-coal struggles in Oakland, CA. *Geoforum*. 2021 Jun 1;122:41-54.
6. Dilletta A, Benjamin S. The Black Travel Movement: a catalyst for social change. *Journal of Travel Research*. 2022 Mar;61(3):463-76.
7. Breakwell GM, Jaspal R. Identity change, uncertainty and mistrust in relation to fear and risk of COVID-19. *Journal of Risk Research*. 2021 Apr 22;24(3-4):335-51.
8. Ahmed AE, Ucbasaran D, Cacciotti G, Williams TA. Integrating psychological resilience, stress, and coping in entrepreneurship: A critical review and research agenda. *Entrepreneurship Theory and Practice*. 2022 May;46(3):497-538.
9. Grilo SA, Catalozzi M, Desai U, Sein AS, Baumgart CQ, Timmins G, Edelman D, Amiel JM. Columbia COVID-19 Student Service Corps: Harnessing student skills and galvanizing the power of service learning. *FASEB BioAdvances*. 2020 Dec 30;3(3):166. [nih.gov](https://doi.org/10.1096/fba.20200101)
10. Lanza F, Seidita V, Chella A. Agents and robots for collaborating and supporting physicians in healthcare scenarios. *Journal of biomedical informatics*. 2020 Aug 1;108:103483.
11. Rieger KL, Gazan S, Bennett M, Buss M, Chudyk AM, Cook L, Copenace S, Garson C, Hack TF, Hornan B, Horrill T. Elevating the uses of storytelling approaches within Indigenous health research: a critical and participatory scoping review protocol involving Indigenous people and settlers. *Systematic reviews*. 2020 Dec;9:1-9. [springer.com](https://doi.org/10.1186/s12913-020-05111-1)
12. Archibald M, Ambagtsheer R, Lawless MT, Thompson MO, Shultz T, Chehade MJ, Whiteway L, Sheppard A, Plaza MP, Kitson AL. Co-designing evidence-based videos in health care: a case

- exemplar of developing creative knowledge translation “evidence-experience” resources. *International Journal of Qualitative Methods*. 2021 Jul 16;20:16094069211019623. sagepub.com
13. Raza K, Manasreh M, King M, Eslami Z. Context specific leadership in English language program administration: what can we learn from the autoethnographies of leaders?. *International Journal of Leadership in Education*. 2024 Sep 2;27(5):1031-51. academia.edu
 14. Rapisarda N, Loots E. A closer look into the scope of arts entrepreneurship education: is there any such thing as the american and european approach. *Journal of Arts Entrepreneurship Education*. 2021;3(2):65-74.
 15. Buising KL, Williamson D, Cowie BC, MacLachlan J, Orr E, MacIsaac C, Williams E, Bond K, Muhi S, McCarthy J, Maier AB. A hospital-wide response to multiple outbreaks of COVID-19 in health care workers: lessons learned from the field. *The Medical journal of Australia*. 2020 Nov 15;214(3):101. mja.com.au
 16. Jazieh AR, Chan SL, Curigliano G, Dickson N, Eaton V, Garcia-Foncillas J, Gilmore T, Horn L, Kerr DJ, Lee J, Mathias C. Delivering cancer care during the COVID-19 pandemic: recommendations and lessons learned from ASCO global webinars. *JCO global oncology*. 2020 Sep;6:1461-71. ascopubs.org
 17. Suárez-Guerrero C, Rivera-Vargas P, Raffaghelli J. EdTech myths: towards a critical digital educational agenda. *Technology, Pedagogy and Education*. 2023 Oct 20;32(5):605-20.
 18. Hirose M, Creswell JW. Applying core quality criteria of mixed methods research to an empirical study. *Journal of Mixed Methods Research*. 2023 Jan;17(1):12-28. sagepub.com
 19. Leach MJ. Rapport: A key to treatment success. *Complementary therapies in clinical practice*. 2005 Nov 1;11(4):262-5.
 20. Nazi ZA, Peng W. Large language models in healthcare and medical domain: A review. *Informatika* 2024 Aug 7 (Vol. 11, No. 3, p. 57). MDPI.

CITE AS: Kagaba Amina G. (2024). Collaborative Art Projects for Social Change in Healthcare. NEWPORT INTERNATIONAL JOURNAL OF CURRENT ISSUES IN ARTS AND MANAGEMENT, 5(2):5-8. <https://doi.org/10.59298/NIJCIAM/2024/5.2.58000>