
A Scoping Review of Research on the Arts, Aging, and Quality of Life

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Purpose of the Study: Artistic engagement has been identified as a promising way to improve older adults' quality of life (QoL) and health. This has resulted in a growing, yet diverse, knowledge base. The purpose of this scoping review was to describe and map the nature and extent of research conducted on the arts, aging, and either QoL or health for well older adults.

Design and Methods: We followed scoping review procedures. Research librarians developed a comprehensive search strategy to capture published and gray literature across 16 databases. We systematically screened 9,720 titles/abstracts and extracted data. Findings were collated by tabulating frequencies and textual data organized according to themes.

Results: 94 articles were included, spanning nine disciplines, and most were published after 2000 (72%). Most of the studies were conducted in the United States (52%). Research teams rarely published more than one study about the arts and QoL/health. The studies used qualitative (49%), quantitative (38%), or mixed methods (10%). The most common art form examined was music (40%). Artistic engagement was usually active (70%) and frequently occurred in groups (56%). Health and QoL were conceptualized and operationalized in many different ways.

Implications: There is a need for programs of research (instead of teams conducting only one study), the development and application of conceptual frameworks, and multiple perspectives in order to build knowledge about how the arts contribute to health and QoL for older adults.

Key words: Scoping review, Wellness, Creativity, arts, Related therapy

The global population of older adults is growing at an unprecedented rate, with the number of people over 60 years of age estimated to reach two billion by 2050

([United Nations Population Fund, 2012](#)). Health organizations, economists, and governments have subsequently focused on the potential impact of this situation on society,

and ways to lessen any negative ramifications. Research has highlighted that the arts show promise as one approach to improve wellness for this growing population of older adults (Cohen, 2006).

Perspectives on Aging

Research on population aging in North America indicates that, due to the cost of chronic disease management, more than 50% of lifetime health care expenditures occur after the age of 65, with the highest rates for those 80 and older (Alemayehu & Warner, 2004; Bloom, Boersch-Supan, McGee, & Seike, 2011; Canadian Institute for Health Information, 2012). As the ratio of working to retired citizens declines, concerns arise regarding the capacity of the working population to support dependent retirees (Bloom et al., 2011).

Collectively, these trends have resulted in a problem-oriented perspective of population aging, with an emphasis on increased resource utilization, greater dependency, and a higher prevalence of chronic disease. However, the concept of “successful aging” or “aging well” is also gaining increased attention (Rowe & Kahn, 1997). Rather than focusing on the challenges associated with aging as has been done in the past, many researchers now present age-related decline as a modifiable issue, rather than a “normal” and inevitable part of aging, a perspective that directs efforts toward health promotion and prevention (Carr, Wellin, & Reece, 2009; Cohen, 2006). Furthermore, the stage between retirement and functional disability (i.e., the “third” age) now lasts longer and is viewed as a time of growth and opportunity (Carr et al., 2009; United Nations Population Fund, 2012). As focus shifts away from negative to more positive perspectives of aging populations, many older adults are recognized as producers and contributors within their communities (United Nations Population Fund, 2012). According to this perspective, older adults should be viewed as full participants in society, and supported to lead fulfilled and active lives (United Nations Population Fund, 2012). Further to considering “successful aging” as the experience of the fewest possible age-associated problems, aging has also been conceptualized as a time for growth and “potential beyond problems” (Cohen, 2006, p. 8).

Other researchers critique both the negative and more positive views of aging as each has polarizing effects. The former positions aging as a negative experience characterized by decline, chronic illness, and increased dependence; the latter promotes aging as a positive experience characterized by good health, independence, activity, and productivity (O'Rourke & Ceci, 2013; Thorne & Paterson, 1998; Whitehouse & George, 2009). Neither accounts for the fact that older adults with age-related changes, such as poorer health or increased dependence, experience dynamic

interrelationships between both positive and negative possibilities for aging (Thorne & Paterson, 1998).

Thus, there are different perspectives on the meaning of and possibilities for quality of life (QoL) and health in later life, and there is a need for work that moves the field beyond views of aging as exclusively positive or negative. In recent years the research community has shown growing interest into the use of arts, and the use of artistic methods, to advance our understanding about the effects of aging on QoL and health.

The Arts, QoL, and Health for Older Adults

There is a growing interest to both understand and explore how the arts contributes to QoL and health in older adults. Health is “a capacity or resource” that allows one to be able to pursue goals, learn new things, and grow (Public Health Agency of Canada, 2012). QoL is a broader construct influenced by multiple factors including health, socioeconomic status, social support, and psychological well-being (George, 2010), to name a few. A previous narrative review has suggested that the arts may promote both individual and community health and could mitigate demands on future health care systems (Cooley, 2003).

To date, two comprehensive literature reviews have been conducted that capture literature relevant to the arts, aging, and either QoL or health. The first examined how arts-based methods to generate or collect data, or to translate findings have been used in empirical health research, which, due to its narrower purpose, did not comprehensively capture research related to the arts more broadly (e.g., studies about art interventions were not included) (Fraser & al Sayah, 2011). The second had a broader aim, to review research on the arts and aging, but only screened four gerontological journals, and did not include a more comprehensive database search (Carr et al., 2009; Fraser & al Sayah, 2011). Additionally, a small number of literature reviews have been conducted to examine arts and aging research, yet the focus of these reviews was often on a single artistic form or modality; search strategies were not clearly delineated; and inclusion criteria were rarely reported (Coffman, 2002; Darrough, 1992; Davis, 1987; Flood & Phillips, 2007; Hays, Bright, & Minichiello, 2002).

Overall, these reviews signify a growing body of research on the arts and either QoL or health for older adults, but none have comprehensively captured and described this body of work. Further, literature reviews have not systematically included *both* health and arts-based publications and databases when conducting their literature searches. A catalog of the research on this topic that crosses disciplinary boundaries is needed (Carr et al., 2009). The purpose of this study was to conduct a scoping review to

systematically identify and describe the body of work that examines the interrelationships of arts, aging, and either QoL or health.

Design and Methods

Scoping review methodology is used when the purpose is to explore and map a broad range of literature (Levac, Colquhoun, & O'Brien, 2010; Poth & Ross, 2009). We followed the five scoping review stages outlined by Arksey and O'Malley (2005). These five steps are: (a) determine the purpose; (b) identify potential studies; (c) screen and select relevant studies; (d) extract data into charts; and (e) collate and summarize the results. We took this one step further and also synthesized selected elements from the data extraction, to provide a more coherent description of the body of work.

Determine the Purpose

The purpose of this study was to describe the nature and extent of studies concerned with (a) the arts, (b) older adults, and (c) QoL and/or health. The arts included creative activities, visual, literary, and performance arts; if the author(s) of an article stated that their work was about an artistic or creative activity, we considered it as such. We defined QoL as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment" (World Health Organization, 1997). Health was defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2003).

We defined older adults as people over 65 years of age, or populations that the studies' authors referred to as older adults. Our title/abstract screen yielded 1,500 articles. At this point, due to limited resources for retrieval and analysis, our team decided to narrow the review focus to studies of "well" older adults. Studies could include some individuals with illness or in residential care, but the purpose needed to be focused on older adults more generally, rather than any one of these subpopulations. This reduced the number of articles identified for full text review to 419.

Identify Potential Studies

A librarian in the faculty of nursing developed search strategies with our team, and also identified search terms with

a librarian from the faculty of fine arts to ensure a comprehensive search of both the fine arts and health sciences literature. Sixteen electronic databases from the arts, sciences, and health disciplines were searched without date limitations (i.e., from date of inception) to identify potential studies. Databases included: Abstracts in Social Gerontology, CINAHL, SocINDEX, Academic Search Complete, Art Full Text, MEDLINE in Process & MEDLINE, Embase, PsycINFO, Scopus, Web of Science: Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, Conference Proceedings Citation Index – Science, Conference Proceedings Citation Index – Social Science & Humanities, Book Citation Index – Science, and Book Citation Index – Social Sciences & Humanities. The librarian exported all search results into a RefWorks account and removed duplicates.

Screen and Select Studies

To select studies, we applied explicit inclusion and exclusion criteria to titles/abstracts, and then to full text articles. Our inclusion criteria were: (a) primary research study; (b) included aspects of the arts, older adults and QoL and/or health and; (c) full text available in English. Our exclusion criteria were: (a) mixed samples where data cannot be extracted for a subgroup of older adults; (b) the arts are not a primary study focus, or are mentioned but the relationship to QoL/health is not examined in the study; (c) the art form (e.g., dance, theater) was described solely as a physical, and not a creative, activity; and (d) the art form was not framed as an arts-based intervention and used solely for public health messaging (e.g., distribution of a flyer that contains pictures). The first draft of the inclusion/exclusion criteria were developed and applied independently by H. M. O'Rourke and J. Lai to a sample of 100 titles/abstracts retrieved from CINAHL. We resolved discrepancies through discussion, and the criteria were clarified and edited.

Two research assistants screened the titles/abstracts (J. Lai and KP each screened one half). Slight revisions were made to the inclusion/exclusion criteria to remove additional ambiguities at this stage. The full text for all articles that met the inclusion criteria as well as those which lacked enough information to be excluded with confidence were retrieved for further screening. A total of 90 studies (94 published articles) were included for data extraction (Figure 1). See [Supplementary Appendix 2](#) for a list of all studies.

Data Extraction

The team developed data extraction instructions. Prior to full data extraction, the research team reviewed three

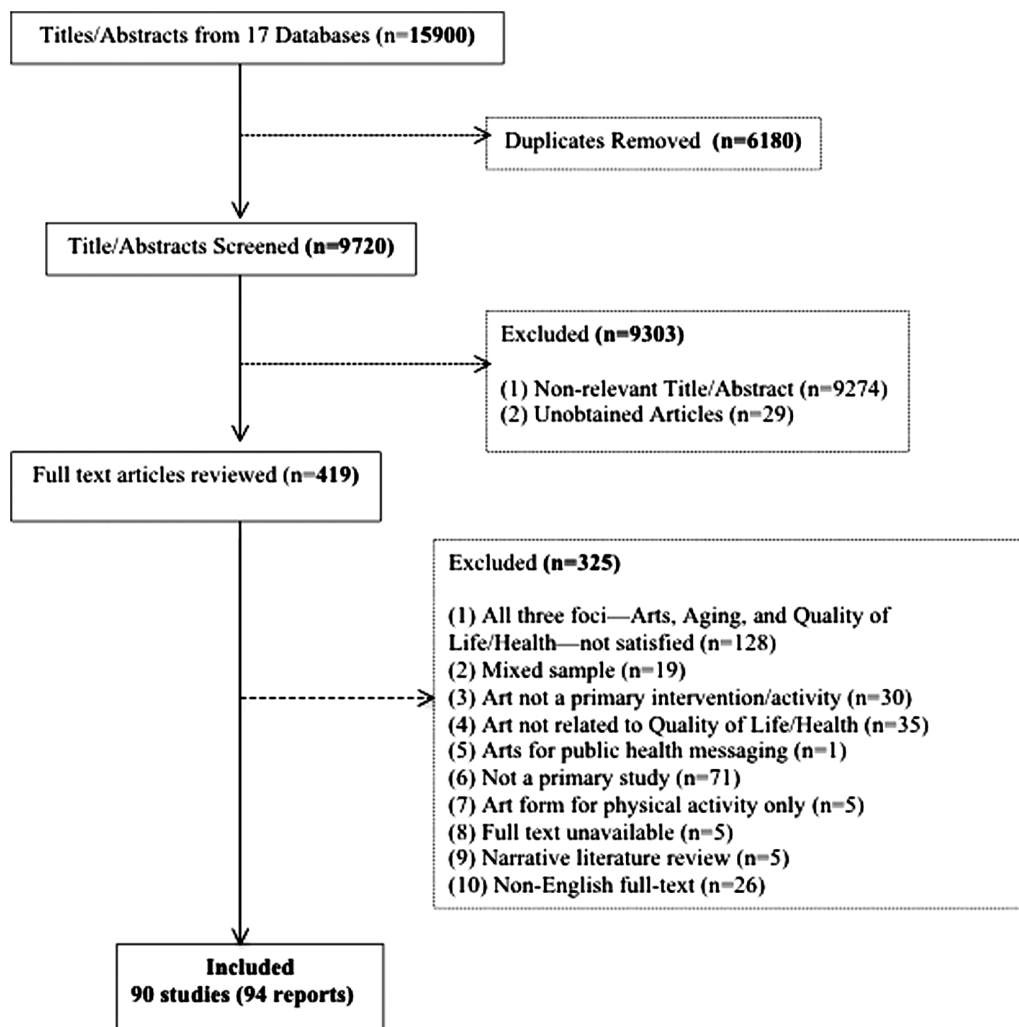


Figure 1. Search results.

sample extractions in order to test the clarity of the data extraction instructions, and made minor revisions to wording. J. Lai then extracted data from all 94 articles representing the 90 studies into Microsoft Word tables. Data extracted included primary author's country of residence; disciplinary affiliations of all authors; year of publication; study funding source; purpose; author's definition of art, older adult, health, and QoL; study setting; nature and characteristics of the artistic component; nature of the QoL/health component; sample characteristics; data collection and analytic approach; and a subset of the results (i.e., themes for qualitative studies and evidence in support of the main message of the findings from quantitative studies).

Collation, Summarization, and Synthesis

Two analysts (J. Lai and H. M. O'Rourke) reviewed extracted data to determine the most appropriate way to summarize the findings. Some data could be analyzed as

extracted (e.g., year of publication); other extracted items, such as narrative data (e.g., arts component, QoL component), required further analysis to identify commonalities across studies. Our team conducted a content analysis of some of these more complex fields of extraction, which included how the studies' authors conceptualized "well" older adults (analyzed by C. Howell), art (analyzed by H. M. O'Rourke), and QoL/health (analyzed by H. M. O'Rourke and C. Howell), to synthesize this data into categories.

H. M. O'Rourke and C. Howell independently developed coding structures based on their analysis of QoL/health components. C. Howell completed a more focused assessment of the QoL/health concepts that were operationalized or actually examined by reviewing the study's specific measures (e.g., quantitative tools) or approaches (e.g., interview questions), and by reviewing the QoL/health, methods, and findings sections from the data extraction table. H. M. O'Rourke assessed the authors' broader

study framing of QoL/health by reviewing the study purpose, QoL/health, and findings sections from the data extraction table. The coding structures were presented to the PI for discussion and agreement. C. Howell and H. M. O'Rourke then compared their findings to ensure that all categories from the more focused analysis were captured in the broader analysis, to negotiate consensus on which terms were encompassed within each broad category, and to resolve any discrepancies in defining the categories. Our team met during analysis to review and discuss findings and to determine that we identified a full and complete listing of meaningful categories.

This resulted in a finalized coding structure.

C. Howell then reviewed the studies again using this final coding structure, assessing each study's quantitative measures or qualitative themes, in order to code which QoL/Health categories from the coding structure were captured in each study. All categorical data were converted from nominal to numerical format and entered into SPSS statistics version 2.0 in order to calculate the final descriptive frequencies and cross-tabulations.

Results

Of the 94 articles published from 1972 to 2012, 72.3% ($n = 70$) were published after the year 2000. The articles reported on published research studies and formal program evaluations (69.1%; $n = 65$), dissertations (16.0%; $n = 15$), program descriptions and reports of "lessons learned" (13.8%; $n = 13$), and research results reported in conference proceedings (1.1%; $n = 1$). Of the 94 articles, first listed authors were from the United States (52.1%; $n = 49$), Scandinavian Countries (9.6%; $n = 9$), Australia (9.6%; $n = 9$), South East Asia (9.6%; $n = 9$), United Kingdom (9.6%; $n = 9$), Canada (5.3%; $n = 5$), Continental Europe (3.2%; $n = 3$), and Brazil (1.1%; $n = 1$). First author disciplinary background varied and included Education (18.1%; $n = 17$), Fine Arts (16.0%; $n = 15$), Psychology/Psychiatry/Counseling (14.9%; $n = 14$), Nursing (13.8%; $n = 13$), Allied Health (Social Work, Occupational, and Physical Therapy, 13.8%; $n = 13$), Social Sciences and Humanities (12.8%; $n = 12$), Community-based individuals or organizations aligned primarily with health (7.4%; $n = 7$), Artistic Therapy (5.3%; $n = 5$), Medicine (5.3%; $n = 5$), and Public Health (4.3%; $n = 4$). 9.6% of articles ($n = 9$) did not report primary author's disciplinary affiliation, and 30.1% ($n = 29$) of first authors had more than one disciplinary affiliation.

Of the 90 unique studies, most were led by academics (79%; $n = 71$), with nearly one quarter conducted by nonacademics (21%; $n = 19$). Funders included traditional research funding agencies (17.8%; $n = 16$) and nontraditional venues

such as government, not-for-profit organizations, and donations (12.2%; $n = 11$). Many studies did not report a funding source (74.4%; $n = 67$). Studies used qualitative (48.9%; $n = 44$), quantitative (37.8%; $n = 34$), or mixed methods (10%; $n = 9$). Studies had one of the following broad purposes including intervention (58.3%; $n = 53$), observation (exploration of current personal artistic and creative activities (28.9%; $n = 26$) or general surveys of activities [5.6%; $n = 5$]), and review of the role and goals of existing programs (6.7%; $n = 6$) (Table 1). The most common journals where studies were published included *Activities, Adaptation, & Aging* (5.6%; $n = 5$), *Music Therapy* (5.6%; $n = 5$), *Educational Gerontology* (4.4%; $n = 4$), *The Gerontologist* (4.4%; $n = 4$), *British Journal of Occupational Therapy* (3.3%; $n = 3$), *Psychology of Music* (2.2%; $n = 2$), and *the Journal of Advanced Nursing* (2.2%; $n = 2$).

Older Adults

Respondents were described as healthy in 26.7% of studies ($n = 24$). About a quarter of the studies included at least

Table 1. Investigative Intent of Included Studies

Investigative intent	Description
General survey of existing activities	Determine what activities populations of older adults are engaged in. The study purpose may not ask respondents about their creative or artistic activities at the outset, but creative or artistic activities emerge in all studies.
Exploring the nature of current artistic and creative activities.	The study sample is focused on individuals or groups already engaged in specific creative or artistic activities. These kinds of studies often focus on why these subjects pursue the creative/artistic activities.
Program review	Describes an existing program, how the program operates, and/or the perceived significance of the program activities (i.e., "lessons learned"). Focus of the article is the role and goals of the organization and does not formally evaluate how participants respond to the program.
Intervention studies	Studies with active participant recruitment and screening to participate in a new artistic activity or program, designed by the researcher. Studies examine the relationship that artistic activities have with health and quality of life.

some participants with health concerns (e.g., cognitive impairment, mobility issues, chronic conditions, frailty), but participants were still described as being generally healthy or healthy enough to participate in the activity (22.2%; $n = 20$). These studies were included in the scoping review because they were focused on older adults more generally, not upon any subpopulation defined by a particular health concern. Nearly half of the studies did not specifically describe the health of the study sample (47.8%; $n = 43$). None of the studies were specifically focused on older adults living in group settings, but a few studies (8.9%; $n = 8$) stated that the sample included some participants who lived in group settings (i.e., a lodge, senior's center, retirement home, nursing home, institution, or senior's complex); however, housing location was not specified in most studies (71.1%; $n = 64$).

Arts and QoL/Health

The studies included the following artistic forms: music (singing, instrumental, 40%; $n = 36$); other (e.g., floratherapy, cloth mural, 18.9%; $n = 17$); painting or drawing (17.8%; $n = 16$), dance (12.2%; $n = 11$); theater or drama (12.2%; $n = 11$); writing or narrative (prose, poetry, storytelling, 12.2%; $n = 11$); and photography or film (5.6%; $n = 5$). Seventeen studies (18.9%) did not specify the art form that participants were engaged in. Nearly a quarter of the studies included a mix of artistic forms (23.3%; $n = 21$), but very few studies compared artistic forms (4.4%; $n = 4$). Many of the studies' samples included participants who were already engaged in the arts before the study began (42.2%; $n = 38$). Artistic engagement occurred most frequently in groups (55.6%; $n = 50$) and usually required active (70.0%; $n = 63$) rather than passive engagement (e.g., painting vs. viewing artwork). Participants were most often engaged with the artistic activity multiple times (i.e., more than once, 85.6%; $n = 77$) (Table 2).

The studies explored the relationship between the arts and a wide range of concepts related to QoL/health in older adults. These included: mental/emotional: feelings (54.4%; $n = 49$); social (51.1%; $n = 46$); mental/emotional: knowledge and value of self (41.1%; $n = 37$); physical health (33.3%; $n = 30$); learning (27.8%; $n = 25$); mental/emotional: inner resources (24.4%; $n = 22$); cognitive (21.1%; $n = 19$); general satisfaction and well-being (18.9%; $n = 17$); creative (15.6%; 12.2%; 12.2%; $n = 14$); overall health (12.2%; $n = 11$); sense of direction or purpose (11.1%; $n = 10$); spiritual/transcendental (7.8%; $n = 7$); aesthetic (6.7%; $n = 6$); recreational (6.7%; $n = 6$); legacy (5.6%; $n = 5$); therapeutic/healing (4.4%; $n = 4$); and psychosocial (1.1%; $n = 1$). Each broad category contained many subcomponents (Table 3). The authors' selection of

which QoL/health concepts to examine in relation to the arts varied based on the artistic form (Table 4).

Discussion

There is an expanding body of work, including empirical studies, program evaluations, and anecdotal reports, across a variety of disciplines that point to QoL and health-enhancing benefits of the arts for older people. This review included research that spans a 40-year period, yet the large majority of this work was published after the year 2000, and as such there is evidence of increasing interest in the contribution of the arts to health and QoL for older adults. Much of this literature is exploratory, and it is distributed across multiple disciplines. Through application of scoping review methodology, we have identified several common features of this body of literature that have implications for future research. In particular, we argue that there is a need for sustained programs of research as well as research that draws upon multiple perspectives in order to support conceptual and theoretical development. We expand on these ideas below.

Most of the included articles were single ("one-off") studies, indicating a lack of any sustained programs of research. This may be due to other areas being identified as priorities by funding agencies over the past decades. As noted in our introduction, perspectives of aging are shifting, so the issue of lack of funding may slowly change. Such sustained work may also promote needed conceptual development in the field. This scoping review shows that researchers in the field have frequently considered the impact of the arts on health, or have conceptualized art as therapy. While important, overemphasis on these effects, to the exclusion of other possible outcomes, contributes to the notion that all older adults require interventions to remain well. Furthermore, this limits how the role of the arts in health has been conceptualized. This area would benefit from drawing on a variety of perspectives to offer new conceptual frameworks regarding the value of the arts. This may support a more sensitive understanding of the significance of arts-based involvement in later life, beyond needs for support and care. These conceptual frameworks should not be limited to the ways that art might enhance QoL for older adults; theory can extend to the value of art for everyone, including the larger society, with meaning-making and developmental aspects of the expressive arts considered in relation to the opportunities and challenges of later life.

The work of [Dissanayake \(1988\)](#), [Jenson \(2002\)](#), [Carey \(2005\)](#), and even the early work of [Dewey \(1934\)](#) could be beneficially considered, among others ([Carey, 2005](#); [Dewey, 1934](#); [Dissanayake, 1988](#); [Jenson, 2002](#)). For example, if art making functions as a basic aspect of human behavior, as

Table 2. Description of Artistic Forms (n = 90 Studies)

	>1 Artistic form		Type of engagement			Occurred in group or alone			Multiple times working with art				
	No	Yes	Unclear	Active	Passive	Mixed	Unclear	Group	Alone	Unclear	No	Yes	Unclear
% of studies (count)	64.4 (58)	23.3 (21)	12.2 (11)	70.0 (63)	14.4 (13)	10.0 (9)	5.6 (5)	55.6 (50)	12.2 (11)	25.6 (23)	6.7 (6)	85.6 (77)	10.0 (9)

Dissanyake argues in her text *What is Art For?* (1988), what possibilities exist for aging through the arts and aesthetic experience? An opportunity exists for exploring the developmental and meaning making potentials of aging through the arts, especially given the limited portrayals of personal growth in the gerontological literature.

This review demonstrated that there is a rather large and varied number of health and QoL concepts that have been considered to date. It is timely that studies be undertaken that consider health and QoL concepts and indicators that are more explicit and theoretically driven particularly in terms of their relationship with specific qualities of the various artistic endeavors. There is a need to consider life-enhancing contributions as well as the quality and best practice aspects of various arts-based modalities (visual arts, dance, music, etc.) in which older adults are involved. In other words, what are the mechanisms and features of a particular artistic endeavor that cause an effect on particular outcomes? Intervention studies that link the proposed mechanisms of the various components of an artistic activity to health and QoL outcomes specific to these components and mechanisms could help propel work in this area. Interdisciplinary research that includes sociology, psychology, and public health, among others, may advance the breadth of knowledge about the arts, aging, and QoL. A variety of social science perspectives, for example, might consider the experience of art in relation to various historical, economic, and cultural policy contexts, as well as its social dimensions.

There is evidence of increasing interest in older adults' experience of engaging in art in later life although this area might have been understudied in previous periods. One possible explanation is that studies may not have been explicit about conceptual or theoretical underpinnings of work in the area of health, arts, and QoL; as such enhanced awareness of the conceptual framing of studies in this area will contribute to the literature and over time gaps and limitations may be more visible. For example, Jenson (2002) has argued against conceptualizing the arts in relation to instrumental benefits as a primary justification, with little concern given to the intrinsic, experiential, and social benefits of the arts (Jenson, 2002). Jenson asks what might be gained if we "valued artistic experience, but did *not* imagine art as an 'intervention'?" (p. 171). When instrumental outcomes are the focus, defensible methods, and designs of sufficient rigor (including designs of different types—quasi-experimental, comparative, synthesis, mixed methods, etc.) aligned with accepted standards within an evidence-based practice, should be used. The intrinsic, experiential aspects of arts engagement could be effectively explored through rigorous qualitative research yielding generative, interpretive findings and refined theoretical or conceptual

Table 3. Categories of Quality of Life or Health Explored Across Studies

Category	% of studies (count)	Definition	Used for...
Mental/ emotional health: feelings	54.4% (<i>n</i> = 49)	Experience, express, or management of feelings	Affective well-being, alleviate boredom, anxiety, attitude, celebrate, comfort, depression, enjoyment, feeling pleasure, feelings of gratitude, feelings of peace, happiness, helplessness, hope, hostility, humor, interest, mental health (unspecified), mood, motivation, outlet for emotional expression, perceptions that one is aging well, positive thoughts, psychological, psychological/emotional well-being, relaxation, release of tension, satisfaction, stress, sense of freedom
Mental/ emotional health: knowledge and value of self	41.1% (<i>n</i> = 37)	Refers to increasing understanding of or valuation of oneself	Achievement of self-actualization, competence, confidence, connecting with life experiences, connection to past, identity, learn about self, learning emotional awareness, meaning-making, pride, reflect on life, self-actualization, self-assurance, self-awareness, self-confidence, self-esteem, self-identity, self-understanding, self-worth
Mental/ emotional health: inner resources	24.4% (<i>n</i> = 22)	Resources within oneself that promote optimal functioning within the context of life's challenges	Acceptance of limits, agency, coping, distraction from illness symptoms, empowerment, escape, flexibility, inner resources, morale, managing symptoms of aging, morale, outlook on life, perceive challenges as opportunities, perceived control, resilience
Social	51.1% (<i>n</i> = 46)	Relationships between two or more individuals	Alienation, appreciation by others, attitude to older/ younger adults, being of service, capacity for human relationships, connectedness to community, connecting with others, connecting to one's culture, continue membership of society, contributing to society, co-operation, empathy, feeling of belonging, feelings of being needed, feeling valued for one's contribution to others, friendship development, independence, interactive, intimacy, isolation, loneliness, perceptions of one's community, place in community, quality of human relationships, sharing, sharing knowledge and expertise, social roles, socialization, support from others, support system, to facilitate enjoyment of shared activities, validation by others
Physical health	33.3% (<i>n</i> = 30)	Pertaining to the physiological and functional aspects of the body	Anesthetic, balance, blood pressure, brainwaves, burn calories, communication skills, co-ordination, digestion, energy, extension, falls, faster recovery period, flexibility, functional ability, grip, heartbeat, HgH levels in blood (influences energy, sexual function, risk for illness), immune function, independence in activities of daily living, life span or longevity, movement, nerves, oral health, pain, physiological, respiration, rigidity, sensory stimulation, sensory stimulus, sensuality of art making, sleep, strength, trigger endorphins
Learning	27.8% (<i>n</i> = 25)	Increased proficiency or acquisition of knowledge or skills	Capability, challenging oneself, communication skills, developing abilities, gaining new challenges, learn about art, life-long learning, mastery, personal growth, sense of accomplishment, skill development, teach assertive behavior by sharing in a group setting
Cognitive	21.1% (<i>n</i> = 19)	Pertaining to one's mental processing or brain function	Arousal level (drowsiness) or being alert, attention span, bring back memories, cognitive (not specified), critical thinking, growing older makes it easier to think independently, hippocampal volume, intellectual, making "wise" decisions, problem solving, problem-solving abilities, reaction time (visual/auditory/olfactory), working memory

Table 3. Continued

Category	% of studies (count)	Definition	Used for...
General satisfaction and well-being	18.9% (<i>n</i> = 17)	Overall life appraisals	Eudaimonic well-being, general life satisfaction, global quality of life, life enjoyment, life satisfaction, quality of life (not specified), sense of well-being, well-being
Creative	15.6% (<i>n</i> = 14)	Continuing engagement in the arts	Ability to imagine, creativity, continued involvement in the arts, development of original ideas, experimenting or development of imaginative artistic abilities
Overall health	12.2% (<i>n</i> = 11)	The term "health" is used, with no further specification	General health, health
Sense of direction or purpose	11.1% (<i>n</i> = 10)	Providing guidance for how to spend one's time and for where to focus one's energy	Develop ambition, direction of where to expend energy, experiencing a void after retirement, focusing on goals, seeking new direction in life, sense of purpose, serving as a constant during times of transition, structure for how to spend time, using leisure time productively
Spiritual/transcendental	7.8% (<i>n</i> = 7)	The terms "spiritual" or "transcendental" are used, with no further specification	Spiritual, transcendental
Recreational	6.7% (<i>n</i> = 6)	For the purpose of leisure or an enjoyable pastime	Entertainment, having fun, leisure, playing
Aesthetic	6.7% (<i>n</i> = 6)	Pertaining to a sense of the beautiful	Aesthetic, attending to aesthetic of physical environment
Legacy	5.6% (<i>n</i> = 5)	Leaving something behind after one is gone	Generative role by passing on knowledge, leaving a legacy
Therapeutic/healing	4.4% (<i>n</i> = 4)	The terms "therapeutic" or "healing" are used, with no further specification	Healing, therapeutic
Psychosocial	1.1% (<i>n</i> = 1)	The term "psychosocial" is used, with no further specification	Psychosocial

understanding. This is a field that could benefit from mixed methods approaches.

Implications for Research and Clinical Practice With Communities of Older Adults

The need to include multiple perspectives to better understand how the arts contribute to QoL or health for older adults is not limited to the standpoints of researchers. In addition to introducing inquiries with enhanced theoretical and conceptual depth, opportunities for sustained dialog involving academics, practitioners, clients or patients, and policymakers focused on identifying best practices and encouraging ongoing research and inquiry in this area are what may be helpful at this juncture. New ways of thinking about the benefits of arts engagement may come from considering the varied perspectives of frail seniors, those living in rural settings or connected with refugee or immigrant communities, First Nations elders, or LGBT seniors. Meaningful collaboration between institutional and community-based organizations, for example through participatory approaches, may enhance the value of studies for

both researchers and the community being studied. It may also be helpful to introduce a back and forth process of engaged dialog to foster the growth of knowledge within this interdisciplinary area and inspire new understandings regarding the possibilities of later life, including the varied ways in which the arts enhance the quality of later life.

Finally, our previous discussion about how the arts may contribute to more than therapeutic outcomes is also an important consideration for clinicians who work with older adults. Clinicians can think about whether the populations that they work with would benefit from the arts in a wider variety of ways not targeted toward a particular disease or clinical outcome. For example, researchers who conducted the studies included in this scoping review have also considered whether the arts may support well older adults to achieve a sense of purpose or to socialize with others.

Conclusion

Despite the fact that older adults are involved in art in later life, and that arts programs are becoming more common in both seniors' centers and continuing care settings, the

Table 4. Number and Percent of Quality of Life or Health Categories Across Different Artistic Forms

	Feelings Social (n = 49)	Knowledge/ Physical health (n = 30)	Learning Inner resources (n = 25)	Cognitive General satisfaction (n = 19)	Creative Overall health (n = 14)	Direction of purpose (n = 10)	Spiritual transcendental (n = 7)	Aesthetic (n = 6)	Recreational (n = 6)	Legacy Therapeutic healing (n = 5)	Psychosocial (n = 1)
Photo/film	Count .08	3	1	1	0	0	0	0	0	1	0
	Percent .09	.08	.05	.05	.09	.09	.09	.09	.09	.20	.20
Paint/draw	Count .18	11	6	2	3	0	2	3	0	0	0
	Percent .24	.30	.27	.12	.21	.29	.29	.50	.25	.25	.25
Dance	Count .12	3	2	1	2	0	2	1	1	1	0
	Percent .13	.08	.09	.12	.14	.29	.29	.17	.17	.20	.20
Drama	Count .12	4	1	1	2	1	1	0	0	1	1
	Percent .09	.11	.05	.06	.14	.20	.14	.20	.20	.20	.20
Write	Count .12	5	1	2	3	0	0	0	0	1	0
	Percent .13	.14	.05	.06	.21	.18	.18	.20	.20	.20	.20
Music	Count .35	14	6	10	2	4	4	3	3	1	2
	Percent .20	.30	.24	.53	.14	.36	.57	.50	.50	.20	.50
Other	Count .20	10	4	4	4	1	1	3	1	1	1
	Percent .26	.22	.18	.21	.29	.10	.14	.50	.17	.20	.25
Form not specified	Count .16	9	7	4	6	2	0	0	1	1	0
	Percent .20	.19	.24	.21	.43	.20	.17	.17	.20	.20	.20
Compare forms	Count .04	2	1	3	0	0	0	0	1	0	0
	Percent .04	.03	.04	.16	.09	.09	.17	.17	.17	.20	.20
>1 art form	Count .18	12	6	8	5	3	1	3	0	2	0
	Percent .26	.16	.14	.42	.36	.27	.14	.50	.40	.40	.40

body of literature in this area needs to keep pace with other areas of research in order to demonstrate the vital role of the arts in the lives of older adults. Likewise, although there is increasing recognition in the arts as being important for societal, community, and personal enrichment, the arts continue to be relegated to the periphery of what we value in our culture. This scoping review is the first time this body of knowledge has been mapped and suggests some new directions for moving this area of research forward. Continued development in this field has potential for growth, especially in examining how the arts and various aspects of the arts can enhance QoL and health for older persons.

Supplementary Material

Supplementary material can be found at: <http://gerontologist.oxfordjournals.org>.

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