

Mental well-being and associated factors among performing artists in Kathmandu Metropolitan City, Nepal: a cross-sectional study

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Research Article

Keywords: Mental well-being, Performing artists, Occupational health, Nepal

Posted Date: June 8th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-9940198/v1>

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Additional Declarations: The authors declare no competing interests.

Abstract

Background

Performing artists are exposed to unique occupational stressors, including irregular employment, financial insecurity, competitive work environments, and unstable professional opportunities, which may adversely affect mental well-being. Despite growing recognition of mental health as a public health priority, evidence regarding the mental well-being of performing artists in low-resource settings such as Nepal remains limited. This study aimed to assess mental well-being and identify associated factors among performing artists in Kathmandu Metropolitan City, Nepal.

Methods

A cross-sectional study was conducted among 240 performing artists, including actors, theatre artists, dancers, and singers, in Kathmandu Metropolitan City between February and March 2025. Participants were recruited using snowball sampling. Data were collected through structured self-administered questionnaires covering socio-demographic, occupational, and behavioral characteristics. Mental well-being was assessed using the 14-item Warwick–Edinburgh Mental Well-being Scale (WEMWBS). Descriptive statistics, chi-square tests, and multivariable logistic regression analyses were performed. Statistical significance was considered at $p < 0.05$.

Results

The mean age of participants was 27.75 ± 6.00 years, and 70.8% were male. Overall, 83.3% of participants demonstrated mental well-being, while 16.7% had poor mental well-being. In bivariate analysis, weekly working hours ($p = 0.030$), physical exercise ($p = 0.020$), satisfaction with work availability ($p = 0.002$), and access to resources or support ($p = 0.036$) were significantly associated with mental well-being. However, in multivariable logistic regression, only satisfaction with work availability remained independently associated with mental well-being. Compared with dissatisfied participants, those reporting neutral satisfaction had higher odds of mental well-being (AOR = 2.488, 95% CI: 1.095–5.656), while satisfied participants demonstrated even higher odds (AOR = 3.848, 95% CI: 1.186–12.483).

Conclusions

Most performing artists demonstrated mental well-being; however, a substantial minority experienced poorer well-being. Satisfaction with work availability emerged as the key independent determinant of mental well-being, underscoring the importance of employment stability and professional opportunities in supporting psychological health among performing artists. Targeted occupational and mental health interventions are warranted to support this population in low-resource settings.

Introduction

Mental health is a fundamental component of overall well-being, serving as the foundation for an individual's ability to function effectively, manage everyday stressors, and contribute meaningfully to their community(1, 2). It represents a balanced state that underpins core human capacities such as emotional regulation, relationship building, and the pursuit of a fulfilling life. Because of its critical role in daily life, the World Health Organization (WHO) emphasizes that safeguarding mental health is essential for individuals and societies alike(3).

Within the performing arts sector, individuals such as actors, dancers, and musicians operate in unique occupational environments characterized by multifaceted roles, including performance, teaching, and freelance engagement(4). These professionals are frequently exposed to precarious employment patterns, irregular schedules, and intense industry competition, all of which contribute to financial instability and psychological strain(5). Evidence suggests that performing artists are particularly vulnerable to a range of mental health challenges, including stress, depression, generalized anxiety, perfectionism, and vicarious trauma(6). Although some studies indicate higher levels of psychological resilience among artists, many continue to experience poorer mental health outcomes compared to the general population. Access to mental health support is further constrained by concerns regarding confidentiality, fear of negative career repercussions, and service delivery models that are not tailored to the dynamic and mobile nature of artistic work (7).

These occupational vulnerabilities can be understood through established theoretical frameworks. The Job Demands–Resources (JD-R) model posits that employee well-being is shaped by the balance between job demands (e.g. workload, instability) and available resources (e.g., social support, job opportunities)(8). Similarly, Self-Determination Theory highlights the importance of autonomy, competence, and relatedness in fostering psychological well-being(9). Within the performing arts context, irregular employment, limited work opportunities, and competitive environments may undermine these psychological needs, thereby adversely affecting overall mental well-being(10).

In South Asia, these challenges are further compounded by intensive training demands and sociocultural pressures (11). Studies from India report, elevated levels of psychological distress among performing artists, with a substantial proportion experiencing frequent emotional strain and adopting maladaptive coping strategies (11). In addition to psychological stressors, performing artists are also at risk of physical health issues such as playing-related musculoskeletal disorders, which may result in chronic pain, functional limitations, and reduced performance capacity (12, 13). These multidimensional occupational challenges have significant implications for both professional functioning and quality of life, yet remain insufficiently explored in low-resource settings.

In Nepal, mental health represents an emerging public health priority, with national estimates suggesting that approximately 4.3% to 12.9% of the population is affected by mental disorders(14). Over the past three decades, Nepal has undertaken several policy initiatives to strengthen its mental health system, including the National Mental Health Policy (1996), subsequent draft revisions, and the Mental Health

Strategy and Action Plan (2020). These frameworks emphasize the integration of mental health into primary healthcare, decentralization of services, promotion of community-based care, and protection of human rights(15). However, implementation has been constrained by limited financial and human resources, urban-centric service distribution, persistent stigma, and gaps in governance. Consequently, access to mental health services remains uneven, particularly for occupational groups with non-traditional and unstable employment structures.

Despite increasing recognition of mental health as a public health priority in Nepal, existing research has predominantly focused on general or high-risk populations, such as parents, teachers adolescents, and migrant communities(16–19), leaving occupational groups like performing artists largely understudied.

This study aimed to assess the mental well-being of performing artists in Kathmandu Metropolitan City and identify socio-demographic, occupational, and behavioral factors associated with well-being. This evidence will inform targeted interventions and contribute to the broader discourse on mental health in creative professions in low-resource settings.

Methodology

Study design and study setting

This cross-sectional study was conducted among performing artists (actors, theatre artists, dancers, and singers) in Kathmandu Metropolitan City, Nepal. Data collection occurred between February and March 2025. Kathmandu Metropolitan City, the capital of Nepal, is in the Bagmati Province

Participants

The study population comprised performing artists who were professionally active within Kathmandu Metropolitan City during the data collection period. Eligibility was determined based on the primary location of professional artistic engagement rather than permanent residence. Therefore, artists residing outside Kathmandu but regularly performing or working in Kathmandu Metropolitan City were eligible for inclusion, whereas artists residing in Kathmandu but primarily conducting their artistic activities outside the metropolitan area were excluded.

Eligible participants were individuals who identified performing arts as their primary occupation or regular professional engagement, irrespective of whether they received consistent financial compensation. Individuals participating in artistic activities purely for personal interest, leisure, or occasional unpaid hobby-based involvement without regular professional engagement were excluded.

Participants were recruited using a referral-based (snowball) sampling approach. Initially, known artists were contacted and asked to refer to other eligible participants. Various theatres and artist hubs within Kathmandu Metropolitan City were subsequently approached via phone calls using contact information

provided by participants. Phone calls were used only for participant identification, and appointment scheduling. Data collection interviews were conducted in person during scheduled site visits. To maintain confidentiality, no personal identifiers were collected.

Sample size calculation

The required sample size was calculated using Cochran's formula(20):

where n is the required sample size, Z is the standard normal variate at a 95% confidence level (1.96), p is the estimated prevalence of the mental disorder 0.176 (21) $q = 1 - p$, and d is the margin of error (5%). The minimum required sample size was 223 participants. To account for a potential 10% non-response rate, the sample size was adjusted to 245. Of the 245 participants who approached, 240 completed the questionnaire, resulting in a non-response rate of approximately 2% ($n = 5$). The final analytical sample of 240 participants remained well above the minimum required sample size of 223, ensuring adequate statistical power.

Data collection

Data was collected using self-administered questionnaires distributed in person at theatres, film academies, dance academies, and other identified artist hubs within Kathmandu Metropolitan City. Prior to questionnaire administration, participants were provided with a brief orientation regarding the study objectives, procedures, voluntary nature of participation, confidentiality measures, and instructions for completing the questionnaire. Written informed consent was obtained before participation.

The questionnaires were distributed and recollected on the same day by the principal investigator and trained research assistants. Data collectors received prior training on study procedures, participant approach, informed consent procedures, confidentiality, and methods for providing clarification without influencing participants' responses. Participants completed the questionnaires individually in a quiet and private area available within the institution, such as a separate room, rehearsal space, or designated hall section, to minimize interruptions and maintain privacy.

Participants generally required approximately 15–20 minutes to complete the questionnaire. Assistance was provided when clarification of questionnaire items was requested; however, no guidance was given that could influence participants' responses. To ensure confidentiality, no personal identifiers were recorded on the questionnaires, and completed forms were securely collected and stored with access limited to the research team.

Data collection tools

Data was collected using a structured self-administered questionnaire developed through literature review and relevant published studies. The questionnaire consisted of four sections: socio-demographic

characteristics, lifestyle and well-being factors, working opportunities related to performing arts, and mental well-being assessment.

The socio-demographic section included age, sex, educational status, income, family type, marital status, years of experience, and type of performing art. Lifestyle-related variables included workload, physical activity, alcohol consumption, and smoking habits. Questions on working opportunities assessed challenges in obtaining regular work, satisfaction with available opportunities, and access to support networks.

Mental well-being was assessed using the 14-item WEMWBS, (22) a validated tool measuring positive mental well-being over the previous two weeks. developed in the United Kingdom to measure positive aspects of mental well-being (23). Each item was rated on a 5-point Likert scale, with total scores ranging from 14 to 70; higher scores indicated better mental well-being. A cut-off score of 40 was used for dichotomous outcomes of mental well-being. (24)

The questionnaire was reviewed by subject experts and research supervisors to ensure content validity. A pretest was conducted among 10% of the sample outside the study setting, and necessary modifications were made accordingly. The WEMWBS demonstrated good internal consistency reliability in this study (Cronbach's $\alpha = 0.804$).

Study Variables

The primary outcome variable was mental well-being, categorized as well-being or poor. Independent variables included socio-demographic, occupational, and behavioral factors. Socio-demographic variables comprised age, sex, family type, marital status, educational background, and monthly income. Occupational variables included years of experience, weekly working hours, type of performing arts, work-related challenges, satisfaction with the availability of work, and access to resources or support. Behavioral variables included physical exercise, smoking status, and alcohol consumption. Family type was categorized as nuclear, extended, or single parent based on the participant's reported living arrangement. Monthly income was classified into two groups: <NPR 30,000 and $\geq$ NPR 30,000, with the cutoff predetermined by the researchers prior to data collection for analytical comparison. Alcohol consumption habit was categorized as never (no history of alcohol use), rarely (< 1 time per month), occasionally (1–3 times per month), and regularly ($\geq$ 1 time per week). Smoking status was classified as never smoker (never smoked), former smoker (previously smoked but quit), and regular smoker (currently smoking). Challenges in finding work were defined as self-reported difficulties in obtaining artistic work opportunities. Perceived satisfaction with the availability of work was assessed using a three-point Likert scale (dissatisfied, neutral, and satisfied). Access to resources or support was defined as self-reported availability of professional support, training, funding, mentorship, or networking opportunities related to artistic work.

Quality control and assurance

Data collection was conducted following ethical approval from the Institutional Review Committee. Standard data quality assurance procedures were followed throughout the study. Tools were pretested among 35 performing artists in Kathmandu Valley, and necessary modifications were made. The study adhered to the STROBE guidelines for cross-sectional studies(25).

Statistical analysis

Data were entered into Epi-Data. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the data. Associations between independent variables and mental well-being status were examined using two-tailed Chi-square tests. Variables with a p-value < 0.05 in the bivariate analysis were included in the multivariable logistic regression model. Statistical significance was considered at $p < 0.05$ with a 95% confidence interval.

The goodness-of-fit of the final logistic regression model was assessed using the Hosmer–Lemeshow test. Multicollinearity among independent variables was assessed using the Variance Inflation Factor (VIF), with a VIF value > 10 considered indicative of multicollinearity. In the final model, VIF values ranged from 1.07 to 2.08, indicating no significant multicollinearity and stable coefficient estimates.

Patient and public involvement

Patients or the public were not involved in the design, conduct, reporting, or dissemination of this research. Participants were engaged solely as respondents.

Result

Table 1 included 240 participants with a mean age of 27.75 years (SD = 6.00), and slightly more than half were aged 27 years or below (56.3%). The sample was predominantly male (70.8%). Regarding family structure, most participants belonged to nuclear families (60.0%), followed by extended families (31.7%), while a smaller proportion reported single-parent family backgrounds (8.3%).

In terms of marital status, the majority were single or separated (79.6%), with only one-fifth being married (20.4%). Half of the participants had attained a bachelor's degree (50.0%), followed by high school education (40.8%) and a smaller proportion holding a master's degree (9.2%). Regarding monthly income, nearly two-thirds (63.7%) reported earning less than NPR 30,000, while 36.3% had an income above this threshold.

Table 1
Sociodemographic Characteristics of the Participants

Variables	N = 240	
	n	%
Age (Mean ± SD: 27.75 ± 6.001)		
≤ 27 years	135	56.3
> 27 years	105	43.8
Sex		
Male	170	70.8
Female	70	29.2
Family Type		
Nuclear family	144	60
Extended family	76	31.7
Single-parent family	20	8.3
Marital Status		
Single or separated	191	79.6
Married	49	20.4
Educational Background		
High School	98	40.8
Bachelor's Degree	120	50
Master's Degree	22	9.2
Monthly Income (NRP)		
Less than 30,000	153	63.7
More than 30,000	87	36.3

Table 2 shows the participants had a mean professional experience of 5.87 years (SD = 4.92), with most (62.5%) reporting less than five years of experience. More than half of the participants (57.9%) worked less than 20 hours per week, while 26.7% worked 20–40 hours and 15.4% reported working more than 40 hours weekly.

A large majority of participants (84.6%) reported facing work-related challenges. Regarding satisfaction with work availability, nearly half were neutral (47.1%), while 27.1% were satisfied and 25.8% were

dissatisfied. Slightly more than half (57.5%) reported having access to necessary resources, whereas 42.5% did not.

In terms of types of performing arts practiced (multiple responses), theater was the most reported form (57.5%), followed by acting (25.4%), dance (15.8%), and music (15.0%), while comedy was least represented (0.8%).

Table 2
Work and Professional related

Variables	N = 240	
	n	%
Years of Experience (Mean $\pm$ SD: 5.87 $\pm$ 4.923)		
Less than 5 years	150	62.5
More than 5 years	90	37.5
Weekly working hours		
Less than 20 hours	139	57.9
20–40 hours	64	26.7
Over 40 hours	37	15.4
Faced Challenges		
Yes	203	84.6
No	37	15.4
Satisfaction with Work Availability		
Dissatisfied	62	25.8
Neutral	113	47.1
Satisfied	65	27.1
Access to Resources		
Yes	138	57.5
No	102	42.5
Types of Performing Arts in Practice (Multiple Responses)		
Theater	138	57.5
Acting	61	25.4
Dance	38	15.8
Music	36	15
Comedy	2	0.8

Regarding physical activity, the largest proportion of participants reported engaging in exercise for 3–4 days per week (35.0%), followed by 1–2 days per week (31.3%) and 5 or more days per week (27.9%),

while a small proportion (5.8%) reported no physical exercise.

More than half of the participants were regular smokers (54.6%), while 36.3% had never smoked and 9.2% were former smokers. In terms of alcohol consumption, approximately one-quarter (25.4%) reported never consuming alcohol, while 30.4% each reported rare and occasional consumption. A smaller proportion (13.8%) reported regular alcohol use. (Table 3)

Table 3
Lifestyle and behavioral factors

Variable	N = 240	
	n	%
Days Engaged in Physical Exercise		
None	14	5.8
1–2 days	75	31.3
3–4 days	84	35
5 or more days	67	27.9
Smoking Habit		
Never	87	36.3
Former smoker	22	9.2
Regular smoker	131	54.6
Alcohol consumption habit		
Never	61	25.4
Rarely	73	30.4
Occasionally	73	30.4
Regularly	33	13.8

Figure 1 shows the distribution of participants by mental well-being status. A total of 200 participants (83.3%) were classified as having mental well-being, while 40 participants (16.7%) were classified as having poor mental well-being.

Bivariate Associations with Mental Well-being

In Table 4 Chi-square analysis showed that most socio-demographic variables, including age, sex, marital status, family type, income, educational background, and years of experience, were not

significantly associated with mental well-being (all $p > 0.05$).

Among occupational factors, weekly working hours demonstrated a statistically significant association with mental well-being ($\chi^2 = 7.007$, $p = 0.030$), with a higher proportion of mental well-being observed among those working over 40 hours per week (97.3%). Similarly, days engaged in physical exercise per week were significantly associated with mental well-being ($\chi^2 = 9.852$, $p = 0.020$), with better outcomes observed among participants exercising more frequently, particularly those engaging in physical activity for five or more days per week (94.0% mental well-being).

Perceived satisfaction with availability of work also showed a significant association ($\chi^2 = 13.003$, $p = 0.002$), with the highest proportion of mental well-being among satisfied participants (92.3%) and the lowest among dissatisfied participants (69.4%). In addition, access to resources or support for work opportunities was significantly associated with mental well-being ($\chi^2 = 4.419$, $p = 0.036$), with better outcomes among those reporting access (87.7%) compared to those without (77.5%).

Other behavioral factors, including smoking status, alcohol consumption, and perceived work-related challenges, were not significantly associated with mental well-being ($p > 0.05$).

Table 4

Chi-square analysis of Factors Associated with mental well-being among performing artists (n = 240).

Variables	Mental Well-being (WEMWBS) among artists (n = 240)		χ^2 (p-value)
	Poor mental well-being n (%)	Mental well-being n (%)	
Age			1.493 (0.222)
≤ 27	19(14.1)	116(85.9)	
> 27	21(20)	84(80)	
Sex			0.065(0.799)
Male	29(17.2)	141 (82.8)	
Female	11(15.7)	59(84.3)	
Marital Status			2.713(0.100)
Single or separated	28(15.1)	163(84.9)	
Married	12(24.5)	37(75.5)	
Family Type			0.202# (0.904)
Nuclear	24(16.7)	120(83.3)	
Extended	12(15.8)	64(84.2)	
Single parent	4(20.0)	16(80.0)	
Income			0.032(0.857)
Less than 30 thousand	25(16.3)	128(83.7)	
More than 30 thousand	15(16.4)	72(83.6)	
Educational Background			2.443# (0.305)
High School	12(12.2)	86(87.8)	
Bachelor's Degree	24(20.0)	96(80.0)	
Master's Degree	4(18.2)	18(81.8)	
Years of Experience			0.512(0.474)
Less than 5 years	23 (15.3)	127 (84.7)	
More than 5 years	17 (18.9)	73 (81.1)	
Weekly working hours			7.007(0.030) *

Less Than 20 hours	29 (20.9)	110 (79.1)	
20–40 hours	10 (15.6)	54 (84.4)	
Over 40 hours	1 (2.7)	36 (97.3)	
Days engaged in Physical exercise per week			9.852(0.020) *
None	4(28.6)	10 (71.4)	
1–2 days	18(24.0)	57 (76.0)	
3–4 days	14(16.7)	70 (83.3)	
5 or more days	4(6.0)	63 (94.0)	
Alcohol consumption habit			3.227(0.358)
Never	6 (9.8)	55 (90.2)	
Rarely	15 (20.5)	58 (79.5)	
Occasionally	14 (19.2)	59 (80.8)	
Regularly	5 (15.2)	28 (84.8)	
Smoking Habit			0.297(0.862)
Never	13 (14.9)	74 (85.1)	
Former smoker	4 (18.2)	18 (81.8)	
Regular smoker	23 (23.9)	108 (76.1)	
Faced any challenges in finding work			0.313(0.576)
Yes	35 (17.2)	167 (82.8)	
No	5 (13.5)	32 (86.5)	
Perceived Satisfaction with the availability of work			13.003(0.002) *
Dissatisfied	19(30.6)	43(69.4)	
Neutral	16(14.2)	97(85.8)	
Satisfied	5(7.7)	60(92.3)	
Access to resources or support for work opportunities			4.419(0.036) *
Yes	17(12.3)	121(87.7)	
No	23(22.5)	79(77.5)	

#Fisher's Exact test used due to expected cell counts < 5

Multivariate Analysis of Factors Associated with Mental Well-being

In multivariable logistic regression analysis, weekly working hours and physical exercise were not independently associated with mental well-being after adjustment shown in Table 5.

Participants reporting 1–20 hours of work per week had lower odds of mental well-being in the crude model (COR = 0.105, 95% CI: 0.014–0.801), although this association was not statistically significant after adjustment (AOR = 0.153, 95% CI: 0.019–1.262). Similarly, working 20–40 hours was not significantly associated with mental well-being in the adjusted model.

Engagement in physical exercise showed a positive trend, with those exercising five or more days per week having higher odds of mental well-being in the crude model (COR = 6.300, 95% CI: 1.353–29.332), although this was not statistically significant after adjustment (AOR = 3.890, 95% CI: 0.785–19.276).

Perceived satisfaction with availability of work remained significantly associated with mental well-being in the adjusted model. Compared to those who were dissatisfied, participants reporting neutral satisfaction had higher odds of mental well-being (AOR = 2.488, 95% CI: 1.095–5.656), while those who were satisfied had even higher odds (AOR = 3.848, 95% CI: 1.186–12.483).

Access to resources for work opportunities was associated with mental well-being in the unadjusted model (COR = 2.072, 95% CI: 1.041–4.123), but this association was not retained after adjustment (AOR = 1.121, 95% CI: 0.502–2.506). (Table 5)

Table 5

Logistic regression analysis of factors associated with mental well-being among performing artists in Kathmandu Metropolitan City (n = 240)

Variables	Mental Well-being (WEMWBS) among artists (n = 240)			
	COR (95% CI)	p-value	AOR (95% CI)	p-value
Working per hour				
Less than 20 hours	0.105(0.014–0.801)	0.030*	0.153(0.019–1.262)	0.081
20–40 hours	0.150(0.018–1.223)	0.076	0.211(0.024–1.853)	0.160
> 40 hours	REF			
Days engaged in Physical exercise per week				
None	REF			
1–2 days	1.267(0.354–4.532)	0.716	1.154(0.300–4.434)	0.835
3–4 days	2.000(0.548–7.293)	0.294	1.950(0.496–7.670)	0.339
5 or more	6.300(1.353–29.332)	0.019*	3.890(0.785–19.276)	0.096
Satisfied with the availability of work				
Dissatisfied	REF			
Neutral	2.679(1.258–5.704)	0.011*	2.488(1.095–5.656)	0.030*
Satisfied	5.302(1.837–15.306)	0.002*	3.848(1.186–12.483)	0.025*
Access to resources for work opportunities				
Yes	2.072(1.041–4.123)	0.038*	1.121(0.502–2.506)	0.781
No	REF			

Discussion

This cross-sectional study examined mental well-being and its associated factors among performing artists in Kathmandu Metropolitan City. Overall, most participants (83.3%) demonstrated mental well-being, while 16.7% were classified as having poor well-being. Although several occupational and behavioral variables, including weekly working hours, days of physical exercise, satisfaction with work availability, and access to resources, were associated with mental well-being in bivariate analyses, only satisfaction with work availability remained independently associated with higher well-being after multivariable adjustment. Artists satisfied with work availability had significantly higher adjusted odds of mental well-being compared to those who were dissatisfied (AOR = 3.848, $p = 0.025$). These findings suggest that perceived occupational stability may play an important role in shaping psychological health among performing artists. Furthermore, the absence of statistically significant associations for several

variables in the adjusted analysis may reflect limited statistical power, potential residual confounding, or interrelationships between occupational factors. These findings should therefore be interpreted with caution.

The observed 16.7% proportion of reduced well-being in this study exceeds the 5.2% prevalence of mental disorders reported among adults in the National Mental Health Survey of Nepal. (14). This discrepancy suggests that performing artists may represent a population with increased susceptibility to subclinical psychological vulnerabilities not fully captured by conventional diagnostic frameworks. These findings are consistent with international literature, which consistently reports elevated psychological distress among performing artists (26, 27). Evidence from South Asia, particularly India, similarly indicates a high burden of psychological distress within this population (28, 29), although heterogeneity in study design, assessment tools, and outcome definitions limits direct comparisons. In Australia, orchestral musicians have demonstrated substantial prevalence of depression and social phobia (30), while studies from the United Kingdom report increased stress, anxiety, and depression among performing artists (31). Importantly, these studies have predominantly focused on psychiatric symptomatology rather than positive dimensions of mental health

In contrast, the present study employed the WEMWBS(32), which emphasizes positive affect, psychological functioning, and interpersonal connectedness. This methodological distinction allows for a more holistic assessment of mental well-being beyond the mere absence of mental illness. The relatively higher proportion of positive well-being observed may be attributed to contextual factors such as cultural resilience, strong social support systems, and differing occupational expectations within the Nepalese setting. These findings underscore the importance of incorporating both deficit-based and strength-based approaches when assessing mental health, particularly in culturally diverse and occupation-specific populations.

Satisfaction with work availability emerged as a key determinant of mental well-being, reflecting broader dimensions of employment security, financial predictability, and professional validation. This aligns with observations by Gross and Musgrave, who highlight the psychological strain associated with unstable employment, irregular income, and intense competition within creative professions (33). Meta-analytic evidence further demonstrates that employment insecurity and unemployment are strongly associated with poorer mental health outcomes(34). The findings highlight that satisfaction with work availability functions as a critical job resource. Within the JD-R framework, this encompasses perceived security and professional recognition. This reinforces the importance of subjective perceptions of employment stability, which may exert a stronger influence on well-being than objective employment conditions alone (8). Within this framework, satisfaction with work availability functions as a critical job resource, encompassing perceived security, creative fulfillment, and professional recognition. Similarly, Self-Determination Theory suggests that fulfillment of autonomy and competence enhances psychological well-being, both of which may be supported through consistent and meaningful work opportunities (9).

Interestingly, longer working hours were associated with improved mental well-being in crude analyses, diverging from broader occupational health literature, which generally links prolonged work hours to increased psychological distress, depressive symptoms, and burnout (35). Among performing artists, however, extended working hours may signify heightened professional engagement, creative fulfillment, and access to career opportunities, which could positively influence mental well-being despite the potential for fatigue or stress.

Although physical exercise and working hours were significant in the bivariate analysis, they did not retain statistical significance in the multivariate model. This suggests that their influence on mental well-being may be mediated by work satisfaction; for example, individuals with higher work satisfaction might have more structured schedules or greater resources, enabling them to engage consistently in physical activity(36, 37).

Sociodemographic variables, including sex and age, were not significantly associated with mental well-being in this study, contrasting with findings from other contexts where female performers and younger artists report higher psychological distress (9, 38). Such differences may reflect sociocultural variations, occupational contexts, or differences in social support structures. Similarly, substance use behaviors, including alcohol consumption and smoking, were not independently associated with mental well-being. This contrasts with broader epidemiological evidence linking substance use to adverse mental health outcomes (39, 40) and may reflect contextual usage patterns, underreporting, or limitations inherent in cross-sectional study designs.

Overall, these findings underscore the central role of structural and occupational factors—particularly employment stability, in shaping the mental well-being of performing artists. Interventions designed to support this population should prioritize strategies that enhance work availability, promote professional recognition, and strengthen occupational security, while also incorporating culturally specific protective factors that may buffer stress and support resilience.

Implications for Policy and Practice

The findings underscore the importance of employment stability and financial security in supporting the mental well-being of performing artists. Policies that strengthen employment opportunities, expand arts funding, and enhance social protection for artists may contribute to improved psychological well-being. Additionally, integrating mental health promotion and accessible psychosocial support within artistic institutions and professional networks could facilitate resilience and help-seeking. Addressing occupational insecurity should be considered a key strategy for promoting the well-being and sustainability of the performing arts workforce.

Strengths and Limitations

This study provides context specific evidence on mental well-being among performing artists in Nepal, a population that has received limited research attention. The use of the validated WEMWBS strengthened

the reliability and comparability of the findings, while multivariable regression analysis enabled the identification of factors independently associated with mental well-being. To our knowledge, this is among the first studies in Nepal and one of the few in South Asia addressing mental well-being in performing artists.

Several limitations should be acknowledged. The cross-sectional design prevents causal interpretation of the observed associations. Snowball sampling may have introduced selection bias and limited the generalizability of the findings. As data were self-reported, recall and social desirability biases are possible, although confidentiality measures and the use of a standardized instrument may have reduced their impact. Dichotomizing WEMWBS scores may have resulted in some loss of information and reduced sensitivity to differences in well-being. Residual confounding from unmeasured factors, such as social support, personality traits, or previous mental health conditions, cannot be ruled out. Furthermore, the observed associations may be bidirectional; for example, stable work may enhance mental well-being, while individuals with better mental well-being may be more likely to secure consistent work opportunities.

Conclusions

This study provides novel evidence on the mental well-being of performing artists in Kathmandu Metropolitan City, Nepal. Most participants reported mental well-being, while a notable proportion experienced lower levels of well-being. Satisfaction with work availability was the only factor independently associated with mental well-being, underscoring the importance of employment stability and professional opportunities for psychological health in this population.

These findings highlight the need for policies and programs that support sustainable employment and occupational security within the performing arts sector. The study contributes important context-specific evidence from Nepal, where research on mental well-being among performing artists remains scarce, and may inform the development of occupational health and mental health promotion initiatives tailored to this workforce.

Abbreviations

WEMWBS

Warwick–Edinburgh Mental Well-being Scale

VIF

Variance Inflation Factor

WHO

World Health Organization

Declarations

Ethical considerations and consent to participate

Ethical approval was obtained from the Institutional Review Committee of Novel College (Reg. no. 050-6-2-05732-2019). Permission was obtained from Kathmandu Metropolitan City. Participants were informed of the purpose of the study, confidentiality of information, and their right to withdraw at any stage. Only participants aged 18 years and above were included in the study. Confidentiality was strictly maintained by using anonymized codes instead of personal identifiers. All data was securely stored and accessible only to the research team, and the information was used solely for research purposes.

Consent for publication

All participants provided informed consent prior to their involvement in the study, in accordance with ethical guidelines approved by the Ethical Committee.

Competing interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or non-profit sectors.

Author Contributions

The Conceptualization: ST. Data curation: ST, PB. Formal analysis: ST, GS, PK. Investigation: GS, PK. Methodology: ST, PB. Project administration: ST, GS, PK. Resources: ST. Supervision: GS, PK. Validation: ST, PB. Visualization: GS, PK. Writing – original draft: ST, GS, PK. Writing – review & editing: ST, GS, PK, PB.

Acknowledgments

NA

Availability of data and materials

The original contributions presented in the study are included in the article and supplementary material. Requests for further information or specific data can be directed to the corresponding author.

References

1. World Health O (2003) Basic documents, 44th edn. World Health Organization, Geneva, Switzerland
2. Jha AK, Ojha SP, Dhimal M, Dahal S, Adhikari K, Koirala P et al (2020) Report of National Mental Health Survey Nepal 2020. Nepal Health Research Council; Government of Nepal, Kathmandu, Nepal
3. The Global Health Observatory [Internet] (2023) Available from: <https://www.who.int/data/gho/data/major-themes/health-and-well-being>
4. Bennett D (2009) Academy and the real world: Developing realistic notions of career in the performing arts. *Arts Humanit High Educ* 8(3):309–327
5. Throsby D, Zednik A (2011) Multiple job-holding and artistic careers: some empirical evidence. *Cult trends* 20(1):9–24
6. Kausar S, Ahmad G (2021) Perceived Stress, Self-Efficacy and Psychological Wellbeing Among Performing Arts Students. *Acad J Social Sci (AJSS)* 5(3):289–302
7. Ryan F, Cordeaux C, Davison D (2024) Evaluation of a. Mental Health Support Service for Performing Artists
8. Bakker AB, Demerouti E (2007) The job demands-resources model: State of the art. *J managerial Psychol* 22(3):309–328
9. Ryan RM, Deci EL (2000) Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *Am Psychol* 55(1):68
10. Willis S, Neil R, Mellick MC, Wasley D (2019) The Relationship Between Occupational Demands and Well-Being of Performing Artists: A Systematic Review. *Front Psychol.* ;Volume 10–2019
11. Ghosh R, Mishra S, Devi R (2023) Well Being of Performing Artists: A Bio Statistical Survey. ;15:173–80
12. Krishnan V, Sridhar S, INDIAN MRIDANGAM ARTIST, AND ASSOCIATED MUSCULOSKELETAL DISORDERS (2022). *ShodhKosh: Journal of Visual and Performing Arts.* ;3:341–8
13. Walankar PP, Joglekar AS, Katalkar PS (2025) Musculoskeletal Pain and Analysis of Postural Risk in Harmonium Players in India: A Cross-Sectional Study. *Indian J Occup Environ Med.* ;29(2)
14. Dhimal M, Dahal S, Adhikari K, Koirala P, Bista B, Luitel N et al (2022) A Nationwide Prevalence of Common Mental Disorders and Suicidality in Nepal: Evidence from National Mental Health Survey, 2019–2020. *J Nepal Health Res Counc* 19(4):740–747
15. Singh R, Khadka S (2022) Mental health law in Nepal. *BJPsych Int* 19(1):24–26
16. Regmi PR, Aryal N, van Teijlingen E, Simkhada P, Adhikary P (2020) Nepali Migrant Workers and the Need for Pre-departure Training on Mental Health: A Qualitative Study. *J Immigr Minor Health* 22(5):973–981
17. Dhungana P, Joshi A, Chalise A, Paudel S (2025) Psychological wellbeing and occupational stress among public secondary school teachers in Beni Municipality, Nepal: a cross-sectional study. *BMC Public Health* 25(1):3372
18. Adhikari S, Rana³ H, Joshi MP, Cheng S, Castillo T, Huang K-Y (2025) Parental wellbeing, parenting, and child mental health in families with young children in Arghakhanchi, Nepal. *BMC Pediatr* 25(1):6

19. Poudel A, Gurung B, Khanal GP (2020) Perceived social support and psychological wellbeing among Nepalese adolescents: the mediating role of self-esteem. *BMC Psychol* 8(1):43
20. Techniques C-S, Third, Edition, PDF [Internet] (1977). Available from: <https://www.scribd.com/document/444123201/William-G-Cochran-Sampling-Techniques-Third-Edition-pdf>
21. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V et al (2014) The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. *Int J Epidemiol* 43(2):476–493
22. Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S et al (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes* 5:63
23. Performance of the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) as a screening tool for depression in UK and Italy (Master's thesis) [Internet]. Alma Mater Studiorum - Università di Bologna (2012) Available from: https://warwick.ac.uk/services/innovations/wemwbs/how/donatella_bianco-thesis.pdf
24. Dijkstra JI, van Elteren M, Banstola NL, Shakya L, Sigdel H, van Brakel WH (2024) Cross-cultural validation of two scales to assess mental wellbeing in persons affected by leprosy in Province 1 and 7, Nepal. *PLOS Global Public Health* 4(1):e0002654
25. Cuschieri S (2019) The STROBE guidelines. *Saudi J Anaesth.* ;13(Suppl 1)
26. Loveday C, Musgrave G, Gross S-A (2023) Predicting anxiety, depression, and wellbeing in professional and nonprofessional musicians. *Psychol Music* 51(2):508–522
27. Kegelaers J, Schuijjer M, Oudejans RR (2021) Resilience and mental health issues in classical musicians: A preliminary study. *Psychol Music* 49(5):1273–1284
28. Pavitra KS, Chandrashekar CR, Choudhury P (2007) Creativity and mental health: A profile of writers and musicians. *Indian J Psychiatry.* ;49(1)
29. Ghosh R, Mishra S, Scholar R (2023) Quality Life of Performing Artists. *Select Rev Literature* 11:2320–2882
30. Kenny D, Driscoll T, Ackermann B (2014) Psychological well-being in professional orchestral musicians in Australia: A descriptive population study. *Psychol Music* 42(2):210–232
31. Vaag J, Bjerkeset O, Sivertsen B (2021) Anxiety and Depression Symptom Level and Psychotherapy Use Among Music and Art Students Compared to the General Student Population. *Front Psychol* 12:607927
32. Stewart-Brown S, Janmohamed K (2008) Warwick-Edinburgh mental well-being scale. User guide Version 1(101037):2
33. Gross SA, Musgrave G (2020) Can music make you sick? Measuring the price of musical ambition. University of Westminster

34. Paul KI, Moser K (2009) Unemployment impairs mental health: Meta-analyses. J Vocat Behav 74(3):264–282

35. Virtanen M, Jokela M, Madsen IE, Hanson LLM, Lallukka T, Nyberg ST et al (2018) Long working hours and depressive symptoms: systematic review and meta-analysis of published studies and unpublished individual participant data. Scand J Work Environ Health 44(3):239–250

36. Zhang Y, Li G, Liu C, Guan J, Zhang Y, Shi Z (2023) Comparing the efficacy of different types of exercise for the treatment and prevention of depression in youths: a systematic review and network meta-analysis. Front Psychiatry 14:1199510

37. Kim ES, Kubzansky LD, Soo J, Boehm JK (2016) Maintaining Healthy Behavior: a Prospective Study of Psychological Well-Being and Physical Activity. Ann Behav Med 51(3):337–347

38. Musgrave G, Gross SA, Carney D (2025) Determinants of anxiety, depression and subjective wellbeing among musicians in Denmark: findings from the ‘when music speaks’ project. Scand J Psychol 66(3):429–445

39. Boden JM, Fergusson DM (2011) Alcohol and depression. Addiction 106(5):906–914

40. Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P (2014) Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ: Br Med J 348:g1151

Figures

Figure 1: Distribution of mental well-being status among participants (N = 240)

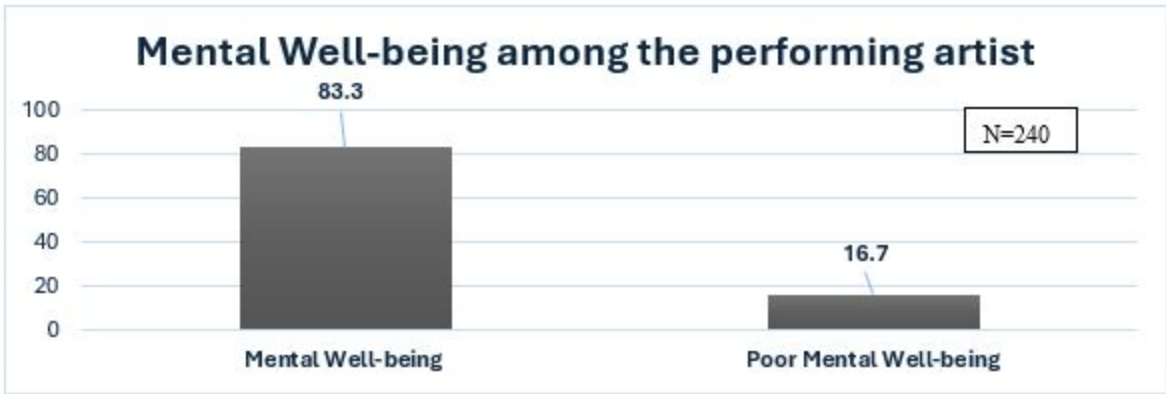


Figure 1

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