

# INTEGRATING MODELS OF MUSIC INTO ACUTE HOSPITALS: AN IRISH PERSPECTIVE

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## INTRODUCTION

This chapter explores the role of music in a large acute, academic teaching hospital in Dublin, Ireland. The chapter presents a number of methods of using music, such as live performance, music therapy, musician in residence schemes, and using pre-recorded music as part of hospital design. A discussion of the most appropriate use of any one model of music in a hospital setting then follows. Music can be used in many different ways within the acute hospital, and these different methods are presented as a resource from which to select the best intervention to assist a patient or group of patients. Four key features which are essential to selecting the right music for any patient group will be presented and explored: 1) assessing patient need, 2) evaluating the benefit of the intervention, 3) insisting on professional training and excellence and 4) always viewing the use of music in a hospital setting as a therapeutic tool.

The use of these models has evolved from my experience as a music therapist and hospital Arts Officer, both in Ireland and the UK. My professional work experience includes five years working as a psychodynamically informed music therapist in a London forensic psychiatry rehabilitation service, research and evaluation as a music therapist in a London stroke rehabilitation service, general psychiatry and nursing home work as a music therapist and health service management in the voluntary sector in Ireland. Following completion of an MBA in Health Service Management I am now currently working as Arts Officer at The Adelaide and Meath Hospital, Incorporating the National Childrens Hospital, Dublin managing a programme of arts activities, therapeutic interventions and events across all the departments of a large acute hospital in Ireland.

A key feature of this chapter will be how music therapy and other methods of using music in healthcare context are able to co-exist happily alongside one another. Given the wide range of clinical specialities in acute hospital care, much attention will be given to selecting the right

musical intervention for any patient group. Organisation culture and context will be considered, as well as the importance of putting the patient first and designing music programmes to meet their needs.

The core of this chapter is in taking a broad perspective on music and health, wider than just music therapy, or any one other professional discipline. The chapter provides guidelines for those thinking of using music in hospital for the first time, and also speaks to experienced music and health and music therapy professionals who wish to broaden their working models to suit a specific patient group.

#### THE ADELAIDE AND MEATH HOSPITAL, INCORPORATING THE NATIONAL CHILDRENS HOSPITAL, DUBLIN, IRELAND

The Adelaide & Meath Hospital, Dublin incorporating the National Children's Hospital (AMNCH) opened on the 21<sup>st</sup> June, 1998. Three inner city hospitals were merged and relocated to a greenfield site in Tallaght, SouthWest Dublin. This new hospital provides adult, paediatric and psychiatric services to a catchment area of 450,000 (including North Kildare and West Wicklow).

The hospital has 587 beds and 2,683 staff. In 2004 the hospital had 21,500 admissions, 74,500 emergency department attendances, 195,000 outpatient-attendances, 19,500 day procedures and 12,500 operating theatre procedures.

In accordance with the Charter of the Hospital, the hospital's mission is to be a public, voluntary and teaching hospital operated in the interests of patients. The aims of the hospital are to:

- Identify and meet the health care needs of the communities we serve so that our Hospital is a Hospital for everyone
- Provide the highest quality health care to all patients
- Undertake and support research in health care

- Educate all staff and students to the highest international standards
- Seek equal opportunities for each member of staff and for each student to fulfil their potential in health care
- Develop voluntary involvement and support for our Hospital to the maximum extent possible

This author was appointed as hospital Arts Officer in September 2003 with a view to developing and promoting the arts in the hospital and to explore the relationship between arts and health. An Arts Committee, made up of senior clinicians and management, was established to oversee the work of the Arts Office. Following consultation with patients and staff, four broad aims were developed for the service:

- To enhance the environment
- To explore the therapeutic nature of the arts through participatory sessions for patients
- To raise awareness of the arts and make the arts more accessible to staff, patients and hospital visitors
- To promote local artists and build links with the local community.

Music is used in each of the four aims above, alongside other art forms. Through consultation with patients and staff, the arts office decides which intervention and which art form would best suit the needs of each patient group. In this context, music therapy is used alongside performance, musician in residence schemes and other models, based on assessment of need.

#### WHY USE MUSIC IN HOSPITAL?

Healthcare experts, members of the public and financial managers often question the use of music in a hospital. This is the starting point for the arts office at AMNCH. The World Health Organisation defines health as a “state of complete psychological, mental, and social well-being and not merely the absence of disease or infirmity”

(<http://www.who.int/about/definition/en/>, 2006). We use music in our own lives in a variety of

ways, for example to create a romantic atmosphere, to relax, to motivate ourselves in the gym, to express ourselves, to comfort ourselves when grieving, and for many people in religious worship. Our social and psychological health is connected to our access to music and other art forms. One would never live at home without music or pictures and yet in most hospitals such sterile, bare environments are the norm.

Music in a healthcare context is often seen as a fringe activity - a 'nice extra' provided by volunteers. However, the preferences, interests, social and emotional needs of patients are increasingly recognised as vitally important to their health, well-being and recovery rate (<http://www.who.int/about/definition/en/>, 2006). Musical preference is highly individual and using music in healthcare can personalise care and enhance the quality of hospital life.

Finally, evidence exists that our ability to respond to sound and pitch is one of the earliest responses in infants and is often retained despite disability or brain damage (The Association of Professional Music Therapists, 1995). As a medium for enhancing communication and self-expression, music can be of particular benefit to some patient groups and deserves to be integrated into patient care rather than be left in the fringes.

#### MUSIC IN ACUTE HOSPITALS

When the post of hospital arts office was established, extensive consideration was given to how best to promote and provide musical programmes for patients. The methods presented below emerged as important and useful for patients, and are now all used in the hospital:

#### LIVE CONCERT PROGRAMME

The Adelaide and Meath Hospital, Incorporating the National Childrens Hospital, has, like many others, a programme of live performances. Professional musicians are hired to play for patients in various locations around the hospital, including the Age Related Health Care Unit, the psychiatry unit, a number of in-patient wards, and the neurology ward. Performers also give weekly recitals in the hospital atrium. The atrium is a large reception area of the hospital,

with a café, main reception desk, banks and shops. All patients and staff pass through this area on their way to the wards, offices and outpatients department. Patients and visitors wait here and staff often use the area for coffee breaks. Patients, visitors, people waiting for outpatient appointments and staff can all enjoy live performance. All performances are financed through fundraising, (such as hospital foundations, volunteer fundraising and local council funding).

In my experience as Arts Officer at AMNCH, I have found that a maximum of four musicians works best on a ward, due to space and sound restrictions. Smaller ensembles also have the possibility to create an intimacy between patients and performers. Performances to date have included Irish traditional music performers, a harp duo, string quartets, flautists, and jazz singers. The musicians play for up to one hour - any longer is difficult for patients to concentrate – and they interact with patients (for example, chatting, describing their music and answering questions). Larger ensembles and choirs can be used in the hospital atrium.

A major issue for the arts office is selecting the right musician. The temperament and personality of the performer is crucial to creating a successful event. Their capacity to be flexible in the environment is crucial. Mistakes have certainly been made in selecting the wrong performers. For example, a cellist once famously performed in the atrium of a large London hospital, and complained about the noise - he even asked if the lifts could be turned off to avoid disturbing him. Our most successful musicians come with an attitude and disposition which is hard to define, but an openness to patients questions, a flexibility regarding performance venue and an empathy with patient's needs are crucial characteristics for this work.

In the USA, some musicians have trained as 'Performers in Hospitals', becoming experts in the area of performing to patients (Buenz, 2005). Their work often leads them to playing for very ill individual patients. One such musician told me that the difference between playing his violin in hospital, as opposed to the concert hall, is that in hospital *my performance is a service to the patient* (Buenz, 2005)..

In my role as Arts Officer of a large acute hospital, I plan the music programme by first assessing which patients would most benefit from hearing live music and what music would be most suitable for that particular group. For example, I have found that long-term neurology and stroke patients can benefit from performances, as some have become depressed and believe that they may never get to attend a concert again. I also fit in with patients regarding time of day and location. The musician's ego cannot direct music in hospital, but their excellence in performance can dramatically lift a patient's day.

Some of the benefits of bringing live performances in to the hospital include 1) Stimulation and distraction for depressed and anxious patients, 2) Alleviating anxiety in the waiting room, 3) Improving quality of life for longer stay patients, 4) Lifting mood in depressed patients, 5) Bringing performance to those who cannot access traditional concert venues and 6) Relieving stress and lifting the atmosphere on the ward.

It is most important to ensure that patients can leave the performance if they want to and are not imposed upon in any way. Post-concert evaluation is important to gauge patient reaction and in order to improve future programmes.

The Chelsea and Westminster Hospital in England conducted research into the effect of listening to live music on patient's anxiety and depression rates while waiting for chemotherapy and antenatal appointments (Staricoff et al, 2002). Anxiety levels for patients receiving chemotherapy were 32% lower when exposed to live music in the waiting room and pregnant women showed lower blood pressure levels when listening to live music while waiting for antenatal appointments.

## ORCHESTRA IN RESIDENCE

AMNCH has recently forged a link with the Irish Chamber Orchestra, who, for the first time in Ireland, is a hospital *orchestra in residence*. Members of the orchestra come and play on a

monthly basis for patients. An independent evaluation of the benefit of this live music for patients is currently being carried out, and we aim to develop a training programme for performers who wish to work in hospitals.

An orchestra (or musician) in residence programme allows for development of a strong relationship between the hospital and performers. This allows for programmes to be adjusted to suit patients better and to develop the live performance programme with the orchestra.

Early indications from the evaluations show that while patients find it difficult to state exactly what music they prefer, they find listening to the music makes them stimulated to move, tap their feet, release worries and help to cope with their hospital stay.

## MUSIC THERAPY

Music therapy is the planned use of music to achieve therapeutic outcomes, by a qualified practitioner who has graduated from an accredited university programme of study, usually at postgraduate level (Edwards, 2006). By using music creatively in a clinical setting, the therapist seeks to establish an interaction, a shared musical experience leading to the pursuit of therapeutic goals (Bunt, 1994). Ansdell (2002) defines Music Therapy as “moving from playing to people to playing with them... (using) improvisation to allow spontaneous co-musicing... focusing on interpersonal relationships within the music and modelling the work of other therapies (e.g. psychotherapy, Gestalt)... focusing on emotional issues arising from the music”.

At AMNCH, a music therapist is employed in the psychiatry unit, working as part of the occupational therapy department. A music therapy service is also offered as part of the chronic pain management programme and a pilot music therapy project has been carried out with neurology patients. A randomised control trial of the benefit of music therapy in stroke will be carried out later this year.

Three brief case studies follow, showing the benefit of introducing music therapy to selected patients.

### Case Study 1 Tina<sup>1</sup>

Tina was a thirty-three year old patient in the psychiatry unit. She was in a locked ward due to violent behaviour towards staff and fellow patients and she has a diagnosis of paranoid schizophrenia<sup>2</sup>. She had no insight into her illness, her drug use, or her violence, or the relationship between these three issues.

Tina agreed to attend individual music therapy because she wrote song lyrics and wanted to develop her songs. She had a delusion that she was a major pop star and believed she would make a lot of money when she was discharged from hospital. Following assessment, the Music Therapist identified three issues to be addressed in ongoing Music Therapy:

- Trust/ Relationship Building

Tina did not trust any therapists or doctors. In the music therapy sessions, she refused to record her music for fear that the therapist would sell her songs and make millions. The early sessions were also characterised by Tina directing and criticising the therapist. Tina would sing, accompanied by the therapist, but continually criticised the therapist's style and technique. It was hoped that by engaging in music therapy, Tina would develop a good relationship with one member of the multi-disciplinary team, and so build up trust in the hospital and her care plan.

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<sup>1</sup> Names of all patients are changed to protect confidentiality

<sup>2</sup> Schizophrenia is a chronic, severe, and disabling brain disease. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others. Available treatments can relieve many symptoms, but most people with schizophrenia continue to suffer some symptoms throughout their lives; it has been estimated that no more than one in five individuals recovers completely. In the paranoid form of this disorder, people develop delusions of persecution or personal grandeur.

- Engagement in Therapy/Treatment

The medical team was concerned to engage Tina in therapy. She refused to attend any therapy except Music Therapy and also refused medication. It was hoped that by engaging in a less threatening, enjoyable therapy, Tina might be ready to engage with doctors regarding medication and other therapies.

- Insight into Behaviour

It was hoped that through song writing sessions, there would be opportunities for Tina to develop awareness of how she related to others, in particular reflecting on emotional issues and how to negotiate in a non-violent manner

Tina engaged in individual Music Therapy and gradually built a relationship with the therapist. The sessions were often fraught, Tina was highly critical of the therapist and untrusting of the situation. They managed to record two songs together, but in both songs the piano accompaniments of the therapist and Tina's singing were strained and disjointed.

Then, sixteen weeks after therapy started, Tina brought some new song lyrics, which she wrote during a time when she was feeling very depressed. This was the most genuine moment of reflection since Tina started therapy. The therapist and Tina improvised a song together and recorded it. Their music integrated well and sounded, for the first time, like a real partnership. It was a small step towards Tina reflecting on her emotions rather than acting out with violence, as well as a step towards really trusting the therapist by sharing her real feelings. This session heralded a new phase in the relationship between Tina and the clinical team.

Tina's song lyrics:

*I wish I could find a ray of hope*

*A ray of light as I'm walking*

*Through the darkness*

*A ray of sunshine for all time*

## *A ray of happiness*

### Case Study 2 Cynthia

Cynthia was a seventy-year-old woman who had a stroke and was on a stroke rehabilitation ward in the hospital. She was very quiet and withdrawn on the ward. The hospital was waiting for a nursing home bed to become available for her.

Cynthia attended individual music therapy. She showed no interest in playing the instruments and asked to listen to CDs. Together, the therapist and Cynthia built up a 'life review' using music<sup>3</sup>. They talked about Cynthia's life and selected songs and music that were significant to her life. They listened to CDs and sang songs each week. Cynthia enjoyed having a quiet time to listen to her music each week. She found the ward noisy and the television and radio disturbing, as they *never played the music she liked*.

It became clear during therapy that Cynthia was extremely passive and unassertive about her future and what her new home would be like. Cynthia had a vast record collection at home, but had not asked for them to be moved from home to her new nursing home. The team became aware, through music therapy, of her lack of involvement in the move to the nursing home and were able to help her to engage with the process and express her opinions and needs more assertively.

### Case Study 3 Sam

Sam was a six-year old boy who attended the children's hospital. He had muscular dystrophy and a learning disability and was an extremely quiet and frail child. He was referred to Music Therapy to help develop his language as he had very few words. The therapist used songs to encourage language development and also used instruments to develop his range of non-

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<sup>3</sup> A 'life review' is a musical profile of a person, consisting of selections of music which have special meaning for the person at various stages during life. (Beggs, 1996).

verbal self-expression. Through the music he learned new words and showed an energetic and livelier side to his character through expressing himself loudly on drums.

## MUSIC AS PART OF BUILDING DESIGN

One of the most common reasons for using music in any environment is to enhance the atmosphere or create a certain ambience. Restaurants, shops, bars and hotels all use music to create an impression, style or ambience. A number of hospital design projects at AMNCH are using music to enhance the environment.

For example, a proposal to redesign the stairwell in the main hallway of the hospital includes solo guitar being piped into the stairwell. As you enter the stairwell, you are transported, momentarily, from the rush outside, or the busy atmosphere of a ward, to a calm, quiet oasis. Coloured balls cast light on the walls, floors are to be changed and handrails will be redesigned.

Similarly, the colposcopy treatment room is being redesigned to create a less daunting atmosphere. Currently, as you enter the room you are faced with a frightening treatment table, complete with stirrups and equipment for gynaecological investigations. The new design will calm the atmosphere using softer wall colours, dimmed lighting and comfortable armchairs. A DVD screen above the treatment table will show a calm ocean scene with fish swimming. And finally, music will be playing - gentle classical music, as in a beauty clinic or a massage treatment room. Alternatively, the patient will be able to bring their own music to play while they undergo treatment, to help them relax.

A CD player in a waiting room or treatment room can cost as little as €50 but the effect, and the change in atmosphere, can be immense. Careful selection of CDs is essential and consultation with patients, (in other words, finding out what they really want to listen to), can ensure appropriate mood.

## PRE-RECORDED MUSIC IN TREATMENT ROOMS

Pre-recorded music is difficult to use effectively throughout society. Marketing experts play music in supermarkets, restaurants and bars to create a certain ambience and to influence shopping habits. Our mood and behaviour can be influenced by music. Yet we often walk into hospital to find no music at all, or worse, inappropriate use of music. Many times in wards and nursing homes for older people I have noticed the music being played is 'Hits from the 20s and 30s' or wartime songs. These tapes, while age appropriate and of interest to residents, can easily be overused and inappropriately used. Some patients hate that kind of music and have no way of controlling volume or changing the music.

Music has power - it can create a strong impression and change the atmosphere. Music can be used with a hyperactive child to help them to calm down. Music can provoke tears that were being held in. A string quartet in the atrium of a hospital can provide a strong corporate impression, of professionalism, of caring about the waiting experience. But music is not always appropriate either. Silence is also important. Health professionals often assume too much about what a patient wants to listen to, or they pay too little attention to the ambience of a bedroom or day area. Quality of care can be greatly enhanced by taking care of the physical environment and creating a pleasant atmosphere for patients.

Wherever possible, pre-recorded music needs to be individualised. Every single person finds different music relaxing. For example, a group of teenagers in hospital once told me that they find listening to heavy metal music relaxing.

In the radiography department of our hospital, patients are sent an appointment letter for MRI scans. An MRI (magnetic resonance imaging) scan is an investigation that produces pictures of the inside of the body. It is performed as an outpatient procedure and takes up to one hour. The procedure does not require an anaesthetic (except in the case of small children) although some people are given medication to help ensure that they are relaxed and comfortable during the procedure. Having an MRI scan may involve being enclosed in a fairly narrow space, and for some people this feels quite claustrophobic.

At AMNCH, when a patient is sent their appointment letter, the letter includes the line *Please bring a CD you enjoy listening to, which we will play during your scan*. Patients use their own music to provide distraction and alleviate anxiety. The patient is also given control over their environment. In a ward for older people, we bought four CD/tape players and headphones. These machines were lent out to patients who could listen to their own music. We also developed a music library, staffed by volunteers, so that patients could access a wide range of CDs while in hospital.

Our musical choices are informed by factors such as personality traits, language, past experiences, culture and education. The specific piece of music utilised in clinical procedures is not as important as the associations that have been developed by the individual patient with the selection (Standley, 1992).

Menegazzi et al (1991) carried out a randomised-controlled trial in an Accident and Emergency department. They found that listening to music through a headset significantly reduced the pain and anxiety associated with laceration repair. Patients undergoing the procedure were given a headset, from which they could choose from 50 available styles and artists and they controlled the volume. A control group received no music. 89% of patients using the headset rated the music as 'very beneficial' and 100% said they would use music again.

#### SELECTING THE RIGHT MUSIC AT THE RIGHT TIME

*One of the main goals of using music in the hospital context is to try and relieve the anxiety and pain suffered* (Preti and Welch, 2004).

The methods of using music set out above are, to me, a tool kit from which I can select interventions to best assist a patient or group of patients. Whichever model of using music is adopted, I have found it most important to carefully select the right model according to clinical need. My training as a music therapist, and initial work experience in forensic psychiatry, was

predominantly psychodynamic. This stood me in good stead as a basic training, but led me to believe that music is a toolbox that should be used more widely to achieve greatest therapeutic benefit for patients, for example in the many ways outlined above. I believe that music therapists are well placed, as specialists in both music and health, to carefully select the right method of using music for their patients.

Four key features stand out when selecting the right music for any patient group:

- Assess patient need
- Evaluate the benefit of the intervention
- Insist on professional training and excellence
- Always view music as a therapeutic tool

It is of key importance to first assess patient need. This can be done by verbal consultation with staff, patients and family members, or through more formal assessment tools. A sample assessment form is presented in Appendix One. Once a model of using music has been selected and used, it is also critical to evaluate the benefit. A sample evaluation form, used for the orchestra in residence programme, is presented in Appendix Two. Finally, it is crucial, as a hospital manager, to insist on excellence in both musical and health service terms, and to do so, professional training and excellence should be sought when employing any musicians. Musicians who work in the hospital have to demonstrate excellence both as performers and, just as importantly, in their understanding of the healthcare environment. In looking for such specialists, I would view music therapists, who have post-graduate training in music and health, as the specialists who can best provide such a service. However, there is a large arts and health movement, both in Ireland and the UK, that has grown alongside music therapy. I believe this is partly in response to a perceived lack of flexibility on the part of music therapists. I have experienced a number of music therapists who identify their role as similar to that of a psychoanalyst, who felt that if they were to perform, or organise performances, in hospital this would be compromising their role as a therapist. A similar approach is sometimes taken towards musical instruments - if a nurse asks to borrow a keyboard so that a patient

can play at the weekend, I have seen this refused on the grounds of breaking therapy boundaries. I believe that some music therapists are resistant to expanding their role to fit the hospital culture and can be inflexible in their approach to meeting patient needs. I have also found that focusing on what is best for the patient and assessing the particular ward culture and environment, can lead one to be more flexible about how one uses music in the organisation and provide a more successful service.

Music can easily be used inappropriately in healthcare. For example, music might be played on the radio on the ward, with no way for patients to control the channel or volume. Alternatively, individual music therapy might be offered on a ward where staff are too stressed and pressured to be able to cope with the extra work of getting patients ready and moving patients to the therapy room. It is vitally important to weigh up which music to use with which patients and what the hospital or ward culture needs, and to view music as a therapeutic tool which can help patients and staff to achieve enhanced health and well being.

Sometimes, music and health practitioners offer a short-term project that is very positive for patients. However, it is important that a therapeutic approach is taken towards initiating music projects and ending them properly, as the impact of withdrawing a positive activity from vulnerable patients can be more significant than we would often realise. Sometimes arts and health projects are very focused on an 'end product' (such as a performance or recording) and it is often more important to live through the process with patients, even if this diverges from the intended end place.

Three examples follow of how I have used the four criteria (1) Assess patient need, 2) Evaluate the benefit of the intervention, 3) Insist on professional training and excellence and 4) Always view music as a therapeutic tool) to select the right music for a particular patient group. The fourth example is one where music was not appropriate at all.

Example One    Stroke Rehabilitation Ward, London

When working as a music therapist in a London stroke unit, I wanted to offer individual music therapy to patients. However, the ward was one of the most difficult I had worked on. Staff were verging on abusive, disinterested, rough, talking negatively about patients in front of them, and disrespectful of visitors. I realised, after some weeks in the unit, that there was a need to alleviate staff stress, in order to improve the well being of patients on the ward. So I brought my keyboard and a few hand held percussion instruments to the day room of the ward, despite feeling that perhaps this 'wasn't exactly music therapy'. My own instincts seemed to be at odds with what my training had led me to believe was 'proper' music therapy. I began a weekly 'singalong' session with patients and visitors. Staff joined in, patients sang solos, some clapped, and some tapped their feet. A very elderly patient, in the late stages of dementia, sang the last line of 'My bonny lies over the ocean' and the nurses, who had described him to me as 'useless, away with the fairies' realised that he still had a contribution to make. He became a central figure in the singing group and his wife was able to participate with him. I found that music and health professionals have to be flexible to the needs of patients. Sometimes, patients want music therapy, they want to express themselves and explore their emotions. At other times patients want music to be a therapy-free zone, to just be the 'thing they enjoy doing', rather than being 'therapy'. As music therapists, teachers, performers and practitioners we need to be willing to be flexible. We need to be willing to move outside the traditional boundaries of our professional identity to meet patient need, and yet retain professional integrity in our approach.

#### Example Two The Chronic Pain Programme, Dublin

Chronic pain is defined as pain that lasts longer than six months. Many people who have been suffering from chronic pain in the back or in other areas may think they are permanently disabled and will never be able to have an active life. Many give up work and withdraw from most forms of activity because of their pain, their perception of what they can and cannot do as a result of the pain, and due to the fact that they have not had much success with the treatments they have tried. At AMNCH a new four-week programme was developed in 2001 and has had impressive results with patients with chronic disability, mostly resulting from back pain. The programme is run by a multidisciplinary team of anaesthetist/pain specialist,

physiotherapist, occupational therapist, psychologist and psychiatrist, all of whom provide an integrated care plan. Recent data from the programme showed that 53% of participants who expressed a wish to return to work or training did so post-completion of the programme.

I was invited to provide a pilot music therapy group, once a week on the programme, to explore how music could help people cope with pain. When I joined the programme I soon realised that patients were very sceptical and uncomfortable about playing instruments. The programme was highly structured with the other therapists providing worksheets and structured discussion around specific topics. It became clear that I needed to develop some simple, non-threatening arts activities to engage the group and break down fear. So I devised a music relaxation session for week one, to introduce patients to the idea of music therapy and to alleviate some high levels of anxiety in the patient group. Through feedback and evaluation, this programme actually developed into a 'creative' therapy group, using creative writing, music and visual art to explore and address coping with pain, relaxation, self belief and coping mechanisms. The changes in my part of the programme came directly from feedback from patients who had completed the programme. The music component of the programme now addresses relaxation, using music to lift mood and using music as motivation for exercise. Patients identify their own individual musical preferences and compile a CD of 'their' music as a tool to use when the programme finishes. Developing this programme has again been a challenge to my own ideas about what music therapy is and my perceptions about my profession's definition of 'proper' music therapy. Again, the need to be flexible to the patients needs is of paramount importance.

#### Example Three Psychiatry unit, Dublin

When I became Arts Officer at AMNCH I was invited to meet the occupational therapists in the psychiatry unit to see whether the arts could contribute to patient care and quality of the environment. The occupational therapists already ran a full group programme including art groups, relaxation and craft sessions. The team was keen to have music therapy as they

currently did not use music as a therapeutic medium and patients expressed an interest in this medium. I offered a weekly music therapy group on the ward on a pilot basis for twelve weeks.

Given the very short stay of most patients on the ward, and the nature of their illnesses, the group was an open group for any patients who wanted to attend. Patients were able to leave during the group if they needed to. I provided a basic structure for the group, which included introducing ourselves using a drum, exploring the instruments, improvisations and song writing. Due to the acute nature of patients' illnesses, and the short stay, the group was a 'moment' in the week, for relaxation, self expression, conversation, singing or whatever the patients needed that week.

The patients often used the group as the 'fun' part of the week. The release and energy in the group was high and the group was large (normally eight to ten patients attended). The group did a lot of singing. We wrote songs and also took turns to suggest our 'favourite' songs. This group at times made me question, again, what 'proper' music therapy was... these patients seemed to be having fun, were not addressing any serious issues and I wondered if I needed to change the focus of the group? However, I realised that the patients had a hard week with a challenging group programme and they were telling me that they needed a space that was FUN! The skill of the therapist was, I felt, in supporting the patients, keeping the group safe and boundaried, and not avoiding the moments when reflection was needed. For example, at Christmas we sang a lot of Christmas carols in the group and at one point a patient became angry that he had to stay in hospital for Christmas. I made reference to Christmas not always being fun, and that perhaps as well as being a time for carol singing, the group could also be a place for people to bring sad thoughts and feelings about what they would miss by being in hospital for Christmas.

The occupational therapy department now funds a music therapist to run this group, individual sessions and a session in the new high dependency unit. When the Irish Chamber Orchestra became the hospital's orchestra in residence, ward staff were also keen to have them

perform for patients in the psychiatry unit. In addition to having music therapy, patients now also receive regular performances from the orchestra.

#### Example four Renal Dialysis Unit, Dublin

I was asked to develop an arts programme for patients in the Renal Dialysis unit. Dialysis is a medical process through which a person's blood is cleansed of the toxins the kidneys normally would flush out. It is generally used when a person's kidneys no longer function properly. The patient is hooked up, via a tube in the veins, to a machine that circulates blood through a machine, through semi-permeable filters that take out the toxins in the blood. The procedure usually takes three to four hours and many patients attend the unit three times a week. Dialysis is a life-saving procedure, and patients must show great commitment to their regular visits to hospital.

Patients attend the unit up to three times a week, they are wired up to machines for up to four hours each day and often complain of boredom. I approached the unit with assumptions ready... these patients would benefit from live music being performed on the unit each morning. I imagined a jazz guitarist in the corner of the unit, entertaining patients as they passed a boring day. A day spent observing and talking to patients challenged that assumption completely! Patients said that no, they wouldn't want music performed on the unit, because some patients like to sleep and it would be too disturbing. Instead, those who wanted to listen to music brought their own music with them and listened on headphones. Further discussion and observation led to a group of patients saying that they would like to try painting, while in bed. Staff were unsure, as all patients have at least one arm restricted by their treatment and there was concern that the sessions would be disruptive to the work of the staff. However, the patients had spoken and expressed this wish, so we brought in a visual artist with experience with patients, and gradually some patients started to paint. Two years later, there are three artists working on the unit and staff are involved and supportive of the initiative. This year eight patients, who had never painted before they tried during their dialysis, exhibited their work in an art exhibition in Dublin. The hospital also won a National Health Service Innovation Award for the art groups on the renal dialysis unit. So much for

providing music on the unit! Consultation with patients and staff led to the development of a successful visual art programme instead.

## ORGANISATIONAL CONTEXT AND CULTURE

When setting up a new music in healthcare projects or services, one has to consider the organisational culture and the context of the hospital. For example, at AMNCH the hospital had only a little previous experience of arts and health but a very open culture towards piloting new services. As Arts Officer, I could not walk into the hospital and expect management to provide high level funding for arts programmes and arts therapists. Instead, I piloted some projects to show the benefit of using arts in the hospital, worked with volunteers for some projects and applied for grants to fund other activities. Staff throughout the hospital were extremely supportive and collaborative so it was easy to get a number of supported projects off the ground and to build organisational experience of the arts and health. The wider context of the Irish health service was important too - at the time I was appointed Arts Officer there was a freeze in spending on health service posts and there were a number of national health priorities that urgently needed more funding. The attitude of the wider society towards music and health is also relevant. Spending money on arts in hospitals had received a couple of negative media reports during the year I was appointed and it was important for me to at least part-fund arts projects from outside core health spending.

In an acute hospital, a musical practitioner, including the music therapist, can only really offer a transitory 'moment' to a patient, due to the short stay of the majority of patients. Many of the methods described above have been used at AMNCH because I have found it best to offer patients a one-off space, a good 'moment' in an otherwise frightening visit to hospital. For example, a patient attending an outpatient appointment might be nervous about the test they are about to receive, and the arts office offers live performance to distract and relax the patient. In the psychiatry unit, patients normally stay only a couple of weeks, so an open music therapy group is offered as a one-off space for patients to use in whatever way they need to. For example, sometimes patients 'let off steam' on the drums, other times they sing

songs and have fun, other times we use music to reflect on memories or what is happening for patients in the unit.

However, in a London forensic rehabilitation service patients stay for long periods of time, and so it has been more appropriate to develop an arts therapies department with a psychodynamically informed approach to music therapy groups and individual work. This approach works well in this context and type of setting. The culture of the organisation is one which accentuates the importance of patients engaging in therapy and gaining insight into their illness and offending behaviour before being discharged. This service, where I worked for four years, has informed my practice and my perspective on broadening out what music therapy is, and can be, in different settings. In the acute hospital, however, there are less opportunities to develop long term work with a patient, due to the short stay of most patients, and this drives the development of the music service. However, for patients with long term complex illnesses it may be a very appropriate approach to have available in an acute hospital.

#### CONCLUDING THOUGHTS

One can never assume to know what music another person wants to listen to, play or explore. Wherever possible, music needs to be within the control of the patient. Often on wards, the TV or radio is on too much. If it is out of reach of our control it can be highly irritating and inappropriate. When you are in pain, extra noise can be difficult to bear. Choice about attending musical activities or therapy should always be given to the patient and respected.

Using music in a healthcare setting is a highly specialised activity. Making music can be a social activity, bringing together staff and patients and breaking down the traditional hierarchies in hospital. Music therapy can be used, I believe, as a specialised, professional resource within a variety of models of using music in hospital.

Ansdell (2002) argues for a broader practice of music therapy, which he calls Community Music Therapy ... *a context-based and music-centred model that highlights social and cultural*

*factors influencing music therapy.* The model of the arts office at AMNCH seeks to integrate music therapy and other methods of musical intervention. Above all, it seems important to develop flexibility towards all methods of using music in healthcare and to focus on patient quality of life, rather than battling for territory or professional recognition. Roberts (1994) asks that health professionals *redefine their primary task ... to enable patients to live out ,, their lives in as full, dignified and satisfying a way as possible.*

#### MY BEST PRACTICE GUIDELINES FOR USING MUSIC IN HEALTHCARE SETTINGS

1. Assess carefully which type of musical intervention is best used in any clinical environment
2. Develop high level of skill and knowledge in your organisation regarding ALL of the above ways of using music in hospital
3. Develop and insist on the highest standards from musicians working in your organisation.
4. Select your musicians carefully
5. Look for flexibility in approach at all times and be willing to be flexible yourself
6. ASK PATIENTS continually what they need and prefer
7. Talk to staff regularly
8. Evaluate all interventions
9. Above all, BE CREATIVE!

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## Appendix One

### Assessment Tool - Music and Health

Consider:

- Age and sex of patient group

The age and sex of your group will affect what kind of music is most appropriate and what sort of intervention to offer. For example, children will need a structured session whereas a group of older men and women might be more used to a tradition of singing songs together. Men and women may demonstrate a different approach to group work.

- Social/cultural context and background

Music appropriate to the person's culture can personalise a health service care plan. For example, one service in London had a predominantly African-Caribbean and Greek patient population, yet the music therapy department was predominantly white English. Introducing musicians from other cultures might provide a more relevant social life on the ward and break down barriers between different cultural groups.

- Nature of illness (e.g. pain levels, motor function and psychological issues)

A group of patients with dementia might benefit from a music therapy group as an alternative means of communication, whereas patients receiving rehabilitation after a stroke might use music to help motivate them to exercise. Some patients will have shorter concentration span and require short sessions; others might be dealing with a neurological diagnosis and need 1:1 therapy to cope with emotional issues surrounding their condition.

- Context: Ward culture, staff needs, financial and space restrictions in the environment, group size, time of day, specific location

What is possible in your unit? What money is available? Is the ward culture open to individual music therapy or would they like music performance on the ward? Is there a space suitable for concerts or will musicians need to be flexible and play on the ward? Do ward staff want to improve the atmosphere using pre-recorded music?

- Service priorities

What are the priorities of senior hospital management? Do these affect your music programme? What kinds of music projects will attract funding? What do management need from your service?

- Needs of staff, management, visitors and patients
- Preferences of staff and patients

Ask patients what they would like, talk to staff to see what is possible and practical.

Appendix Two

Sample Patient Evaluation Form - The Live Music Project

Thank you for agreeing to participate in this evaluation, this questionnaire will take approximately 5 minutes to complete. Your opinion is important to us and therefore all answers are valid. Your information will help to plan future music programmes and performances at AMNCH and your confidentiality will be maintained.

Please TICK or CIRCLE the answer(s) that you agree with most and WRITE other answers in the spaces provided. If you require any help, or would like someone to fill the evaluation form in on your behalf please ask one of the volunteers for assistance.

1. Are you           MALE  or FEMALE
  
2. Are you a        Staff member  Patient  Visitor  Other -----  
If you are a patient, how long is your hospital stay/visit to date approximately?
  
3. Were you aware of the live music programme at the AMNCH? Yes  No   
Unsure
  
4. Have you experienced music at the AMNCH before today? Yes            No   
Unsure
  
5. Please tick the age band you belong to                   10-20  20-30  30-40   
40-50  50-60  60-70  70-80  80-90  90+
  
6. What type of music do you normally/typically listen to? -----
  
7. How did you feel before the live music performance?

-----  
-----  
8. How did the live music performance make you feel?

(Please circle as many words as you want here)

Happy    Sad    Depressed    Confident    Relaxed    Stressed

Cared for    Ignored    Anxious    Hopeful    Bored    Creative

Lonely    Nervous    More pain    Less-pain    Negative    Positive

Tired    Energised    Part of an audience

Isolated    Valued    Devalued    Understood

Misunderstood

If there are any other words that describe how the music made you feel please write them below

-----

9. Did the music performance make you do any of the following?

(Please circle as many words/sentences as you want here)

Laugh    Cry    Smile    Frown    Dance or Move to the music

Sigh    Hum    Sing    Clap    Tap your foot/feet

Relax your body    Tense-up your body    Release your worries

Become worried or anxious      Forget your worries temporarily

Bring back/Evoke memories      Distract you from your state of health

Bring your attention to your state of health    Give you peace of mind    Clutter/confuse  
your mind

Help you cope with your hospital stay      Make your hospital stay more difficult

Talk to a patient/staff member/visitor/musician you hadn't spoken with before.

10. What did you most enjoy about the music performance?

-----

11. What did you least enjoy about the music performance?

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12. Was the length of the music performance? Perfect  OK  Too long  Too short

13. What was your impression of the AMNCH before the live music performance?

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14. What is your impression of the AMNCH after the live music performance?

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15. What was your favourite piece of music that you enjoyed most at the performance?

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16. What was your least favourite piece of music at the performance?

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17. What type of live-music performance would you personally like in the hospital if you could chose?

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18. What type of live-music performance do you think other people would prefer in the hospital?

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19. Please give any other comments, suggestions or feedback here.

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Thank you for taking time to complete this questionnaire, your answers will be carefully considered and help to inform future music programmes at the hospital. Please return this questionnaire to \*\*\*\*.

