An Evaluation of the Musicians in Hospital Program at St Vincent's Private Hospital Brisbane

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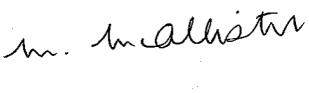
Acknowledgements

In the course of collecting data for this evaluation, I had the privilege to meet with 46 people who were patients, family members or staff connected with the music in hospitals program. People have been generous with their time, and with their consideration and thoughtfulness about what this work is, was and could be. I am deeply grateful for their contribution and for providing me such a profound and personally moving experience.

Thank you to the patients, families and staff of the St Vincent's Private Hospital, Brisbane.



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Executive summary

In 2019, the St Vincent's Private Hospital Brisbane Arts in Health Program Manager, Fiona Forrest, partnered with Peter Breen, the curator of The *Stairwell Project,* and founder of Jugglers Art Space Inc*,* to offer the musicians in hospital program at St Vincent's Private Hospital Brisbane (St Vincent's Brisbane) as a five-month pilot.

The *Musicians in Hospital Program* at St Vincent's Private Hospital, Brisbane was established to provide live music on a regular basis in the hospital for the benefit of patients and staff. The belief was that the music would bring relaxation, diversion and enjoyment. In 2019 an independent evaluation of this program was undertaken to: a) review progress made in the delivery of the program; b) analyse the musicians' ways of working, and c) make recommendations for the priorities and focus of the program.

The program operated for three hours per week – on Tuesday morning, and Thursday afternoon. Musicians generally played for 1-2 hours in four locations: in the foyer, outside the rehabilitation ward, in the palliative care ward and in the interim care ward. Over a three-week period, the evaluator reviewed documents (including musician's social media posts and the program proposal), observed interactions using the Arts Observation Scale, made field notes, interviewed 14 people, including 3 patients, 1 visitor, 6 staff, 3 musicians, and the program curator. The Arts observation scale assessed the music's impact on mood, distraction and overall impact. This provided triangulation of data as the basis to understand how the program aims had been achieved and what benefits were experienced.

Data collected through the documents, observations and interviews were analysed. This provided a basis to understand how these aims had been achieved and what benefits have been experienced.

The results indicated that the feedback was overwhelmingly positive. There was overall benefit to the environment on each occasion observed. All patients interviewed were very appreciative

of hearing and watching the musicians play. All staff acknowledged the benefits to patients and to creating a calming, friendly and less austere atmosphere. Only one person did not like the music selected however they could see the benefit for others. There were also some suggestions for changing and improving the experience which will be later detailed. Three main themes were interpreted, including inputs, processes and impacts.

It is recommended that:

1. The Program should continue to be provide with professional musicians who have been inducted so that they are safe within the setting, offer skill and responsiveness to the audience, and they should be remunerated appropriately
2. Establish a staff working group to consider how the Program could diversify
   - by encouraging patient involvement in a suitable venue such as the chapel
   - by including other instruments and requests
3. The Program could diversify to include other instruments and requests
4. Timing of the Program should ensure that it does not interrupt rehabilitation and other hospital processes
5. The insight and skills acquired by the musicians should be disseminated for the benefit of others seeking to establish a similar program
6. Further clinical studies could quantify the effects of the program on factors such as peacefulness at time of death, reduction of anxiety, and to identify an optimal 'dose' of music required for beneficial effect.

Background

In 2019, the St Vincent's Private Hospital Brisbane (St Vincent's Brisbane) Arts in Health Program Manager, Fiona Forrest, partnered with Peter Breen, the curator of The *Stairwell Project,* and founder of Jugglers Art Space Inc*,* to offer the musicians in hospital program at St Vincent's Private Hospital as a five-month pilot. With a budget of $4752, three musicians, playing harp, flute and guitar, were contracted at $60 per hour to play for 2 hours per week from July to November 2019. Performances occurred in the hospital foyer on the ground floor, outside the Physiotherapy/Occupational Therapy Departments on level 1, near the reception in the Palliative Care Unit on level 3, and near the games table of the Interim Care Unit on Level 6. After ethical clearance was obtained from St Vincent's Health & Aged Care, the program was independently evaluated throughout the month of October.

Brief review of the literature

Engaging in creative experiences is vital to human health and well-being, to bridging the life experiences that divide people and society, and to helping people understand the human condition (Hanna, Rollins, & Lewis, 2017). Bringing the arts into health services is a powerful, and practical way to humanise the system.

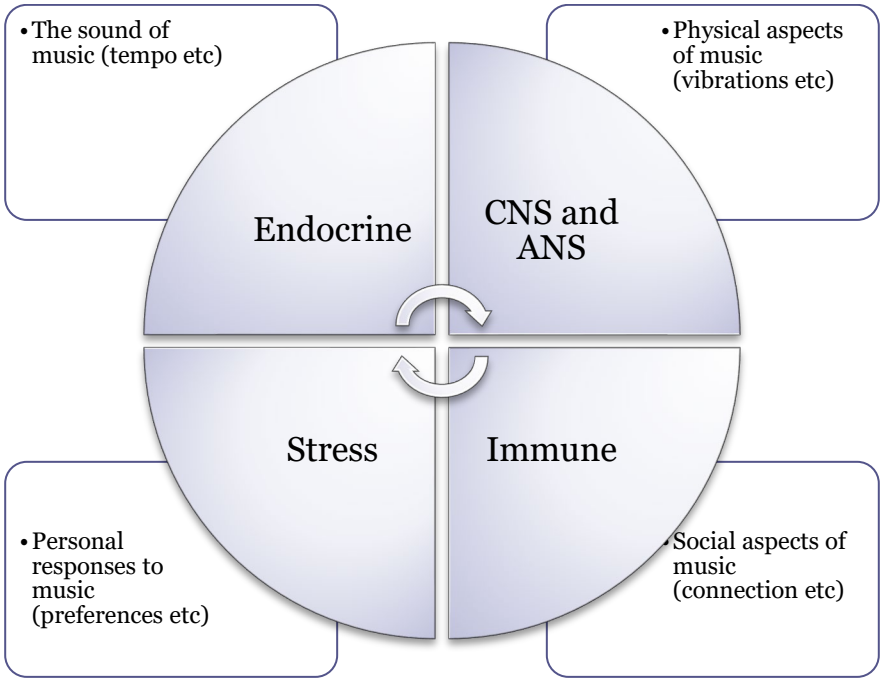
Within Queensland, like many parts of the world, the Arts Health movement is diverse and dynamic. A growing number of arts practices are contributing to the enhancement of health and wellbeing across the lifespan and across the full range of health services. Although there is recognition, and demand, for creative and complementary interventions in health to support wellbeing, these initiatives are not yet being fully recognized for their efficacy by policy, funding and planning bodies (Fordham, 2017). Therefore, those working within the arts in health need to articulate the value of their interventions, review challenges, and communicate details about the process of delivery so that knowledge can develop, and the health-humanities discipline can advance.

In particular, the use of music has been implemented to support prevention, treatment and management of illnesses and conditions by improving the health care experience, providing comfort, alleviating stress, easing suffering, distracting from pain, boredom, uncertainty or fear and facilitating optimism, hope and renewal (Fancourt, Ockelford, & Belai, 2014).

Music, and the way it is utilised within health services, can vary widely and thus it is useful to define some of its parameters because the way it is delivered, and personal preferences and attitudes, may influence its impact. Music can be a solitary or social experience. Degree of participation in music can range from passive individual listening to live or recorded music, to active involvement through learning and playing. Music can be used for therapy to help patients understand, express or process thoughts and emotions (Ockelford, 2013). Music thanatology, particularly music involving the use of harp, has been used for patients nearing end of life and found to have no negative impacts and producing modest improvements in the dying person's breathing, relaxation and comfort (Cox & Roberts, 2007). Music genres, tempo, volume and patterns can be restful or invigorating.

Music can also influence brains and bodies differently. Several studies have explored the psychological responses to relaxing recorded music. Ventura et al (2012) found a correlation between anxiety and cortisol reductions when listening to relaxing recorded music. Sakamoto et al (2013) showed evidence of the sustained impact of music, wherein challenging behaviours in Alzheimers Disease were calmed for 3 weeks following a music intervention where people listened to music from memorable periods of their lives. Nilsson (2009) found an increase in oxytocin when participants listened to relaxing recorded music. Relaxing music can also have an effect on immune response, and this effect is enhanced when participants selected their own music (Leardi et al 2007). Theories about the physiological-neurological pathways are still emerging. Han et al (2010) believes that music reduces stress by modifying breathing and blood flow which then has an impact on reducing sympathetic stimulation. However, Koelsch (2011) believes that activation of the limbic system in the brain influences hormones which then impact on circulation and respiration. Others suggest the effect may be bi-directional (Fancourt et al. 2014).

Some studies have attempted to compare different modes of music delivery. Kreutz et al (2004) found a greater relaxation response when a choir actively sang, rather than simply listened. Lai et al (2012) compared listening to recorded music with music therapy interventions and found that the effect on blood pressure, cortisol and immunoglobulin A and anxiety were the same. Fancourt et al (2014) believe that the more personally significant the music experience is, the greater the likelihood for endocrine changes. These authors also state there is need for more studies to explore biological, psychological as well as social effects. They propose a model that includes four categories for how music can affect an individual.



This model provides a useful summary of the internal and individual impacts but it does not fully illuminate the interactional, environmental and spiritual aspects that music experiences may cultivate within the context of health care.

Iyendo (2016) studied the impact of negative and positive sounds in hospital settings. He found that undesirable sounds, such as from medical alarms, air-conditioning systems, trolleys, intercoms and conversations, are the reason for many complaints in hospitals. When the sounds are intrusive or annoying they can impact anxiety, agitation and

aggression. Excessive sound and music can also disturb sleep, concentration, exacerbate fatigue and burnout in staff (Way et al., 2013).

Conversely, the deliberate use of sound has been shown to have positive effects. Use of natural sounds such as birdsong can reduce stress and a sense of wellbeing (Mackrill et al 2014). Music played at a low level has been shown to enhance hospital environments by rendering noise to tolerable or even unnoticed (Fredriksson et al., 2009). According to Cox and Roberts (2007) the aim in music thanatology is not to provide a dramatic performance, but rather to play music like one listens to poetry. It should be gentle and rhythmic, like breathing.

This literature review has explored the potential contribution of arts-based innovations in health and, in particular, the studies that have been undertaken to explore the benefits of music in health.

Methodology

Cultural value is challenging to articulate and research. As Holden (2004) explains, culture can be separated into intrinsic, instrumental and institutional values. Intrinsic value refers to the way the arts can enrich lives by sharing creative experiences. Such an experience is subjective and almost immeasurable. Instrumental value is where cultural activity is linked with social outcomes, such as health and wellbeing, including biological, physical, social and spiritual effects (Fancourt,2017). Institutional value is where cultural activities are seen to have the power to affect public policy outcomes. Due to this complexity, within the arts health discipline there are various research methodologies. Studies that seek to provide a broad picture of what an institution is achieving demographically tend to use quantitative measures, and detail about how individual people are valuing the experience tends to be best explored qualitatively (Fordham, 2017).

The Musicians in Hospitals Program at St Vincent's Brisbane was a pilot program and as such was being tested for its suitability and future development. Therefore, this evaluation aimed to identify and explain the value of the program, as well as to advance good practice in arts in health interventions more generally, so that the discipline can advance and contribute to the quality and safety in healthcare agenda.

The study used an ethnographic process evaluation, which is a well utilised mixed-methods research approach that produces deep understanding of complex dynamics underlying the implementation process (Bunce et al., 2014; Fancourt, 2017). Ethnography has the overall goal of producing understanding of an intervention and its impact from the participants' perspective. Thus, the researcher takes steps to try to stand in the shoes of the recipients of the music program, by being there during the music experience, observing, and asking questions of others. It fits with a process evaluation, which studies what mediates intervention effects. It produces an understanding of what is happening and why.

Research questions

The main research question was: What is the impact of the Music in Hospitals Program at St Vincent's Brisbane? Three sub-questions were:

- Is the intervention well designed and suitable?
- Does the intervention run smoothly and fit in with the care process?
- Does the intervention show signs that it will, in its full form, be able to achieve its aims?

Method

Ethical Considerations

The study was approved by the St Vincent's Health & Aged Care (SVHAC) Human Research Ethics Committee (HREC) (Approval number HREC 19/23). All participants were provided with a study information sheet, and interview participants were asked to sign a consent form which

outlined their voluntary participation, confidentiality and the explanation that they could withdraw at any time without impact on their usual treatment.

Participants

Adult patients who were attending the St Vincent's, Brisbane, staff and musicians were invited to participate. The evaluator made an effort to observe and engage all people who were either actively or passively engaged in the musical experience. These included patients, visitors, clinical and non-clinical hospital staff and musicians.

Setting

St Vincent's Private Hospital Brisbane is a 164-bed private Catholic not-for-profit hospital specialising in healthcare for people with chronic, complex and multiple health needs. Services include general medicine, geriatric medicine, rehabilitation, pain management and palliative care.

Approach

Twelve hours of non-participant observations were conducted over the course of the evaluation period by a nonclinical researcher (MM), who is a Professor of Nursing and experienced researcher. Observations using the Arts Observation scale were made in all of the venues where the musicians played. The AOS assesses changes in mood, relaxation, distraction, and ward effect across the intervention, as well as overall benefit, and is less intrusive than questionnaires being completed by patients and staff (Fancourt & Poon, 2016). In addition, field notes were taken by the researcher documenting perceptions of the hospital atmosphere, presence of stress and harmony and reactions of people to the musical experience.

Observations involved informal discussion with staff, including care assistants, registered nurses, medical doctors, occupational therapists, physiotherapists, diversional therapists, pastoral care workers and counsellors. Relevant project documents including the project proposal, and posts on the Facebook group were included in the analysis.

Fourteen interviews were undertaken with individuals involved in the project: including three patients, one visitor, six staff, three musicians and the curator. Interviews were semi-structured and were mostly conducted face to face, with some conducted by telephone for the convenience of the interviewee. Signed consent was obtained prior to interview, and those that were recorded were transcribed verbatim. All interviews were anonymised.

The use of multiple data sources provided triangulation of data as the basis to understand how the program aims had been achieved and what benefits were experienced. Simple descriptive statistics were completed on quantitative observation data.

Analysis of qualitative data, drawn from interviews and document analysis, was based on Braun and Clarke's (2006) approach to thematic analysis. The researcher became familiar with the data through reading and re-reading the transcripts and field notes. Important passages were then highlighted and given a code. The codes were sorted into similar groups and explored for emergent themes. Participants' names were also coded for confidentiality: M for musician, S for staff, P for patient, V for visitor, and C for curator. Data analysis followed the recommendations of the Consolidated Criteria for Reporting Qualitative Studies (COREQ).

Results

The musicians in hospital pilot program at St Vincent's Private Hospital Brisbane proved readily acceptable to patients and staff. After consideration of space, patient activity, providing a mix of social and individual listening experiences, and acoustics, the decision was made to have the musicians play in four locations: the hospital foyer, outside the rehabilitation unit, the palliative care unit and in the interim care unit. Musical performances were observed on 12 occasions (See Appendices) and a range of participants (N=48) were observed. These included musicians, patients, staff and visitors. Forty-four of these people (excluding the musicians and curator) were observed using the Arts Observation Scale. The scale rated mood, relaxation and distraction (Table 1). Mood was observed by noting changes in facial affect, such as smiling,

cheerful nodding and eye contact with the musicians. Relaxation was observed by noting closed eyes, swaying to rhythm, and choosing to sit and listen. Distraction was observed by changes in routine behaviours such as stopping to look and acknowledging the musicians. Overall benefit was observed by reflecting on positive or negative changes brought to the ward/area as a result of the performance.

Table 1 Mean changes using Arts Observation Scale

	Means Beginning	**Means End**
Happy mood at beginning Scale 1- 7	3.2	
Happy mood towards end Scale 1- 7		5.1
Relaxation Scale 0-1		0.8
Distraction Scale 0-1		0.8
Overall Benefit Scale 0-3		2.0

In addition, fourteen people were interviewed (Table2).

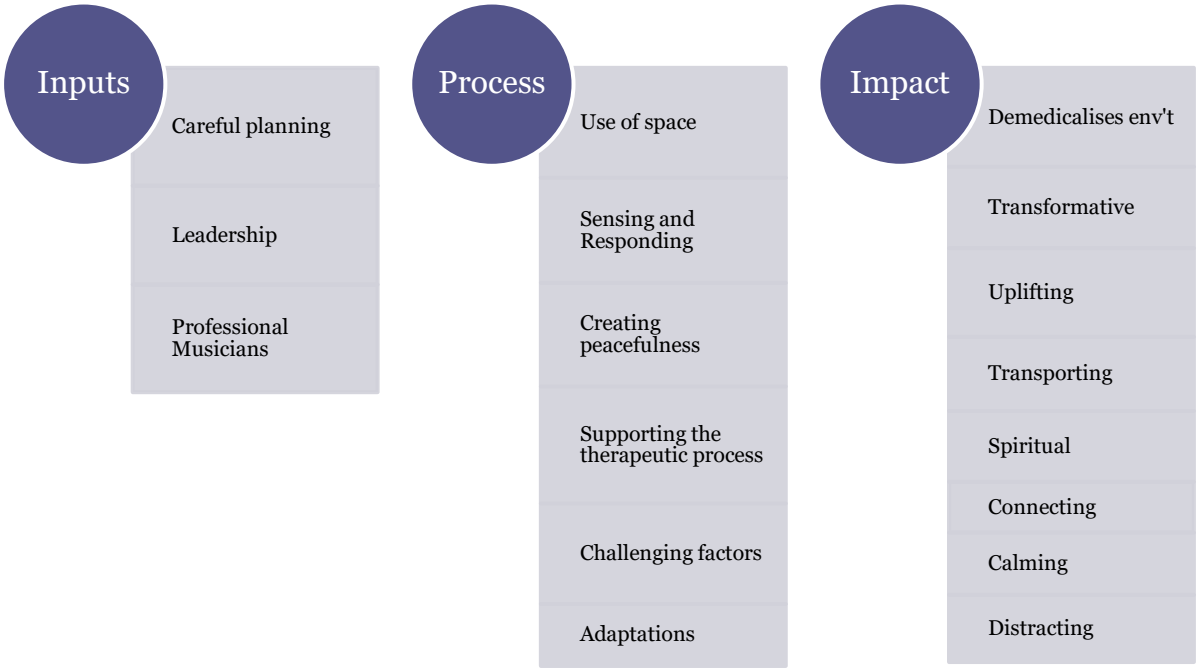
Table 2 Participants

Participants	**Observed**	**Interviewed**
Patients	19	3
Visitors	7	1
Staff	16	6
Musicians	3	3
Curator	1	1

The feedback was overwhelmingly positive. There was overall benefit to the environment on each occasion. All patients interviewed were very appreciative of hearing and watching the musicians play. All staff acknowledged the benefits to patients and to creating a calming, friendly and less austere atmosphere. There was a report that one patient did not like the music, though they appreciated that others would, and there were some suggestions for

improving the experience which will be later detailed. Qualitative data were organized into three main themes, and 18 codes (Figure 1).

Figure 1: Thematic Analysis



Inputs

The evaluation found three elements to be important in the input phase of the process: careful planning, leadership and appointment of professional musicians. In terms of planning and preparing for the introduction of the program at St Vincent's Brisbane, the Arts in Health Program Manager liaised closely with a range of leaders within the service and with the Stairwell Project curator. This involved a period of consultation, reflection on experience, and reconnaissance of spaces within the hospital to decide where, what and how to play. The musical curator was present on most occasions that I observed. He was there to support and advise the musicians and to ensure that the program was not having any negative impact. The recruitment of musicians who had the dual abilities to play proficiently and be responsive to a unique audience, comprising vulnerable patients and busy staff, was important because it

meant that the quality of the performances were consistently high, and the musicians were able to be responsive to changing needs.

Careful planning

> [with musicians and staff] we talked about a whole range of different logistical things, where the performers would be able to perform. And I also spoke to staff about where would be appropriate, within those spaces. Whether we would look at the public spaces like the foyer or whether we would go into some of the clinical spaces as well and what the need of the patients would be. We talked about patient flow in those areas (S1)

> I've been involved with music and art, and I co-founded Jugglers Art Space. Working in the hospitals, I was aware of the stresses and pressures on staff and patients, and in some way can be relieved with the application of the right sort of music (C1)

> We have a strong social media presence, and I think that it has helped us get some information out to interested people (C1)

> We started off pro bono, and then we decided we can't keep going. Everybody who works in the Stairwell Project is a professional musician, and so I set up a policy which was based around the award for musicians, which is around $60-$80 an hour, and we won't continue unless we have that kind of funding (C1)

Leadership

> Our aim is to reimagine the space… and things like a harp or a guitar, seem to reimagine the space best. There's something happens, you could call it spiritually, you could call it in terms of emotional calm (C1)

> Violas work, cellos work, guitars work, but I think there's another element, and it's the actual musician able to read, knowing when to stop. We talk about less concert, more caress. That's a little corny phrase I've put together, and that's what it is really. You're walking with the patient, if you like (C1)

> The musicians know where to come, they know they will be paid, they know all the protocols of this place, St Vincent's. They know where to go once they've caught the lift. We've set up a really good relationship, through Fiona's really good leadership, into each place that she has set up for us for this pilot (C1)

> As the curator I am constantly checking the sound decibel and conscious that staff aren't disrupted by the music. "Less concert, more caress" is what I remind the musicians (C1)

Professionalism of the musicians

> I was really impressed with the professionalism of the musicians, the way they responded in the clinical environment to the patients and the staff, the way they spoke about their performance, and the choices they made during those times (S1)

> Professional musicians that we pay, because they come with a certain skill set. We can recruit to the skill set that we need, and they often come with the experience of having worked either in residential care, aged care, or in hospitals. And then we can also have that retention, so I'm not having to recruit more often. So there's a lot of benefits to working with professionals, I think. (S1)

> We can rely on the quality of their performance. (S1)

> We can rely on their experience to be able to react to the situations, to know perhaps when something needs to stop when things aren't going well, to change tack. (S1)

Processes

In addition to the preparatory actions, a number of factors appear important to facilitating an effective musical experience in the hospital. Even though it is a relatively small private hospital, it is still bustling with activity and on each of the six floors, there are numerous clinical and non-clinical staff performing a variety of roles crucial to patient care and safety. In the quiet areas, such as the Foyer and Palliative Care, the live music provides an unexpected and welcome disruption to the silence. In busier areas, the music also provides a welcome counterpoint to the technical sounds of intercoms, alarms and trolleys.

For patients and visitors, hospitals can be stressful places. For staff, hospitals are a place for concentration, decision-making and action. Live music is special, something different from everyday routines. When the music is beautifully played, the experience can be uplifting and profound. Thus, the disruption in the hospital is mainly positive, but the potential for negative disruption is present if the music is unwelcome, intrusive or blocks necessary communications.

Live music changes the ambiance, and thus the experience of the hospital space. A standard café can be transformed to be more like "a resort, or home" (P1). A somber palliative care ward can be alive with lilting sounds that lighten the mood.

The music can provide a medium through which otherwise separated individuals come together in a shared human experience. There seem to be cognitive and affective benefits. Listening to musicians play skillfully and evocatively may facilitate appreciation, contemplation, meditation, distraction, and expression of emotion.

For the human connection to be maximised, people need access to the musical experience. Impediments to access can occur if the space is cramped, has poor acoustics, or is in a busy thoroughfare. The sound needs to be modulated and frequently assessed so that it is pitched for pleasurable listening. Interaction between musician and audience can also enable the music to be adapted to the wants and needs of listeners. For musicians, witnessing unfamiliar or emergency hospital procedures as well patients' vulnerability may at times be stressful, and requires self-awareness and self-care.

Use of Space

> I think that that it added life to our hospital space (S3)
>
> Sometimes the physicality of the layout of the ward is important. So where it can flow through to people who can't, who aren't mobile, so that they can hear, and so that others that are mobile can gather around. But because it wasn't happening down that other end, they missed out. Yeah. So that's what I would probably see that could be a problem. That was the only difficulty. (S3)
>
> You have to be quite aware of whether your presence will stressful for them or not. If you're playing in a neutral space, maybe, a few metres from them, if they're in pain or they make a sound of pain, I'm acutely aware of that because I don't want anyone to be embarrassed by my presence, if they're undergoing suffering. (M3)
>
> We are very conscious that we are playing in a public place, and people have different levels of need and want when it comes to music, and taste too. So we have to be very aware that we play something that's generally pleasing to many tastes I suppose, and

never ever want to feel as if we are imposing something on someone that they don't want, so that's why repertoire choice is really important (M2)

Musicians sensing and responding

I use vision as a big cue. I'm looking at facial expressions, body language, a lot of physical cues like that. But as well, it's very intangible, it's an atmospheric thing that is intangible, but it is certainly there. Sometimes you go onto the ward and you just know what is needed, because it's literally a feeling. (M2)

As well as that, there's a lot of conversations. So if someone wants to talk, then you are always open to talking, and they might explain something that's just happened, whether it's just personally with them, or maybe the ward as a whole has just had an experience. You use those conversations as well, to drive what you play (M2)

This is why I like to have a mix within the program here, so that people who like a social experience can have the social experience, people who would like to have art in their rooms would – offering different things for different people, so that more people have more meaningful experiences (S1)

Occasionally we will just start playing and we will have visitors, so we will have patients come and sit with us. They don't have to say anything. Then you really know you're doing something that they need. (M2)

Creating peacefulness

I generally go with a major key, because it's a little more uplifting. Everyone interprets major keys as a little bit happier, and generally we are surrounded by a sense of sadness or grief when we're here, so what we want to do is impress upon the atmosphere that we come into, and some minor keys can be fabulous and work really well, but if it's a slower piece in a minor key, it can bring down the atmosphere a little bit, and only exacerbate feelings of grief and melancholy (M2)

Support the therapeutic process

I found it, personally, very reassuring. I could see that some of my patients were being helped with it, particularly with the Irish gentleman (P2) who came in with a lot of anxiety, in being able to play music and take his mind off things and have a bit more of a direction and purpose in life, was very helpful for him. And it was sort of rewarding for

me to see that we were able to help him get back on track using music as opposed to medication, which wasn't really going to sort the underlying problem (S5)

We really need to make sure it is a sense of peace and non-intrusion while we are here. Really calm. That's why I mentioned not doing something that's very jovial and super upbeat and makes you want to get up and dance. It's not appropriate (M2)

In a different way, these musicians are as substantial to the physical, psychological and spiritual wellbeing of patients, that other professionals are aiming to support. M reminded me of the elderly patient who approached him recently to say that music is so important, perhaps the most important part of the aspects of the world that make us human (Fieldnotes)

Self-care

I've experienced a lot of sadness. It's often been sadness that has come through an uplifting experience – for example, meeting Patrick (P2, pseudonym). The day that I met him I came home and I just cried for a long time, because of the connection that we had made through music, as we played together, and just the fact that he was in palliative care and the path that he was on; I found it very saddening. It was a loss that the world didn't deserve, to lose a soul – a musician like that; our community didn't deserve that. In that case, I spoke to my husband about. I talked it out, had a cry – that's therapeutic in many ways, and then I wrote about it in a little journal. For me, I played some tunes by myself at home, which I don't often do… I played some Irish tunes that reminded me of him and I played as a little tribute to him – which was nice. It's not the usual way I'd cope with stress, but it just felt like the right thing to do, so I was reacting on the whole situation as a whole, and what felt right. I practice a lot of yoga, so I did a long session, and I did some meditation and just thanked the universe for that experience. I told myself that it was lucky he lived a long life, and he explained to us that he was very ready for what was coming. I have to take that on and be just grateful for the experience and know that, yes, I'm sad about this but he's accepted where he is. It's not how I'm feeling but how he is feeling. That helped a great deal. It was, kind of – step away from it and think less selfishly, I suppose (M2)

I went in [to play]. That was a little confronting to see someone so young, because she didn't actually look terribly ill. People can look actually quite well but be dying, so at the time I was okay but later when I went home and I started to think that was difficult. (M1)

Challenging factors

Resourcing

> The difficulty has been the funding. It's not that people don't believe in it, it's about knowing how to move the hospital's administration and policymakers, and budget controllers, to a point where they say, 'this is quite remarkable, we need to fund this'. (C1)

> Unfortunately, the only way we can get access to [programs like this] is through research funding (S4)

Long term sustainability

> I hope they continue with it because I think it's a nice bit of happiness (V1)

> I guess the major challenge for me here, is considering why we would pay musicians as opposed to recruiting a group of volunteers (S1)

> Obviously there's not an inexhaustive budget to have musicians play in the hospital, and I think that, potentially, we could scale this up quite well to have musicians playing on more occasions, and a different kind of balance of musicians as well, but obviously that all comes down to budget. If we were to recruit a group of volunteer musicians, or go to the Conservatorium and ask if their students would be able to play, that obviously wouldn't incur the costs that we currently have, but it would be, from my perspective, from a management perspective, a bigger task in terms of helping those musicians to understand the environment they're coming into, so doing some initial training, inducting them, possibly they wouldn't be able to come every week on a regular basis, so we'd have a wider pool, scheduling, all of those things would become much more difficult (S1)

> Provide music thanatology to our end of life patients, and do some measurements there in terms of their breathing rate and pulse, signs of distress and so on, to assess those sorts of things that we could feed back to – you know, if we could give evidence that it was a benefit and feeding that back to private health funds so that they would potentially fund those sorts of things in future (S5)

> It is important for musicians to be paid because it values them. Without this, there is a risk of adding to a sense of worthlessness. It is a reality that music in society is not taken seriously (Fieldnotes)

Appropriate decibel of sound

> One of the things I find challenging here, is finding the correct decibel level for music. It's important for there to be less concert, more caress (C1)

> Sometimes it's a bit loud, and I say to myself (not to anyone else), 'oh that's a bit loud'. (S5)

> The foyer acoustics makes the sound very resonant. Peter checked on the comfort level for the admin staff, and they admitted it was too loud. Bart and Maddy softened their playing (Fieldnotes)

> An elderly lady sat and listened, and said to me that she found the kind of music being played absolutely beautiful, but there was too much background noise and people really should be more respectful and be quiet (Fieldnotes)

Being unintentionally intrusive

> I don't want anyone to be embarrassed by my presence, if they're undergoing suffering. I think that would be the challenge. And the other challenge, which I don't know if it would be realistic or not, but some medical staff might find that intrusive, I don't know. I think that's something we need to find out (M3)

> I do know there have been some staff who have felt maybe it was getting in the way of what they were doing, but even some of those staff have said more recently, "Oh, we look forward to it now. We do look forward to it," particularly in palliative care (S2)

> Staff are very busy during morning sessions and probably don't benefit as much from the performance (Fieldnotes)

Being present for patients while still performing

> how do we become more present to the patient, present to the person, along with our music, because they are not trained as music therapists, they are trained as performing musicians. (C1)

People not aware of the program

> I didn't even know about it because obviously I haven't been in since about March (P1)

> I heard about by reading the little card on my dinner tray. I was so happy! (P3)

Not liking the music

> I had one patient say that they didn't like the music. But most people have been very positive. But this gentleman just didn't like flute. But he was certainly very accepting of the fact that other people would like it. But I haven't found anything else challenging. I guess, it's not everyone's cup of tea, but we're always able to close the doors to our rooms if, you know, if they don't like the music. But it's been very rare. (S4)

Suggested Adaptations

> Have other instruments, like the piano – we have one on level 4 (S5)

> [Physios] would like to see some variation in musicians and wonder if Qld Conservatorium students could be recruited. (S1)

> I can't imagine any negative things that you could think of with it (P1)

> The most frustrating part is the car parking, but we are getting around it. We've got a Wilsons pass that we put on the dashboard, so that's how (C1)

> Offer the program at other times of the day (S6)

> Actively engage the patients in the music program (S6)

Impacts

It became evident that the impact of the musicians in hospital program had a beneficial impact on the hospital environment, patients, visitors, staff, as well as on the musicians themselves. Numerous participants explained that the music and the presence of the musicians cared a more pleasing environment and uplifting atmosphere, one that provided a positive interruption to jarring clinical sounds. In some cases, the music provided a pleasing background sound and was relaxing. In other cases, it was transformative.

Creates a demedicalised environment

> It makes it feel more like a resort or a home, or a friend's place, or you're out somewhere or you're out and about, but you're not penned in with an infusion strapped to your body (P1)

A volunteer joked, 'Good café this, where you get music with your meal'. (Fieldnotes)

It's in the background. It's lovely (S5)

I think it de-medicalises the ward itself. People have come to a hospital. As much as we try and make our palliative care ward a little bit less hospital like, it's still a hospital ward. And having someone play music and somewhere to go and listen to the music, to me, just sort of gives them a bit of a break from hospital routine and gives them a point of difference. That there's more to life than just their medical problems, for that brief time anyway (S4)

Patients and visitors said to me how lovely they found the experience as it helped to warm the atmosphere, making it less clinical and more human (Field notes)

Hospitals are very much places of routine; when you become a patient in a hospital you surrender all your own routines and have to take on the hospital routines, and your life often revolves around [them] … Music transcends that, it cuts across that completely (S2)

It's not a static experience, it changes the environment (S1)

I have observed that the music somehow changes the space where people are. And I don't know what the words are that we can use to describe how the music changes the space, but it seems to change – it's almost like the volume of the space changes somehow. The speed that people walk, their interactions with each other, these things seem, in my observation, to change when there's music. Rather than the usual soundscape of a hospital which is very blank, very dull, people talking, getting things done. The music makes them stop in their tracks and I think that's interesting to explore -- the change in atmosphere, and how that is a positive interruption to what [people are] experiencing in the hospital (S1)

As a patient you're quite vulnerable, and I've not had a stay, personally, in hospital for a long time, I've been lucky, but the sounds, the beeps, and so forth, that are a necessary part of optimal care probably after a while can be a bit tiring for staff and for everyone, so the music kind of cuts through that a little bit for a moment (M1)

People coming into the hospital anticipate [that] 'my day's going to be like this', or 'my time is going to be like that', but the music changes that, and that's what I think I'm seeing. Music interrupts (M3)

Transformative

> I was joined by a patient we met last week, Peta [pseudonym], who had cried through our playing and said it was a very spiritual experience for her. She was thrilled to catch me playing again and said that last week she had sent a recording of us to her sister in England, with whom she has a bit of a strained .. and her sister heard the same "celestial music" that she heard while we were playing, but through a recording … they heard something other than all the hustle and bustle of the hospital, which is very obvious on the recording, and were similarly drawn into the music in the same way. So, she said, they reconnected through that experience. "You changed my life" were her words. We had a great afternoon chatting and connecting over some tunes." (M2)

> I went into another patient (P2) that I had a referral to see, and the harpist had, or the musician had come in to see, had talked with him. This fellow was a guitarist himself and had played, and been part of a choir, but he'd lost his mojo. Listening to the music helped him just reconnect again with music. Because there had been some depression and there had been a lot of family conflicts. There was sort of that despair. So having the musicians in the ward connected with him again. He got on his guitar and started playing again… I think it was the stimulus of having musicians there that lifted something in him (S3)

> [Staff] look forward to it so much that it's come back through the system and the hospital has actually bought a little harp for strumming purposes for any patients who would just like to strum and feel the vibrations. They've seen the effect that it can have. That's a $1,000 investment, so obviously it struck the right chord, if you'll excuse the pun (S2)

Uplifting

> Mum sat in the wheelchair and she just listened, and had a big smile on her face, and just thought it was absolutely beautiful (V1)

> I've seen the delight it brings to patients. Some patients, they light up like a Christmas tree when the music starts, and it doesn't matter if it's a style of music which they're not used to, but the experience for them is remarkable and you can see the visible changes in them; their eyes start to sparkle and it's almost as if they're carried away to another place (S2)

> Seven of the people [I was observing] looked up from their activity to acknowledge M (M3) playing. Two of the patients smiled at M and one said to him that the music was beautiful and announced that she would take a seat and listen some more. I chatted with

her, and she told me that the music instantly lifted her mood. It was a lovely distraction, that made her pain less noticeable (Field notes)

The musician went to his (P2) room and played, and then [P2] started singing with his guitar, and there was so much magic around that experience. I found it personally uplifting (C1)

I've enjoyed watching people – I've noticed, particular in the Ground Floor foyer, it actually stops people in their tracks, and then they spend a moment watching the musicians and listening to the music (S1)

if [person is] coming into a hospital to visit someone, then that potentially can change the way they feel about that visit … they could be feeling tense and stressed, they could be anxious about how their family or friend are feeling at that particular time. And I think that the music changes their experience of being in the hospital (S1)

Some of our patients are here for a longer period of time … and it means there's a lot of opportunity for boredom, for people to perhaps lose motivation, to become restless and anxious, and I think that the music potentially can change that experience for them, just to take them out of that feeling for a moment (S1)

Transporting

As soon as they began to play that first Scottish lullaby, I could see the water rippling the beach. A place I've never been, I've never seen. [It reminded me of the time] when I met my wife (Who is Scottish)… It was so powerful, it really was (P3)

The musician was playing a familiar tune that I love – I knew it as the theme song from Outlander. When I was introduced to Bart, the harpist, he told me it was called the Skye Boat Song and it seemed so fitting. Described as a rowing song, this traditional celtic tune seems to draw you in across the water, to safety (Field Notes)

It brings back such wonderful memories. And I don't know if people can understand – people say, "Oh we understand," they don't understand, they've got no idea what it's like. When you're suffering with chronic pain. When it hurts so much that you can't sit, you can't stand, you can't lay, you don't know what to do with yourself. But to just sit in the presence of those musicians and be carried away. Those memories. It was beautiful. Just to escape. It was just an uplift, it really was, it was uplifting. (P3)

They are taken into another space, and we talked about reimagining the space (C1)

A patient said to me that 'Hospital is such an artificial environment where you can't even feel the sun or wind on your face, but listening to the music transports me. When I first heard it, I thought I was in the lobby of a fancy hotel. I imagined a fountain with bubbling water, and bellboys waiting to attend to me' (Fieldnotes)

Spiritual

While playing in the foyer, I was approached by a patient in a wheelchair with his carer. Both seemed eager to sit and listen a while. Upon the patient's request, I continued to perform some adapted Baroque works, which clearly had an impact on him. I'm sure he would have stayed longer if they could have. It's difficult to explain this impact, this connection. He came and sat right next to me and we moved together with the music as it carved a story into the space around us. It was so warm, and it was special (M3 notes)

It's deeply mysterious. I think for the relatives it plays a critical role too because it's a way – they can bring flowers, they can bring themselves, they can bring their tears, and so on, but music helps them say something to their loved one maybe that they're waiting around by the bedside is difficult for them, but the music gives them a break, they can turn off and they can just be there with the one they love, maybe hold their hand or something, and that's happened on a number of occasions (M1)

Today I was playing in the foyer, then next to rehabilitation where after I played two pieces, a patient sitting near me in the hallway got up and thanked me for "feeding her soul"! (M3 notes)

Connecting

I took Jeanie [my wife, who is Scottish] along and they started playing some Scottish lullabies and things. And I welled up for her, because you don't get her to cry too easy. She's a Scott. But I just – all me emotions just bubbled over, because it was just so wonderful for her (P3)

I think for some of our patients, having music, I always think about music as being a poor substitute, but a substitute nonetheless, for having someone in the room with them as well. If they're lacking company, if they're lacking visitors. Having something to listen to, someone to watch, can also be a comfort in terms of having a presence. Both a physical presence with watching someone play but also a presence in terms of them getting to listen to music and having that connection, I guess. (S4)

I feel like I'm connecting, and personally I find that of value (M3)

A couple of weeks ago I had a very elderly lady who, when I first met her I played, "Autumn Leaves," and she recognised it and she wanted me to play it again. I said, "Will you sing it?" and so we sang it together. And then of course weeks later, she turns her chair to look at me and be able to listen intently, away from the game table. And a couple of weeks ago, when I finished up and went over to the table to say goodbye and joke a bit, and she said to me, "You know, music is the most important thing." She said, "It's what makes us human." (M3)

There are a couple of other families where music had been such an inspiration that had been part of their life. That they would go to the theatre and go to concerts and that. They found just having that music there and the playing of it, it just had such a calming effect on them. And it connected them again to their sense of self outside of the hospital, I think. What that part of their life was, and it was lovely (S3)

Some of the patients [in interim care] have dementia and they just become very, very calm and they love it, and afterwards when he's gone they start talking amongst themselves. Now, for patients with dementia that's a remarkable thing, that all of a sudden there's community, so the music inspires them to that. So I have been absolutely thrilled with what I've seen and what I've heard and what I've experienced (S2)

There is one lady [in interim care]. She's 94 and has dementia, and some days she can be bright and bubbly and other days she's switched off and then on another day she might be downright cranky and rude, but when the music started playing, she transformed, and she was doing her best to sing along with it. She just enjoyed it and she was la-la-la'ing a long with it ... It took her outside of herself… it opened her up and she's a joyful soul, and I think since then we've seen more of that joy. She realises that life is coming to an end for her, but she's not going out with a whimper, she's going out with a bang (S2)

Calming

I came up on the ward one afternoon and there was a harpist playing. I went in to see a woman who was at the far end of the ward … she was in the last week of her life. The harp was playing and she said to me, "That has been so calming for me," and she said, "It just has just soothed me." She had been suffering from anxiety. There was a lot of existential angst in her. And that, hearing that music just did something to – it calmed her. So that was really, really lovely (S3)

The other day a patient stopped and got a chair and said, "I'm just going to stop here." She just listened for ages and she needed, I think, just to talk and to sit down and listen and said how much she loved music, she was a dancer, and we heard most of the life story in about five minutes. She's been coming here for treatments on and off I think for two-week periods. She's a young person again, quite a wonderful character, and it made a very deep impression on her. (M1)

For myself, just walking into the ward and when the music was playing, that really had a heightened effect on me as a worker as well. It just calmed me. (S3)

I think some of our nurses have appreciated – again, it's something a little bit out of the routine. It's sort of relaxing. It's nice for us. (S5)

[I think it] makes patients more receptive to their treatments because it might relax them a little and being in hospital can be an anxious time and just giving that little window. It can bring someone to a place of calm and – that's in them already, but it helps them touch that and perhaps, we don't know, but perhaps it makes them more receptive to the treatment, it gives them some – I think that's probably true in general human terms, if we're keyed up and tense we maybe don't appreciate what we've got (M1)

'Your music just took all my stress away and made me breathe deeply and happily amidst all the stress. Thank you so much. When will you be back?' (Musician 3 notes)

[The music] is important to me personally, and it is very important for my role as well, because going and entering people's rooms and having conversations with family members and patients, it's – how you are in yourself is really important. And to be able to enter a space where you're in touch with that sort of sense of beauty, and yeah, I think it's really important to be able to bring that in when you're – because often times there's lots of stress and sadness that live in a ward. So I just found that a wonderful reminder, and a calming reminder too. (S3)

Distracting

When my pain is at its very worst, it's like the whole orchestra in warmup mode and everything is playing, and it's all at odds with each other and it's like just a big noise. And so when I get my pain under control, whether it's through distraction or something like listening to music, it just quietens down one section at a time. The wind section goes, the strings, the bass or the brass, until, maybe just a little bit of a flute in the distance, playing on its own. That's kind of what it's like. It's like it just sort of takes away – they're not

> getting centre stage anymore. This person performing the music is, and the pain orchestra has to just settle down and be quiet because I'm not listening to it anymore (P1)
>
> I had a man with pulmonary fibrosis, very short of breath. His wife took him out in the wheelchair to listen to it. And just while they were listening, they looked very, very calm and relaxed. And I think that makes me feel better, that we were able to do different things for patients to help them feel better, rather than just routine treatments (S5)
>
> I've seen people who have been troubled, I've seen people who are in pain, people who are anxious, and when the music starts you can see the pain leave their face, you can see the anxiety leave, and you can – and as I said, they're transported to somewhere else, and maybe it's what's in their memory, takes them back to an earlier time, but it's quite remarkable. (S2)

Discussion

This ethnographic process evaluation of the Musicians in Hospital Program at St Vincent's Brisbane explored the experiences of patients, visitors, staff and musicians. The multiple data sources indicated that music played in the hospital enhanced mood, relaxation and distraction. There was a positive effect on the atmosphere in the surrounding area, which was made the environment less clinical and more calming. Participants described uplifting, connecting and transformative experiences evoked by the music experience. The key outcome of the study is the detail provided around factors that contribute to understanding positive experiences and for planning future delivery of such a program. They are identified under the three themes of input, processes and impacts (Figure 1).

The study identified numerous ways that the health care experience is improved whilst listening to and watching musicians play. In addition to the improvements that others have found (Fancourt et al., 2014) – such as distracting from pain and alleviating stress – participants in this study described being transported to a comforting place, feeling connected to others, uplifted, moved, and calmed. The social connection facilitated through music brought musician and audience together, as well as patient and visitor. As one of the musicians commented, "the

music carved a story into the space around us. It was warm and special". The music helped visitors be present with their loved one, even in silence. Thus, the music gave them a medium through which they could enjoy being together and experience beauty.

When music can be heard emanating down a hallway, or throughout the hospital entrance, a powerful reorientation of space occurs, and the environment is de-medicalised. As Iyendo (2016) reported, there are many negative and annoying sounds that occur in hospitals. These can disturb sleep, concentration, and exacerbate fatigue in both patients and staff. But when music is created, these negative sounds are replaced. Instead of a bustling hospital workplace where the noises of trolleys, medical procedures and alarms are heard, the music creates a sense of tranquility and homeliness that is soothing.

The study also found that there are spiritual aspects of music that affect an individual that were not captured in the model of individual effects developed by Fancourt et al (2014). Some patients reported deeply transformative experiences – where listening to the music prompted them to reconnect with estranged family, or where existential questioning about whether a life had been well-lived was replaced with certainty and acceptance. As one patient simply said to a musician, "you changed my life".

Musicians, too, experienced transformation and their musicality improved as a result. Musicians are often separated from their audience but in close proximity, they can see the faces of listeners and receive direct feedback. As one musician also said, seeing patients' courage is inspiring. Being near patients challenged them to think more carefully about the way that they played and to think about the audience much more than they had previously done.

Implications for Practice and Research

This evaluation clearly shows that musicians playing live within the hospital was a positive and enjoyable experience for patients, staff and musicians. Six recommendations are made:

1. The Program should continue to be provide with professional musicians who have been inducted so that they are safe within the setting, offer skill and responsiveness to the audience, and they should be remunerated appropriately
2. Establish a staff working group to consider how the Program could diversify
   - by encouraging patient involvement in a suitable venue such as the chapel
   - by including other instruments and requests
3. The Program could diversify to include other instruments and requests
4. Timing of the Program should ensure that it does not interrupt rehabilitation and other hospital processes
5. The insight and skills acquired by the musicians should be disseminated for the benefit of others seeking to establish a similar program
6. Further clinical studies could quantify the effects of the program on factors such as peacefulness at time of death, reduction of anxiety, and to identify an optimal 'dose' of music required for beneficial effect.

Strengths and Limitations

This pilot program took place in a small, private catholic hospital in a metropolitan Australian city. These particulars may mean that if the program was offered elsewhere under different circumstances, it may produce different results. The study was also limited in scope, in so far as no comparisons or controls were made to establish or verify the effect of the program on dependent variables. However, based on the understanding that constructed, subjective knowledge is true evidence (Hammarberg, Kirkman & de Lacey, 2016), the rich insights gained from a range of perspectives indicates the value of the musician program for creating a peaceful and soothing environment that distracts from unpleasant symptoms and sounds, and creates a feeling of wellbeing.

Conclusion

The aim of this process evaluation was to evaluate the musicians in hospitals program currently being piloted in St Vincent's Private Hospital Brisbane. Overall, this study found that the experience of being a patient, visitor or staff member in the hospital is significantly improved and altered by the presence of the live music.

This process evaluation also highlighted ideas that could develop the program further. None of the challenges articulated by staff and musicians interfered with patient safety or satisfaction, however some adaptations are recommended for improvement and future development of the program. It is hoped that by describing the implementation of this program in close detail, this evaluation will be of value to arts organisations, arts practitioners, health care institutions and higher education institutions, who may be interested in learning from these findings.

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Appendices

Timeline of evaluation

Ethics submission and Approval	September 2019
Observation and interviews	October 2019
Interview transcription	October 2019
Review of literature	October 2019
Data Analysis	October-November, 2019
Preparation of draft report	November 2019
Report revision	November 2019
Presentation of final report to SVHAC and HREC	December 2019
Write for publication	December 2019
Conference abstract prepared and submitted	December 2019
Project Completion	December 2019

Musical performances observed

Day	Venue		
Thursday 18/10	1. Foyer	2. Palliative Care Unit, Level 3	
Tuesday 22/10	3. Foyer	4. Rehabilitation Unit, Level 1	5. Interim Care Unit, Level 6
Thursday 24/10	6. Foyer	7. Palliative Care Unit, Level 3	
Tuesday 29/10	8. Foyer	9. Rehabilitation Unit, Level 1	10. Interim Care Unit, Level 6
Thursday 31/10	11. Foyer	12. Palliative Care Unit, Level 3	

Participant Codes

Number	Code	Participant Role
1	M1	Musician
2	M2	Musician
3	C1	Curator
4	M3	Musician
5	S1	Arts in Health Program Manager
6	P1	Patient in Pain Management
7	V1	Visitor in Palliative Care
8	P2	Patient in Palliative Care
9	P3	Patient in Pain Management
10	S2	Pastoral and spiritual care practitioner
11	S3	Counsellor
12	S4	Medical Practitioner
13	S5	Registered Nurse
14	S6	Occupational Therapist

Musicians' Reflections

In addition to interviews and observations relating to the program, musicians also reported on personal and professional benefits of involvement. The experience improved their musicianship in a number of ways.

Professionalism and new skills

> I am a freelancing flute player, or flautist. I studied for eight years in tertiary education as a performer, with the hope of going into orchestral work, and fell into freelancing and teaching when I returned to Australia after studying overseas. Not a lot of auditions come up for us, particularly flute players. There's only three of us in an orchestra, so there's never any jobs. When the auditions weren't coming round, I thought I had better get into freelancing, just for myself, financially. I actually happened to reach out to B, the harpist who I play with regularly, just over Facebook, just over social media. He was talking to someone else about doing some chamber music, and I kind of jumped in on that conversation and said, oh, there's a trio for viola, flute and harp that is fantastic, we should play it sometime. That fell through, but B and I kept in touch, and he invited me to come play at the Royal Brisbane Women's Hospital for the Stairwell Project, and I did, and I met PB, and B and I really hit it off as chamber musicians, as business partners, and we continued the work (M2)

> For me, it's particularly important how I'm affecting people, rather than how it's affecting me. I'm really introverted and quite shy, and so on stage, that does make me quite

nervous and that sort of thing, so orchestrally, it's better in a group. But as a soloist, I do get quite nervous, and I don't like being the centre of attention, so this work, putting myself into it for other people, really suited me, and I am always thinking about who is listening, and what they need, and it is so far removed from what I need as a musician, as a performer, and I just love it. That, to me, is so different to what I normally do as a performer, and it's something that as I've started working in these situations, I take it into my other performance work. So if I'm on stage ever in a concert or something, after having experienced this work, I think more about my audience than I ever have before, because I have to think about them so intensely while I'm here. (M2)

I find these baroque pieces are written very well in terms of including a harmonic story, even though it's not physically possible for a flute player to do that all at once, which is why I chose these, because they kind of tell a story (M2)

You can't also go the other way and be too uplifting and too jovial and too energetic. I think it's important always to keep the idea of calm, the idea of peace is really important. So you have to go just like the clappers and do something crazy. We have a lot of pieces for flute, like solo pieces that are very show piece-ey, so things for being on stage and just showing off technical prowess because we can play very fast, but it's just something that we are trained to do, but those aren't appropriate either. They might be very happy pieces, and very shocking and awesome and amazing, but it's not the time or place for those kind of things. You do have to put some consideration into what you play here. It's really important (M2)

Provides an additional performance venue

it makes a break from the teaching, performing in a different context. It's a nice way to perform, it's a different environment in which to perform and so right from the get go I was enthused and wanting to do it (M1)

I'd long wanted to do [this] because I was aware of a greater movement probably in the USA I think of musicians working in hospitals in a capacity that's recognised and supported financially as well because it was perceived benefits on the patients (M1)

Rewarding

it's a great privilege of course to play for people who are in hospital for long periods or receiving treatments (M1)

Camaraderie

We (DuoFaun) both agreed that we'd like to form a duo, because doing it in a solitary way is okay, but it's nice to play with another musician (M1)

And I like the camaraderie with the staff and patients that I've met over a period of time. (M3)

A fellow in a wheelchair who had obviously undergone a stroke, and he stopped and listened, and he said, "It's all wonderful," he said. And then he started talking about Jimmy Hendrix, and of course I played classical when we were talking. So what I decided to do was play, "Purple Haze," on the classical guitar. And lucky of course I remembered it and played it. And it created this camaraderie, so he was just all smiles and sort of sensed, I don't know whether I'm projecting or not, but a sense of relief and connection for this person that he didn't have before, and I think that's valuable. (M3)

aims to provide colleagueship with other professionals, and with patients. M said that if we had career paths for musicians coming out of the conservatorium, not as music therapists, but as musicians working in hospitals, civilization become richer, and we all become better people (Fieldnotes)

Elevates my playing

and it widens the possibilities too, so Maddie can take a melody line and I can provide rich harmonies and we can play more the sort of things that people might want to be hearing and take requests sometimes from the patients (M1)

I think it brings it to the next level because she's – and the flute and harp combine really nicely, so that does touch something very deeply in people (M1)

I've seen a lot of courage in these places, and it is very inspiring and I know I do translate that into my playing, and my repertoire, and what I chose to play here. (M2)

I am always thinking about who is listening, and what they need, and it is so far removed from what I need as a musician, as a performer, and I just love it. That, to me, is so different to what I normally do as a performer, and it's something that as I've started working in these situations, I take it into my other performance work. So if I'm on stage ever in a concert or something, after having experienced this work, I think more about my audience than I ever have before, because I have to think about them so intensely while I'm here (M2)

I also get a chance to play music that is a wide variety, so I can play concert pieces. I mediate them to a degree, or moderate them I should say, to the degree that I think

> they won't be obtrusive, but they will be supportive. And I get to play improvisations and experimental things, not out there sort of things, but things that are aimed to be aesthetically soothing, and I find that rewarding (M3)

> We are learning, constantly adapting to, for example, being in oncology here, where do we play, upstairs here. Where will it be over the top, when should we stop? So we are building that into our inductions, and into our musician inductions (C1)

Transformative

> My experience has been, we use the word "profound" a lot. It comes up a lot. We have a little Facebook feed where we discuss our experiences day to day, and it is really that in a nutshell. It's profound. It's pretty amazing the connections we make with people, the comments we get from passers-by, patients, staff, family as well. Just people saying things like, oh it's just what I needed. I can't believe you came at this time (M2)

> Just to hear of people's strength, of their perseverance, their courage, it's been life changing for me. I've seen a lot of courage in these places, and it is very inspiring and I know I do translate that into my playing, and my repertoire, and what I chose to play here (M2)

> It has changed me as a musician… how I think intrinsically about my music, and what I produce (M2)

> [In this program] music is performed with a sense of "caress" for those under stress and anxiety while arriving in the oncology entry and hallway or in the day treatment room. I have learned to play differently, with a sense of care and concern for my listeners, aware of their varied conditions and states of mind … This week at St Vincent's I had many smiles and thank yous on three floors and an interesting conversation with a lovely elderly lady who hadn't played piano for 40 years. Other long term patients here are now feeling like long term friends… I always feel deep sense of humanity and closeness with these strangers with the smallest interaction because what it felt is so strong, considering where we are and why. (C1)

Challenges

> I struggled in the beginning [because I am shy] I could ask, would you like me to play something in particular, or something like that, but when people start talking to me about what their experience is here, and their illness, really offloading (M2)

Research Information sheet

An Evaluation of the Musicians in Hospital Program at St Vincent's Private Hospital Brisbane

HREC Ethics Approval number: HREC 19/23

Project Overview

The aim of this study is to evaluate the musicians in hospitals program currently being piloted in St Vincent's Private Hospital Brisbane.

Participation

Throughout a three week period Professor Margaret McAllister, an experienced researcher, will be present in the hospital observing and experiencing the musicians in hospital program. The aim is for her to get a feel for the impact of the musicians on all listeners. To deepen understanding, Margaret seeks to interview a small number of patients, care-givers, visitors and musicians.

The interview will take 10 minutes of your time and be conducted in a private setting. Themes for the interview will include:

- why you are here
- your experience with the music initiative
- in relation to the initiative, any difficulties or rewards for you
- description of a specific experience where the initiative had an impact

Musicians will also be invited to keep a journal throughout that time, and to allow McAllister access to it for analysis.

Benefits and Risks

Participation will give you opportunity to voice your opinions about how well the musicians' program operates and to point out areas for improvement. There is a risk of mild inconvenience because of the time required to complete the interview.

Confidentiality

The interviews will be confidential, but to give a good description of the experience, some demographic information may be sought. You should know that only aggregated, not personal, data will be reported.

Storage and Use of Data

Data will be stored on password protected computers in the locked office of Margaret McAllister at CQUniversity. Only the researchers will have access to the information collected. The data will be securely stored for five years from the date of the last publication that is based upon them.

Outcome

Once the analysis is complete, the research team will prepare a plain English summary that can be provided to you upon request. The results of this research will be published in peer reviewed journal articles and conference papers.

Consent

If you are asked to participate in an interview, you will be requested to read and sign the attached consent form. The research team will keep a copy and store this copy as per explained in storage and use of data.

Opportunity to opt out

Your participation in interviews is voluntary. If, after participating in the experience, you no longer wish to participate in the study and communicate this to the research team before data analysis commences, all endeavours will be undertaken to remove your contribution. The information provided within the interview will not be used. There will be no penalty or repercussion if you decide to withdraw.

Participation in the Research

If you require additional information before making a decision about participating, please contact Professor Margaret McAllister at m.mcallister@cqu.edu.au.

Concerns /Complaints

If you have any complaints about the way this research project is being conducted please contact the Chairperson

Dr Kim Alexander
St Vincent's Health & Aged Care Human Research Ethics Committee
St Vincent's Private Hospital Northside, 627 Rode Road,
Chermside QLD 4032
Telephone: (07) 3326 3679

Consent Form

I .....

being over the age of 18 years hereby consent to participate as requested in the project Information Sheet for the research project on

An Evaluation of the Musicians in Hospital Program at St Vincent's Private Hospital, Brisbane

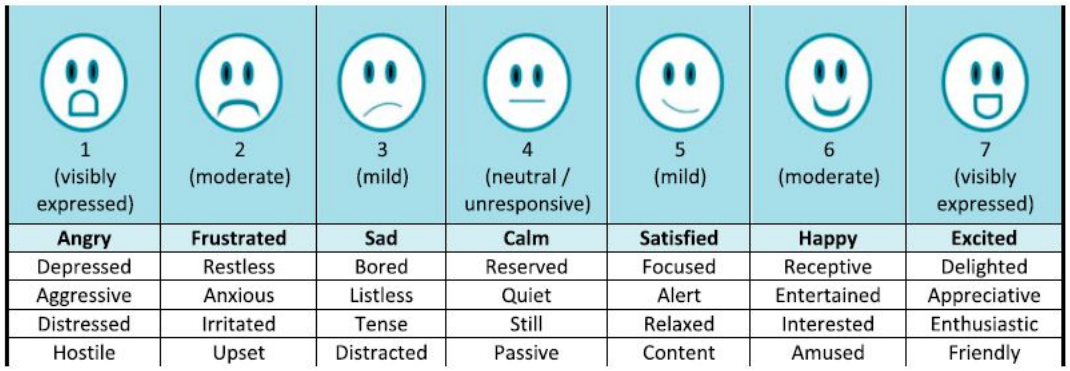
I have read the information provided and details of procedures and any risks have been explained to my satisfaction. I am aware that:

- Participation will involve an interview which will be digitally recorded
- Musicians will also be invited to keep a journal that they later give access to McAllister for analysis
- If I no longer wish to participate in the study and communicate this to the research team before data analysis commences, all endeavours will be undertaken to remove the contribution.
- There will be no penalty or repercussion if I decide to withdraw.
- I may not directly benefit from taking part in this research.
- My identity will not be revealed and individual information will remain confidential.
- I have been given the opportunity to ask questions and have any questions answered to my satisfaction.
- I am aware that I can contact the research team if they have any further questions.
- I have been provided information about the Ethics Committee contact details

Participant's signature ..... Date .....

Arts Observation Scale Domains

1. Mood



1 (visibly expressed)	2 (moderate)	3 (mild)	4 (neutral / unresponsive)	5 (mild)	6 (moderate)	7 (visibly expressed)
Angry	**Frustrated**	**Sad**	**Calm**	**Satisfied**	**Happy**	**Excited**
Depressed	Restless	Bored	Reserved	Focused	Receptive	Delighted
Aggressive	Anxious	Listless	Quiet	Alert	Entertained	Appreciative
Distressed	Irritated	Tense	Still	Relaxed	Interested	Enthusiastic
Hostile	Upset	Distracted	Passive	Content	Amused	Friendly

2. Relaxation

1	Not at all	No change evident.
2	Yes, a little	One or two changes evident.
3	Very much so	Multiple changes or pronounced changes obvious.

Signs to observe	
Muscular relaxation in the face or limbs	Slow breathing
Jaw relaxation	Shut eyes
Soft lips and resting tongue	Falling asleep

3. Distraction

1	Not at all	Attention entirely focused on hospital or current medical state
2	Yes, a little	Attention split between hospital / current medical state and the arts activity
3	Very much so	Attention entirely focused on the arts activity

Signs to observe	
Direction of sight line	Level of engagement with the arts activity
Topic of conversation with relatives/staff	Use of other distractions (e.g. books or TV)
Visible expression of unpleasant sensations (e.g. pain)	

4. Overall benefit

1	Not at all	The activity brought no benefit or even negative effects to the ward, causing complaints, missing its target audience or getting in the way of staff.
2	Yes, a little	The activity helped lift the mood of the ward, bring a sense of calm or have a small beneficial effect on patients, relatives or staff
3	Very much so	The activity was almost universally liked, or made a significant difference to the feel of the ward.

Interview Questions

1. Could you tell me about yourself and why you are here?
2. Could you tell me about your experience with the program?
3. What about the program has been difficult, rewarding or enjoyable for you?
4. Could you describe a specific experience where the program has had an impact?