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Alexandria Rodriguez Lesley University, arodri29@lesley.edu

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Music Therapy Program Development in a Hospital Setting: A Critical Review of Literature

Capstone Thesis

Lesley University

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Alexandria Rodriguez

Music Therapy

Jacelyn Biondo, Ph.D., BC-DMT, LPC

Abstract

This capstone is a critical review of literature regarding development of music therapy programs in general hospital settings within the United States. This document will assist in defining important aspects of program success and serve to help better advocate for music therapy programs, creative arts therapies, and well-being programs functioning within a traditional general hospital setting. This capstone thesis presents key elements of successful music therapy program development, as proposed by in-field music therapist interview, studies utilizing music therapy in general hospital settings to serve both patients, hospital staff, and community outreach, suggestions for arts in health curricular development, and lastly consideration for the future including Telehealth music therapy and community endeavors. There is still much research to be done and to increase upon what is discussed within this literature review as the social, cultural, musical and healthcare landscape changes amidst a global pandemic and an everexpanding field of arts in healthcare settings proceeds. This research shows that even though there is a large amount of research on music therapy in medical settings, standardization of the field, education and advocacy remain important as the field grows to meet the culture it operates within and the needs of the diverse communities that music therapy serves.

Keywords: music therapy, medical setting, program development, education and advocacy, telehealth

Music Therapy Program Development in a Hospital Setting: A Critical Review of Literature

Introduction

According to the 2019 American Music Therapy Association (AMTA) Member Survey and Workforce Analysis, the top five settings in which music therapists worked at the time were geriatric facilities at 16 percent, medical settings at 15 percent, mental health setting at 15percent, children's facilities/schools at 12 percent, and self-employed and private practice at 9 percent. There was a 1 percent increase within the medical setting from the 2018 Member Survey and Workforce Analysis. Even now, amidst a global pandemic music therapy professionals continue working diligently in bridging the gap between music therapy and hospital needs. According to Standley (2014), due to the passing of the Affordable Care Act in 2013, an emphasis has been placed on the American healthcare system to reduce medical costs while improving patient satisfaction. Despite a changing political landscape and constantly evolving healthcare system, the rising interest in evidence-based interventions, cost-effective treatment, decreased length of stay, and emphasis on psychosocial interventions suggests that medical facilities are becoming more aware of the benefits of music therapy (Standley, 2014) and a future of creatively integrated healthcare resources for patients, healthcare professionals, and communities.

This capstone is a critical review of literature regarding development of music therapy programs in hospital settings within the United States. This document will assist in defining important aspects of program success and serve to help better advocate for music therapy programs, and creative arts therapies and well-being programs functioning within a traditional general hospital setting. Music therapy program development is the active creation of a

supportive, therapeutically engaged, and arts-process forward space by individuals, organizations, and community members to address individual population and community needs in a creative way. Often development of music therapy programs will exist within larger systemic structures such as hospitals, schools, work-programs, and community spaces. Esposito (2019) noted that much of the work of program development is not the implementation of music therapy itself, but advocacy and education for the need and efficacy of music therapy in diverse settings, as well as how to become more effective professionals within existing systemic structures. Community music therapy programs that integrate physical health, emotional health and well-being, or are part of an integrated healthcare setting have the potential to not only include staff and patients, but preventative care, socio-emotional learning, and connection within the broader populations, social systems, and local community that the hospital resides within. Important considerations in this literature review will include an exploration of history of music therapy in healthcare, the socio-cultural climate of working within a medical setting, benefits of music therapy for diverse populations, existing literature surrounding music therapy program development and current suggestions for future research and program development through the global pandemic COVID-19.

How do music therapists and healthcare practitioners work around these obstacles, deliver care and services, and help clients reach goals? Should music therapy programs be focusing on Telehealth and online program development more readily and aggressively? How do music therapists and healthcare practitioners safely move forward in program development for music therapy and integrate all aspects of in-person and online care? Through a critical review of the literature, this review seeks to understand and explore where current program development

has helped music therapists integrate into diverse settings, how to be more successful in the communities that music therapists operate within, and any changes that can be made for a better future in music therapy program development in hospital settings.

Literature Review

History of Music Therapy in Healthcare Settings

Understanding modern usage and implementation of music therapy as a field and profession today within a medical context implies that we take a look at historical context of music therapy and music as a healing influence within medicine and creative medical intervention and setting. Music has held a central position in the course of human history both as art and expression, but also as a medium for healing. As the field of music therapy grows and expands within many contexts including within modern medical settings, there has been growing interest by the research community in trying to understand how music affects patients and physicians. Yet a fundamental question underlying the role of music in health is also to ask why music developed in the first place and why it produces an emotional reaction and attenuation of the human stress response in the listener despite serving no essential biological need. Corden (2010) noted that the discovery of simple flute-like instruments exhumed with Cro-Magnon and Neanderthal remains suggests that music has existed since prehistoric times. Scholars, such as Corden (2010), believed that ancient musical rituals—drums beating, voices chanting, bodies swaying—may have been the earliest form of religion and served to invoke a sense of deindividuation. The oldest example of the contextual use of music for healing may be the depiction of harp-playing priests and musicians in frescos from 4000 BCE (Corden, 2010). According to Corden (2010) during this era, a *Codex haburami* (hallelujah to the healer), was

performed as sonorous reimbursement for medicinal services rendered. In 2000 BCE, the cuneiform writings of Assyrians depicted the use of music to circumvent the path of evil spirits while in later centuries, the first specific application of music as therapy developed in ancient Greece, with Aesculapius recommending the use of music to conquer passion (Corden, 2010).

According to the American Music Therapy Association (AMTA) (2022) the idea of music as a healing influence which could affect health and behavior is as least as old as the writings of both philosophers Aristotle and Plato. Horden (2016) noted that within Pythagorean cultural circles you will read of the systematic use of music for therapeutic purposes. Aristoxenus (in Horden, 2016) wrote that the Pythagoreans "used medicine for purifying the body, music for purifying the soul" (p. 56). Earliest sources date to 4th century BC. Other authors of this period tell us that it was the Pythagoreans' custom to use song and lyre music when they got up in the morning to make them bright and alert, and when they went to bed to purge them of all the day's care and to prepare them for agreeable and prophetic dreams (Horden, 2016). Horden (2016) noted that the philosopher Plato held a theory that different musical modes, a type of musical scale coupled with a set of characteristic melodic and harmonic behaviors, could also affect the mood, mental and/or emotional state of someone when applied therapeutically. Horden (2016) explained that the modes which Plato approved, the Dorian and the Phrygian, were generally agreed to be distinct in character. The Dorian was considered "steady and dignified, stem, manly, and without frills, while the Phrygian mode, on the other hand, was regarded as exciting and emotional" (Horden, 2016, p. 58). Today, these notions—major and minor scales or modes—from this particular culture are still utilized in Western music therapy practice because western music and musical application has roots in ancient Greek and Roman culture. Music

theory is ever changing. Like any academic discipline, Western musical theory has evolved over many centuries to become what it is today. We can trace the roots of modern music theory can be traced back to Ancient Greek traditions of music as stated above. Corden (2010) explained that rather than treating music just as art instead of science, "medieval theorists applied the scientific methods of their Greek predecessors to explain the art of their 'modern' music" (p. 1981).

Medieval Applications of Music as Healing

Although Western understandings of music and healing draw inspiration from the tenets of Greek theory, other cultures' ideas related to healing and music usage were also prominent during medieval time periods and incorporated into standard medieval practice and therapeutic applications. A great starting point for understanding this context is a work translated from Arabic into Latin by Constantinus Africanus, the *Isagoge of Johannitius* (Horden, 2016). Horden also (2016) noted that the "Isagoge of Johannitius, once Latinized, introduced the art of medicine to students in the medieval university" (p. 133). The *Isagoge* divides medicine into theoretical and practical parts. Theoretical medicine consists of three divisions: res naturales (those things which constitute the body, such as elements, humors, faculties and spirits); res non naturales (those things which affect bodily health, such as air, food and drink, exercise); and res contra naturam (diseases, the causes of disease, the sequels of disease). The accidents of the soul are defined in terms of emotions—anger, fear, joy, and sorrow—and sometimes in terms of the workings of one's imagina-tion (Horden, 2016). During medieval times many recognized the healing qualities of music within a religious or mystical context. Religious overtones in musical expression continued to hold importance into the Middle Ages, when the necessity of music for compounding and sustaining wellness was so highly regarded that law mandated those aspiring

to study medicine to also appreciate music (Corden, 2010). It was believed that healing the psyche through music also healed the body, and there were specific musical applications for defined diseases. For instance, the alternating sound of the flute and the harp served as a remedy for gout. Despite this incorporation of music into more structured medical therapy, the belief that musical healing stems from a magical action unbound by a natural course survived well beyond the medieval period. However, these beliefs slowly changed during the 18th and 19th centuries.

18th Century Writings on Music Therapy

Although music therapy as a profession didn't come to be completely organized until the mid-20th century, music has been used in the United States to treat physical and mental ailments since the late 18th century. Knight et al. (2018) noted that the earliest known reference to music therapy in the United States was an unsigned article in Columbian Magazine in 1789 by an anonymous author. The article, titled "Music Physically Considered," presented basic principles of music therapy that are still in use today and provided evidence of music therapy practice in Europe. The author developed a case for using music to influence and regulate emotional conditions. The final conclusion drawn by the author was that a person's mental state may affect physical health (Knight et.al., 2018). Another article, "Remarkable Cure of a Fever by Music: An Attested Fact," published in 1796 in the New York Weekly Magazine, described the case of an unnamed French music teacher who suffered from a severe fever after weeks of suffering requested a concert to be performed (Knight et.al., 2018). His symptoms reportedly disappeared during the concert but returned upon the conclusion of the concert. When testing the experience once more, the music was repeated throughout the man's waking hours, resulting in the suspension of his illness. The article claimed that in two weeks, the music teacher recovered

completely. Although both authors received positive confirmation of their beliefs, both authors based their conclusions of the effectiveness of the music on anecdotal rather than scientifically proven evidence. Although it may lack credibility to today's standards, these articles showcase an interest in using music in medical treatment.

19th Century Music Therapy

During the 19th century many authors wrote about the use of music in treating physical and mental illnesses (Knight et.al., 2018). There are several articles that appear in music journals, medical journals, psychiatric periodicals, and medical dissertations with all these reports varying in length and quality. However, all of them supported the use of therapeutic music as an alternative or supplement to traditional medical treatments. One of the earliest documents produced during this time was a dissertation written by Mathews (1806) who wrote On the Effects of Music in Curing and Palliating Diseases in 1806 (Knight et.al., 2018). In this writing, Mathews outlined the benefits of music in the treatment of diseases of the mind and the body; for example, to alleviate depression, he recommended using music that matched the mood of the patient—known today as the iso-principle—then using livelier music to lift the mood (Mathews, 1806). In 1878, "Music and Mind Medicine" was published in The World, a New York newspaper, describing a series of experiments that took place at Blackwell's Island recognized today as Roosevelt Island—an infamous facility for the care of citizens of New York city who were experiencing mental illness. The group sessions were held to test reactions of mentally ill persons with live music provided by instrumental and vocal soloists following a series of nine individual sessions (Knight et.al., 2018). American pianist John Nelson Pattison, who was credited with initiating the project, directed the individual sessions from piano while

doctors assisted by taking physiological data and recording each patient's reaction to the music (Knight et.al., 2018). Although the accounts use outdated and offensive language, the music experiments on Blackwell's Island marked an attempt by medical professionals and musicians to alleviate the suffering of a large group of persons with mental illness. In the last decade of the 19th century, an important paper in support of music therapy in psychiatric and general hospital settings was published by Blumer. In January 1892, Blumer's treatise titled "Music in Its Relation to the Mind" appeared in the American Journal of Insanity. Similar to beliefs held by Plato and Aristotle centuries earlier, Blumer (1892) believed that music was part of moral treatment, alongside other art, reading, music, and physical education. All of these opportunities provided a well-rounded therapy program for persons with mental illness. According to Knight et.al. (2018), Blumer held music in such high regard that he hired immigrant musicians to perform for patients at Utica State Hospital in New York where he served as Chief Executive Officer. Knight et.al., (2018) also credited Blumer as one of the first people to establish an ongoing music program in an American hospital and is considered a pioneer in the music therapy movement in the United States.

20th Century Writing on Music Therapy

Knight et al. (2018) also noted historical moments in the 20th century of physicians acknowledging and promoting music therapy or therapeutic music usage in a diversity of medical settings. Kane (1914) endorsed the use of the phonograph in the operating arena for the purposes of distracting and calming the patients who are undergoing surgical procedures. One year later, Burdick, who was cited to often work with Kane in the operating room, wrote that the phonograph was being used not only in operating arenas, but also in wards as a diversion from

discomfort and an aid to help patients sleep (Knight et.al., 2018). Moreover, Burdick indicated that "95% of his patients expressed interest in having music as part of the healing process" (Knight et.al., 2018, p. 43). The American Music Therapy Association (AMTA) gives historical context for the professional development of music therapy in the 20th century suggesting that a shift began after World War I and World War II when community musicians of all types, both amateur and professional, went to Veterans hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars (AMTA, 2022). The patients' notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals. It was soon evident that the hospital musicians needed some prior training before entering the facility and so the demand grew for a college curriculum. The first music therapy degree program in the world, founded at Michigan State University in 1944, celebrated its 50th anniversary in 1994. The AMTA was founded in 1998 as a union of the National Association for Music Therapy and the American Association for Music Therapy.

21st Century—Music Therapy Integration within Hospital Settings

Within the 21st century—in the last 80 years more specifically—music therapy has gained recognition around the world for its use of music-based interventions within the context of therapeutic relationships to support health and well-being in a variety of settings. While the professional practice of music therapy has become well-established in many parts of the world, the breadth of music use in healthcare in the twenty-first century is expanding (Knight et al., 2018). As argued by Sonke et al. (2009), "The primary purpose of [arts in health] is to use creative activities to lessen human suffering and to promote health, in the broadest sense of the

word" (p. 107). Many doctors are harnessing the power of music to help their patients in clinical settings, from the emergency room to general practitioners' waiting rooms. Background music has long been used to influence patrons' emotional response to different settings, but music therapy is a growing field that involves directly interacting with music to improve medical outcomes (Sonke, et.al, 2009). Since music therapy is being shown to improve healing and stress levels in many people, doctors and therapists are bringing this treatment into hospital settings to improve patient outcomes (Sonke, et.al, 2009). Music therapy can be used for both short-term and long-term treatment, from an overnight stay to returning regularly to the hospital for recurring therapies (Knight et.al., 2018).

Several major trends are contributing to the ever-increasing demand for cost-effective arts programs and initiatives that support healthcare goals, as noted by Sonke et al. (2009). The demand for provision of excellent healthcare services is largely driven by the aging baby boomer population, a generation that has fully positioned healthcare consumerism at the forefront of medical institutions' attention, according to Lambert and Sonke (2019). Readily available patient reviews and survey data regarding patient experience are available to prospective patients, which has led to a mainstream movement referred to as patient-centered-care. As a result, patients now voice that their medical care is provided in a more personalized, humanized, and demystified manner (Lambert & Sonke, 2019). A medical study from Rafieyas and Reis (2007) reported that doctors noticed improvements in their patients' emotional and behavioral experience, citing that music therapy seemed to offer them a sense of greater control over their treatment outcomes. Helping professions come in many different forms; and while music therapy is an effective

therapy modality for individuals of all ages and needs on its own, it can also be a part of a bigger team of allied health professionals.

Music Therapy and Modern Healthcare Culture

A main component of integrated medical care and music therapy cotreatment is the ability of music therapy to blend with the culture and care focus within the medical setting (Nielsen-Bohlman et al., 2004). According to Nielsen-Bohlman et al. (2004), healthcare culture can be defined as a set of behaviors, beliefs, policies, and actions that are regularly implemented within a particular setting, such as a doctor's office, a large hospital, and within patient perspectives within this social architecture. Nielsen-Bohlman et.al. (2004) also explained that culture is what a healthcare organization does regularly and frequently, the behavior patterns that are consistent and that impact patients. From a patient perspective culture is important because it affects how they are treated, the experiences they have getting healthcare, and the outcomes of their treatment, even their overall wellness (Nielsen-Bohlman et.al., 2004). Additionally, healthcare culture can differ from hospital to hospital and region to region. Nielsen-Bohlman et.al., (2004) linked healthcare culture to health literacy of patients and their understanding of healthcare culture, as well as individual and community resources regarding physical and psychological care stating:

Traditional and mass culture and society provide a lens through which individuals perceive the mix of opportunities and underlying values and assumptions inherent in the health system. Society influences individuals and collectivities such as families, communities, and professional groups. Social factors work through social networks as well as through government programs, legislation, and private-sector markets. They are

reflected in and shaped by the media. They are manifested through access to agency and organizational programs. A wide variety of social factors produce and diffuse information or misinformation, shape bias, develop and support health-promoting or -degrading environments, and provide normative pressures. These influence the actions of individuals, collectivities, and the specialized groups of public health and care providers and therefore suggest critical intervention points. (p.110)

COVID-19 also affected global healthcare culture (Lynch & Pusey-Murray, 2021). Lynch and Pusey-Murray (2021) noted that the COVID-19 pandemic has drastically affected the overburdened public health systems in many countries including the United States. This has escalated the challenges faced in hiring, deploying, retaining, and protecting adequate welltrained, supported, and encouraged health professionals. The COVID-19 pandemic has highlighted a strong need for sustainable investment in healthcare systems and how crucial it is to develop resilient healthcare systems. Additionally, Lynch and Pusey-Murray (2021) suggested that reenforcing the critical role both in crisis response and in building a future that is prepared for health emergencies is integral to a hopeful future and for community health. Music therapy can be one way to respond to the current healthcare culture and social environment that shapes patient and community members physical, emotional, and social health to many degrees as people give and receive physical care in general hospital settings. In these hospital settings, music therapy programs that develop amidst and after the COVID-19 pandemic will have to take the above factors affecting the healthcare culture, community health, and overarching social changes into consideration and adapt to these changes while integrating into these systems through education, advocacy, and demonstration. Below, the integral aspects of successful music

therapy program development embedded within a medical setting as well as challenges to this goal, and suggestions for the future of music therapy program development are explored.

Integral Aspects of Successful Music Therapy (and Arts Therapies) Program Development

It is significant that as a field we can reflect on the experiences of clinicians, practitioners and partners as the field of music therapy develops within medical settings and addresses client needs within this medical context. Program development is an ongoing, comprehensive planning process used to establish and grow projects. Quality program development is supported by a well-thought-out and documented plan of action (Lambert & Sonke, 2019). Below literature referencing program development in general hospital settings will be evaluated and compared for significant factors to developing, maintaining, and improving music therapy programs.

Professional Engagement, Community-based Engagement, and Non-Profit Work

In relation to effectiveness with hospital populations, Kacem, et al. (2020) studied the effects of music therapy on occupational stress and burn-out risk of operating room staff (N = 49). Kacem et al., (2020) noted that operating theatre staff/operation staff are exposed to various constraints such as excessive working hours, severe medical conditions and dreadful consequences in case of malpractice. These working conditions may lead to high and chronic levels of stress, which can interfere with medical staff well-being and patients' quality of care. The aim of this study was to assess the impact of music therapy on stress levels and burnout risk on the operating room staff. This study found that "after the music therapy program, Perceived Stress Scale average score decreased" (Kacem, 2020, para. 23) leading to a conclusion that music therapy can be an innovative approach that seems to reduce operating theatre staff stress.

Kacem mentioned that "It [music therapy intervention] must be considered as a non-pharmacological, simple, economic and non-invasive preventive tool" (2020, para. 1). This helped hospital staff help their patients and improve their quality of care and proves the need for these types of interventions in a healthcare setting.

Sznewajs (2009) discussed the implications of an arts-based educational non-profit for hospitalized children that exists within a general hospital setting called Snow City Arts (SCA). Snow City Arts, an independent nonprofit organization, was founded in Chicago, Illinois in 1998 to provide educational programming to the city's hospitalized children. Recognizing that too often hospitalized children are deprived of the same educational support enjoyed by healthy children, its programs work to reverse this trend by providing much-needed developmental outlets, using the arts as a springboard for learning. In its first year of operation, SCA served just over 300 children, since then it has served more than 11,000 children (Sznewajs, 2009). While the concept of patient-centric arts programs is certainly not new, the organization had been applying its arts programs on pediatric wards for 11 years with a unique purpose. Most hospitalbased arts programs are rooted in two different yet very important models: recreation or art therapy. To achieve success, however, Sznewajs (2009) suggested that SCA sets itself apart from most other hospital-based arts programs by putting the focus on learning. To counter that trend, SCA staff of 16 artists-in-residence taught young patients through four different educational workshops—creative writing, music, theatre, and art—to provide much-needed developmental outlets. All teaching staff were paid (one of the founding tenets of the program), held advanced degrees in their field of expertise, and more than half taught at the university level (2009). Most importantly, all were practicing professional artists in the community who regularly exhibit in

local galleries or perform with the city's ensembles, repertory or theater companies. The lifeblood of the educational programs, however, rests in the many partnerships it has worked diligently to create with local academic and cultural institutions. Its most critical success is its partnership with the local public school system. To evaluate the success of its programs, SCA independently developed a unique tracking system by working for 18 months with a consulting firm to create its InStep Evaluation System – an innovative computer tracking, and evaluation system designed specifically for the program (Sznewajs, 2009). Through this system, SCA integrated national standards in the arts, social studies, math, science, and language arts into workshop evaluation systems, including the 1997 Illinois Department of Education adopted learning standards, along with national standards for arts education finalized in Goals 2000: Educate America Act, the national education legislation. By integrating these standards into lesson planning and assessment, the organization was able to ensure that the lessons and skills these hospitalized children are learning are educationally in line with the expectations of the classroom (Sznewajs, 2009). Much of Snow City Arts' success is attributed to the implementation of community, school, and hospital partnerships that elevate academic, cultural, and artistic engagement for both the teaching staff and patients. The most important partnership model is found in how SCA cultivated its hospital partnerships. Knowing hospitals function differently, SCA went to great lengths to integrate its services into the day-to-day operations of each hospital it serves according to their respective systems and procedures. Sznewajs (2009) explained that to create a successful business model with its hospital partners, SCA entered into reciprocal financial agreements. Catered specifically to each hospital, the agreements identify the scope of the program requested, size of the patient population, and type of programming

provided. Based on these factors, each hospital agreed to pay a percentage of the cost of the program at their facility. In return, as an independent nonprofit, SCA agreed to raise the balance of the funding needed to sustain the program on an ongoing basis; those funds went to the hospital units through its program services. This mutual financial agreement resulted in lasting relationships with each hospital (Sznewajs, 2009). Although SCA is not the standard expressive arts or music therapy model in general hospital settings, and directly worked with children towards educational goals stifled by their treatment, this program can serve as a great example for communication and resourcing among educational, expressive, and medical professionals. Along the way, SCA and its staff set several short-term and long-term learning objectives based on patients' age, skill level, and length of stay (Sznewajs, 2009). In general hospital settings with adults, music therapists do the same through triaging and addressing individual patients' socioemotional needs, skill level, physical ability or condition, and length of stay. What remained a theme throughout music therapy and expressive arts program development, is clear communication, education and advocacy for field integration—medical and musical—to meet patient needs.

Mandel et al. (2019) conducted a study with the goal of gathering data about patient satisfaction with and benefit from music therapy services to inform development of a model of music therapy service in emergency departments (EDs). The objectives of the study were to compare patient satisfaction scores on pain control, ED recommendation, and staff care of ED patients who received music therapy with patients who did not receive music therapy services; to examine the benefit of music therapy services to manage ED patients' stress and pain; and to gather information about staff members' perceptions about music therapy services for ED

patients. Over 1,500 patients engaged in music therapy with a board-certified music therapist during the 3-year term of the study. Treatment included music-assisted relaxation, therapeutic listening/musical requests, musical diversion, song writing, and therapeutic singing. Items from the Press Ganey ED Survey measured satisfaction levels of 90 music therapy patients who received and responded to the survey with a matched control group—no statistically significant differences in patient satisfaction were found (Mandel et al., 2009). Mandel et al. (2009) also noted that significant improvements were seen in both stress and pain for music therapy patients, and the benefit of music therapy in procedural support was explored. A questionnaire revealed that 92% of respondents would be likely to recommend music therapy sessions for future patients, and 80% indicated that the music therapist's practice improved their caregiving experience. All music therapy patients indicated that they would request future music therapy in the ED (Mandel et al., 2009). The study provided important information for the development of music therapy programming in hospital EDs.

Advocacy and Education

Regarding expressive arts program development education and advocacy, researchers

Lambert and Sonke (2019) noted that "an urgent need exists for trained specialists to manage
organizational policies and practices involving arts programs and activities in healthcare
facilities" (para. 1). This article gives an introduction to the field of arts in health and argues for
what is currently needed within the academic and professional field of arts management to
advance this emerging arena of arts management theory and practice. The authors integrated key
references from existing scholarship alongside additional survey data to offer recommendations
for developing professional management of the arts in healthcare facilities like hospitals,

hospices, and long-term care centers. Lambert and Sonke (2019) summarized integral findings from field research on education for arts in healthcare managers and lessons learned from developing a new university program. Dewey (2011) conducted a study to explore development of an Arts in Healthcare Management concentration area of study in the University of Oregon's Arts and Administration Program. Data from Dewey's (2011) study was collected from current leaders engaged in the arts in healthcare facilities through a broad array of research methods including: site visits, interviews, observation, focus groups, a survey sent to the healthcare facilities identified as best practice in the National Endowment for the Arts white paper (2011), and a survey sent to the full Society for the Arts in Healthcare membership (Lamber & Sonke, 2019). Findings from the 2011 field research was further substantiated by an unpublished 2013 survey of 25 top employers in the field, in which 100 percent of respondents reported having paid staff in their arts in healthcare program (Lambert & Sonke, 2019). The programs employed an average of 2.14 full-time and 2.4 part-time administrative staff members, an average of 1.0 full-time and 4.0 part-time staff artists (with benefits), an average of 15 contracted artists (without benefits), and an average of 11 paid visiting artists. Of these survey respondents, 94% of employers reported a need to expand their administrative staffs, while 88% reported the need to expand their salaried artistic staff members than contracted artists (Lambert & Sonke, 2019). More employers are seeking salaried artistic staff members than contracted artists. With regard to educational preferences of these organizations, 89% of employers reported that they would be more inclined to hire administrative or artistic applicants who have an academic degree in arts in health (referred to as arts in medicine in the survey). Regarding healthcare arts administrative staff, the majority of employers (roughly 60%) expressed a preference for a graduate degree

(Lambert & Sonke, 2019). Lambert and Sonke (2019) suggested that a strong existing master's degree program in arts administration is an ideal academic home for developing an Arts in Healthcare Management field of study. They further suggested that coursework in cultural administration, esthetics, cultural policy, sociology of the arts, community arts management, exhibit design, performing arts management would be crucial. General nonprofit management courses including marketing, fundraising, financial management, event management, and volunteer management could potentially provide a solid educational foundation for key competencies and skills. Lambert and Sonke (2019) noted that a comprehensive research university that features faculty and academic program strengths in these educational content areas would be highly desirable for many arts or music therapy programs. Findings from field research and curricular development further suggested that a combination of coursework and practical experience would provide the best educational path for arts in healthcare management. As such, Lambert and Sonke (2019) suggested positioning this educational program as a partner with a university hospital or in collaboration with a local hospital would be very helpful. Ideally, faculty and graduate students would be able to work with the hospital (and/or other healthcare institutions) as a laboratory to develop arts in healthcare policy and praxis.

To summarize, results from the 2011 field research designed to assess the interest and demand for the field for an educational program in arts in healthcare management showed that this emerging field is in an early stage of professionalization. This is a field with tremendous opportunity for growth, but an extensive job market may not yet exist for graduates of such a program. Instead, what is needed is training future leaders for the field who will be competent in building the field through entrepreneurship, program development capacities, and community

engagement skills. The article provided an overview of the responsibilities of arts managers in healthcare institutions, as well as insight into the knowledge, competencies, and skills that arts managers require to effectively work in these settings. Lambert and Sonke (2019) made these suggestions with an eye on administrative leaders, arts managers, and program directors rather than music therapists specifically; however, the researchers bring up good points of improvement that would only help the music therapists that acted under the program directors. The article concluded by articulating a conceptual framework for a long-term research trajectory to inform further advancement of this distinct sub-field of arts management. Lambert and Sonke (2019) suggested that an effective long-term research trajectory to inform professional management of arts programs and initiatives in healthcare institutions would be comprised of interdisciplinary teams of researchers. Common research strategies included program evaluation, survey, case study, interview, and clinical studies. In short, arts in health is an emergent field that is wide open for all kinds of research relevant to the arts management profession, however from their research Lambert and Sonke (2019) indicated that progress in arts administration education, current expressive arts therapies/music therapy program survey and evaluation, and general financial and non-profit education among program leaders is necessary for future success as this particular niche in the field grows to meet patient, staff, and overall hospital needs.

Systemic Pressures, Financing and Grants

The process, rewards, and challenges of music therapy program development has been outlined through professional, firsthand interviews (Esposito, 2019). Esposito's (2019) phenomenological study (N = 5) explored the process of starting a medical music therapy program at facilities that did not previously have one. The unique experiences of five music

therapists who started new medical music therapy programs were explored using "thematic analysis of transcripts of semi-structured interviews" (Esposito, 2019, p. 30). Results indicated that participants had difficulties breaking into established systems, occasionally experienced tension with other coworkers and volunteers, and sometimes felt isolated during the process (Esposito, 2019). Despite challenges, however, experiences were reported to be generally positive due to the passion for the work which enabled them to persistently advocate, network, innovate, and engage in self-care necessary to fuel the ongoing work required of the process (2019). Overarching findings of the interviews was that a large amount of success in program development can be attributed to communicating effectively, that it is important for music therapists to have pride in their work and feel supported to remain resilient, and that relationships with administrative staff can shape the success of the development of a program.

A thesis and literature review from Wong (2020) defined music therapy and delineated the research of the effectiveness of music therapy on the physical and emotional needs of medical patients. Additionally, he proposed a weekly schedule and details of music therapy sessions with descriptions of music therapy methods and their variations including materials, goals, and benefits. Unlike Esposito's (2019) work, Wong (2020) outlined a music therapy program development as a proposal to a hospital to engage in the creation and integration of a program from the ground up. While the interviewees in Esposito's (2019) article mentioned that they lacked program funding and grant writing knowledge, Wong (2020) outlined program finances. The financial implications of the program are detailed, including salary, equipment and other program expenses. Wong (2020) noted necessary expenses include employee salary, employee benefits, and equipment. Music therapists' salaries vary based on such factors as

location, setting, population, experience, and training (Wong, 2020). In 2019, the average annual salary of a full-time music therapist in a general hospital in the state of New York was \$58,268 (AMTA, 2020). The connections of music therapy and the mission of the facility are presented, as well as context for implementation of this music therapy program. Wong (2020) suggested that "as the program is established, it is recommended that in-service training be offered to all staff within the hospital by the music therapist in order to educate about the benefits of music therapy, and to communicate referral procedures" (p. 31). Both articles noted that communication between departments, advocacy, and education regarding music therapy benefits and usages is important for the health and sustainability of these programs.

Telehealth and the Future of Healthcare and Music Therapy

It would be remiss of this review to not include an exploration of recent developments within current social and global health contexts and the telehealth music therapy as the global pandemic of COVID-19 changes the landscape of our field and the way we can interact within hospital settings. As the COVID-19 pandemic transforms our society, music therapists must adapt service delivery models that ensure client safety. Given the prevalence of COVID-19 in our communities and lack of personal protective equipment in many settings, music therapists were faced with the need to shift delivery models in order to provide safe and relevant services. Telehealth is one solution to these current service delivery challenges. The American Music Therapy Association (AMTA, 2020) supports the use of telehealth therapy as a means to provide music therapy interventions when beneficial to clients. The U.S. Health Resources Services Administration (HRSA) defined telehealth as the "use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and

professional health-related education, public health and health administration" (HRSA, 2017, para.1). Providing music therapy in a medical setting has undergone major changes during the COVID-19 world pandemic. Many programs had to discontinue while others were able to transition to a telehealth model. Folsom et al. (2021) described the process of telehealth-based music therapy sessions within an integrative medicine model in an oncology setting. First, they introduced their telehealth group-based music therapy model. Next, they outlined individual music therapy telehealth patient consultations, with examples from inpatient and outpatient settings. Overall, the study showed that music therapy's transition to telehealth delivery in an academic comprehensive cancer center was successful and "of great value" as viewed from the provider and patient perspective (Folsom, et.al, 2021, p. 5). A patient from the inpatient music therapy setting stated he believed the telehealth group music therapy offered both himself and his family members a structured opportunity to bond through music twice weekly (Folsom, et.al, 2021). The patient also stated using their music/expressive creation as a resource outside of sessions as well, while the telehealth outpatient group provided opportunity for social connection between patients and caregivers with music initiating conversation and expression (Folsom, et.al, 2021). Folsom et al. suggested that future research should include a more in-depth qualitative and quantitative examination of patients' perceptions of telehealth music therapy, comparing inperson versus telehealth, preferences for the different delivery methods, and whether outcomes are moderated by certain variables such as physical or cognitive limitations or access to and familiarity with technology (2021). As hospital systems return to in-person healthcare, it could be valuable to track the trajectory of interest in telehealth music therapy; perhaps being less meaningful for patients if there is the option of in-person music therapy. Alternatively, telehealth

music therapy may increase access for patients who would not typically initiate music therapy if required to come to the hospital.

Foster (2021) noted that music therapists have delved more deeply into specialized areas, creating valuable new techniques and applications that can be used by other medical staff. Foster landscaped some of the ways that music has expanded beyond music therapy over the last 20 years and provides an example that illustrates an innovative approach to address significant healthcare issues in long-term care. As research and practice in music and health continue to expand, an increasing variety of non-music therapists and non-medical personnel are using music in care settings. This study reported on a multi-year project that engaged 24 long-term care homes in conducting individualized action research projects using the fundamental approach of Music Care, empowering all caregivers, formal and informal, musicians and non-musicians, to use music to improve quality of life and care (Foster, 2021). Foster (2021) suggested that non-medical personnel can and should utilize music in care settings; however, still encouraged education for non-medical personnel through an Integrated Model of Music Care. Foster (2021) stated that:

A key output from the pilot study was the development of the integrated model of music care (IMMC)—a concept of the necessary factors to integrate music into standard healthcare. Foundational to the IMMC is training and information, understanding that music can have both beneficial and adverse effects on a person's well-being. (p. 7)

Foster (2021) explained that the goal of training was to increase caregiver confidence and skill to use music in some capacity, regardless of prior musical training. Building on that knowledge,

Foster (2021) stated that caregivers determined a purposeful intention to use music to reduce the

experiences of resident isolation or loneliness. Several sites within the study reported that, during the initial grim days of COVID-19, the music care training that was conducted for the study had prepared their frontline workers to use music as an important connection with residents and their separated family members (Foster, 2021). Although a credentialed professional who had completed an approved music therapy program and used clinical and evidence-based music interventions to accomplish individualized goals is essential in many healing spaces, teaching non-music therapists and non-medical professionals doesn't negate the work of music therapists. Credentials and clinical experience only help patients, clients, and community members gain a richer and deeper healing experience in a physical care capacity and in a socio-emotional capacity when they may feel the most isolated. This article also suggested that technology, telehealth and digitally shareable music/media access has made musical person-centered care possible amidst the pandemic (Foster, 2021).

Brunick (2021) sought to examine the impact of the transition to telehealth music therapy services as the primary delivery mode of treatment during the COVID-19 pandemic. Through online questionnaire-based surveys, board-certified music therapists were asked to provide responses to questions relating to their and their clients' demographics, their theoretical orientation, their clinical experience prior to and during COVID19, and their views on the overall impact of telehealth (Brunick, 2021). Data analysis indicated major shifts in therapist's clinical practice due to the pandemic. The survey data illustrated how respondents were reasonably well dispersed among the five categories of clinical populations most served comprising of children with developmental issues in early childhood (47.19%), individuals with autism spectrum disorder (55.06%), adolescents/adult mental health (37.08%), medical/oncology/NICU (6.74%),

and older adults/hospice & palliative care/bereavement (30.34%) (Brunick, 2021). There were 12 respondents who reported serving other populations including elementary students at risk, adolescents and adults with intellectual disabilities, adults with traumatic brain injury, disability population-adults, infants, physical and neuro rehabilitation, adults with disabilities, memory care, geriatric behavioral health, bereavement, incarcerated adult mental health, and neuro-rehab. Survey results regarding telehealth usage indicated that the setting in which music therapy was practiced was significantly impacted by COVID-19. Most sharply, the difference was seen in the use of telehealth practice, which shifted from 2.86% before COVID-19 to 64.3% after COVID-19 (Brunick, 2021). Survey results indicated that the vast majority (96.67%) of music therapists providing services via telehealth have been practicing for fewer than five years. While participant age was not captured as part of this study, one possible explanation might be a correlation to age and the likelihood of newly certified therapists representing a younger demographic that is generally more comfortable with technology. Findings of Gaddy et al. (2020) supported this theory as nearly half (47.07%) the respondents reported to fall in the age range of 25-34, indicating newly certified music therapists (Brunick, 2021). Music therapists are well-versed at rapid adaption in the moment to address the ever-changing needs of a client (AMTA, 2021); however, with respect to impact, most respondents overall reported a somewhat negative experience across the entire range of technological, clinical, and personal factors with relatively no impact to logistical factors including privacy, confidentiality, and administrative tasks such as scheduling. The somewhat negative reports concerning connectivity and audio/visual deficits when conducting telehealth echoed the findings of Spooner et al. (2019) who argued that even under the best technological conditions, the typical give-and-take

dynamics between client and therapist in an in-person setting are compromised by the limitations of telehealth and information is bound to be missed (Brunick, 2021). Interestingly, the technological factor most negatively impacted as reported by respondents (48.33%) was the ability to synchronize musically. Participants also reported the need to alter many aspects of their services including approach to treatment and the therapeutic goals (Brunick, 2021). The results indicated that despite these challenges, most respondents anticipate the continuation of telehealth delivery of services both during and post-pandemic (Brunick, 2021). Higher percentages of respondents serving children with developmental disabilities in early childhood (100%), individuals with autism spectrum disorder (29.41%), and adolescents/adult mental health (38.46%) reported very likely to continue providing services via telehealth during COVID-19 compared to those serving medical/oncology (0%) and older adults/Hospice & Palliative care (6%) populations. These findings indicate the prevalence of essential workers in hospital settings who have continued to provide in-person care throughout the pandemic. Conversely, higher percentages of respondents serving children with developmental disabilities in early childhood (50%) and medical/oncology (33.33%) reported they were very likely to continue providing services via telehealth post-COVID-19 compared to those serving individuals with autism spectrum disorder (6%), adolescents/adult mental health (8%), and older adults/hospice and palliative care (0%) populations. Combining these findings, one possible explanation for the anticipated shift was that providers realized the value of offering telehealth services to extend patient reach despite the inconveniences but the value of in-person service delivery is simultaneously implied and underscored by the limited percentage of respondents serving the autism, mental health, and older adult/hospice and palliative care populations who

intend to continue telehealth post-pandemic. Despite this abundant data, the full impact of COVID-19 has yet to be fully understood and current research is ongoing.

Discussion

Overall, the organized data from field researchers within this literature review suggests that a need exists to further standardize fiscal, clinical, social and professional aspects of program development within hospital settings (Esposito, 2019; Lambert & Sonke, 2019). In interviews of music therapy professionals, Esposito (2019) found that a large amount of success in program development can be attributed to communicating effectively, that it is important for music therapists to have pride in their work and feel supported to remain resilient, and relationships with administrative staff can shape the success of the development of a program.

Many professionals suggested a need for education regarding grant writing and fiscal preparation from an administrative perspective so that music therapists can better prepare and support their work in general hospital settings (Esposito, 2019). Other researchers and arts/music therapy professionals suggested that coursework in cultural administration, esthetics, cultural policy, sociology of the arts, community arts management, exhibit design, performing arts management would be crucial. General nonprofit management courses including marketing, fundraising, financial management, event management, and volunteer management could potentially provide a solid educational foundation for key competencies and skills (Lambert & Sonke, 2019). Data showed that more organizations are seeking salaried artistic staff members than contracted artists which proves beneficial for the legitimacy and standardization of music therapy program development within healthcare settings (Lambert & Sonke, 2019). Upon survey of hospital staff's perception of effectiveness on co-treatment of physical care and music therapy

intervention, data revealed that 92% of respondents would be likely to recommend music therapy sessions for future patients, and 80% indicated that the music therapist's practice improved their caregiving experience (Mandel et al., 2009). This bodes well for the continuation of music therapy in hospital settings utilized as a co-treatment with medical treatment, however, further research is necessary to fully understand best utilization of music therapy interventions within specific departments and with specific populations within hospital settings. Wong (2020) additionally suggested that as the program is established, it is recommended that in-service training be offered to all staff within the hospital by the music therapist in order to educate about the benefits of music therapy, and to communicate referral procedures.

There is still much research to be done and to increase upon what is discussed within this literature review as the social, cultural, musical and healthcare landscape changes amidst a global pandemic and an ever-expanding field of arts in healthcare settings proceeds. This critical literature review shows that even though there is a large amount of research on music therapy in medical settings, standardization of the field, education and advocacy remain important as the field grows to meet the culture it operates within and the needs of the diverse communities that music therapy serves. For future considerations, the bevy of therapists willing and eager to adapt at such a rapid speed amidst a pandemic speaks to the flexible nature of music therapists; transcending experience, theoretical orientation, and populations served (Brunick, 2021), giving credence to the field of music therapy as to its unique and indispensable value in times of crisis. Despite the many drawbacks that exist when utilizing telehealth, data from studies detailed above demonstrate that telehealth is a viable option on the continuum of healthcare and provides an

opportunity to expand the reach of services within general hospital settings within in-patient and out-patient setting, to the broader communities that are served through music therapy.

Conclusion

Program development is essentially a road map, an action plan that provides the guidance needed to develop and build effective community programs. As an action plan, program development is an ongoing and continuous process. Because each program is fluid and likely to change depending on specific needs, it should continue to evolve. As we are charting a course for change, program development allows us to document each action or step so that we are able to conduct needed assessments and determine areas where modifications may be needed. In program planning, we identify major needs, set objectives, establish priorities and generally chart a direction for growth and development. Program planning also allows us to identify shortcomings and weaknesses and chart a new course of action should priorities and needs change.

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THESIS APPROVAL FORM

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