

**Meaningful Music in Health Care (MiMiC) by Krista Pyykönen and Rineke Smilde**

**Introduction**

Meaningful Music in Health Care, MiMiC in short, is a project towards a new contextually well-informed and artistically-led participatory live music practice for professional musicians to work in the hospital – which we are currently developing through research – and a new module for master students at the Prince Claus Conservatoire.

MiMiC is a joint research effort between researchers of the research group Lifelong Learning in Music (LLM) and those of the department of surgery at the University Medical Center Groningen (UMCG). Thus, in the MiMiC-project, we have a unique mix of qualitative researchers, musicians and medical researchers. In addition, a number of graduating students of the Prince Claus Conservatoire participated in a training program in autumn 2016 and a practical internship in the MiMiC-practice in spring 2017.

In three surgical hospital wards, where the project takes place in, adult patients of 18-100 years of age share rooms with each other. Music is played for all patients in all ages, who wish to have it or have a need for it. Nevertheless, there is a special focus on hospitalized elderly surgical patients, and a shared interest between the two disciplines – music and medicine – that is: “How can interactive live music sessions enhance the well-being and recovery of elderly surgical patients?”

The reason for this focus is that older adults, who undergo surgery are at an increased risk of complications and tend to be more vulnerable during recovery. There is an increased risk of delirium among older adults, which can even lead to an increased risk of mortality during hospitalisation. Delirium is, indeed, a serious matter in the operative care of elderly people. However, apart from looking at the wellbeing of elderly hospital patients we also have additional research foci.

**Research design**

The LLM researchers investigate the practice through three different lenses. We research the social situations in the music sessions: the musicians’ interactions within the context, the meaning of the practice for healthcare professionals and patients, as well as the musicians’ professional performance in the practice. We have done this by using ethnographically informed research methods: participant observation, episodic interviews and group discussions with care professionals, as well as reflective journals of and narrative interviews with musicians.

The data has been triangulated and supported by audio recordings of the music sessions, which have been recorded with the consent of patients according to the requirements of the ethical committee of the UMCG. In these supportive audio recordings, we can listen back the interactions between the musicians, the patients and the care professionals, and document the patients’ immediate responses and statements of meaning towards the music and the session. We have coded all our data using grounded theory, and now we have arrived at the following core categories: participation, compassion and excellence.

The researchers of the UMCG have conducted effect research through physical measurements on patients taking part in the music sessions, before, during and after the music, as well as control group measurements and quantitative questionnaires. Their research objectives are to find out if the participatory music sessions have an impact on the elderly patients’ wellbeing in terms of the perception of pain, stress or anxiety. The preliminary outcomes of these effect measurements are promising.

Together in this joint research, we have so-called external evidence (effect measurements) and internal evidence of the qualitative data on the musical interactions. Our aim is to bring the practice-based findings and the evidence-based outcomes together, and portray the MiMiC-practice through a combination of the joint data.

### **Explorative nature of the practice-development**

Our approach to the practice development of MiMiC was bottom-up explorative research. The context was new to both the musicians and the LLM-researchers of the research group Lifelong Learning of Music. That is why it was necessary to hold two pre-pilots before the six pilots between September 2016 and May 2017 to learn the *do's and don'ts* of the practice. After these two pre-pilots, each of the following six MiMiC-pilots was a week-long project, which meant that we could accompany some patients during their full time of hospitalisation. Each session was 60-75 minutes long, depending on the day structure of the ward, and included several patient encounters, often not longer than 10-15 min per room.

What we have learned is how to approach patients in an authentic way, how to find the music that is appropriate and meaningful for each individual patient encounter, and how to facilitate musical interactions. We have also learned practically how to blend into the day structures of the ward, how to cooperate with the ward staff and build ways to include them in the music-making. Most importantly, we have understood that a surgical hospital ward is a hectic and unpredictable environment for a live music practice. This calls for strong adaptation skills and social sensitivity for the musicians to learn how to “read” the situations at the ward, as every session was different than the other.

### **A look into the sessions**

The music in the MiMiC-practice is aimed as much at the patients as at the staff of the ward. Each session is planned in cooperation with a coordinating nurse of the ward in approaching patients with consideration to their personal resources to take part in the musical encounters.

When entering a patient's room, the musicians are entering this patient's space. It is their only personal space during their time of hospitalisation, and in many cases that space is shared with other patients. That is why MiMiC is an entirely voluntary practice, and every day the musicians ask the patients if they may come in or if the patient has a need for music that day. We have noticed that when there is trust in the integrity of the musicians, the interactions through music can happen organically and effortlessly. This has been noted by the care professionals, who find it to be remarkable that their patients, especially some who have been rather closed-up socially, can become open to interact through the music. This kind of new insight gained through the increase of communication can support the development of patient-nurse care relationships.

In the practice, multiple approaches of “person-centred music making” are utilized. First, the musicians play arrangements of carefully selected repertoire that cumulates through experience and initiatives from musicians, patients and nurses. Sometimes, the music is played during procedures, which has been received as a positive distraction from the sometimes-painful care routines. Second, the musicians make improvised pieces of music in the moment with themes arising from the patients' life worlds, such as vacation destinations or landscapes near home. Some improvisations are tonal with genre-based idioms or motives. At other times, the musicians improvise music that is conducted by a patient with a baton. It is a form of a deep level of musical connectivity, where the patient leads and the musicians follow. This has been appreciated especially by the care staff, as it respects and promotes the patient's autonomy and shifts control back to them, in a place where they have already had to compromise much of their autonomy, privacy and control over their own situation.

Patients tell that having musicians by their bedside is a powerful yet intimate experience. Some say that it helps to cope with the stress of having an operation, for others it helps to process emotions that have been left unexpressed. They also tell that music brings the outside world into the hospital.

### **Conclusions and final thoughts**

Through our qualitative analysis of the social situations within the MiMiC-practice, we have seen observations on the following processes:

First, live music works as a catalyst for releasing emotion and opening communication between musicians, patients and their care professionals. Through this process, the care professionals can gain new insight and understanding of the patients' life worlds and mental aspects of wellbeing. Thus, there is clear situational learning that takes place through participation in the sessions.

Second, the care staff have reported to us that they have seen an increase of interaction among patients in group rooms that they do not often see. Usually, patients keep things to themselves, listening to their own music and watching films on their laptops and earphones, but the new approach of live music has provoked them to acknowledge each other in the room; "What shall we ask the musicians to play today?"

Third, the interviews with care professionals reveal that there is a high value of the patients' artistic experience for the staff members. Care professionals consider the tailor-made music session to be in line with the aims of patient-centred care.

Fourth, for the musicians, working near the people in the hospital and tuning in with them and with the context has a lot of meaning and learning benefits. For example, participation in MiMiC has changed the way they view their performance practices in more conventional concert settings. For the novice musicians, participation in the MiMiC-practice also increased their social awareness of musicianship and made them feel more connected to the society as musicians. We are currently processing these findings.

Finally, what I want to leave for you is the concept of external and internal evidence of a social situation, bridging the data from quantitative measurements and qualitative inquiry together. The external evidence alone would not be enough to portray the practice and the social situations within it, and likewise, the internal evidence gains a new layer of knowledge when the qualitative descriptions are linked to the collected physical measurement data.

Furthermore, the findings of the research suggest strongly that person-centred music-making can support the aims of patient-centred care. It can evoke small social changes in the care context in terms of the patients' sense of autonomy and control, release of emotion, and increase of social interaction. It can also facilitate musicians' learning about their interactions with their audiences and lastly, it can support the work of the care professionals, because what they consider to be beneficial for their patients' wellbeing, they also see beneficial for themselves.