MUSIC IN HEALTHCARE PROJECT:
EVALUATION REPORT

PART ONE: INTRODUCTION

This is a report of the first phase of the evaluation of the Music in Healthcare Project. The evaluation of the Music in Healthcare Project will be completed in two parts, reflecting the two phases of the project. This first part provides an interim assessment of the project's progress. As well as forming part of the overall evaluation, it will seek to inform phase two of the project.

The report is structured as follows.

Part two outlines the aims and purpose of the evaluation.

Part three describes the project objectives, structure and implementation.

Part four describes the methodology used in this evaluation.

Part five presents the findings alongside analysis of the findings.

Part six discusses the findings and makes recommendations.

The appendices include questionnaires used to gather data.

PART TWO: THE EVALUATION

1.   Aims Of The Evaluation

The evaluation of the Music in Healthcare Project will

- make an assessment of the project's effect and outcomes, based on the stated objectives of the project

- distil learning from the project experience to enable replication of the project elsewhere

The evaluation will contribute towards the development of best practice guidelines for use by Health Boards and other interested groups and organisations which will provide

guidance on planning and implementing similar projects in hospitals, residential and day care centres.

2.   Basic Questions For The Evaluation

The evaluation seeks to answer

- What did the Music in Healthcare Project achieve? Did it do what it set out to do?
- What was the impact of the project on the participants?
- What modifications should be made to the original project plan to better achieve the objectives?

PART THREE: THE PROJECT

1.   Aims of the Project

The aims of the project as stated in the Music Network planning document were

- to provide older people living in healthcare environments with access to live music experiences;
- to measure the impact of these experiences within participating centres.

2.   Objectives Of The Project

The objectives of the project as stated in the music network planning document were

- to present specially designed concerts and workshops of the highest quality to older people within their own living environment;
- to engender a sense of occasion within the context of elderly patients' daily routine;
- to unlock the creativity of older people by giving them the opportunity to improvise and compose their own music;
- to build upon and enhance social awareness among both elderly patients themselves and between patients and their professional carers;
- to examine the value of music as a tool in activating reminiscence as a form of therapy;

- to analyse the benefits/impact of the music activities presented among staff, patients/residents and visitors, and to use the findings as the basis for effective future delivery of music in such settings;
- based on these findings, to raise awareness among both the medical and caring professions, and among the wider public as to the potential benefits of music within the area of care for older people, and healthcare in general;
- to explore the potential for the development of a new area of employment for professional musicians

3.   Brief Description of the Project

The project presented a programme of performance and participatory workshops at six long stay residential and day care centres in the Midlands Health Board region. Two facilitators led the project, each working with two other professional musicians in three venues. St Mary's Hospital and Day Care Centre, Mullingar, St Vincent's Hospital and Day Care Centre, Mountmellick, and Riada House Residential and Day Care Centre, Tullamore, formed one group.   Ofalia House Residential and Day Care Centre, Edenderry, St Joseph's Hospital and Day Care Centre, Longford, and Ely House Residential and Day Care Centre, Birr, formed the other group. A music liaison person was appointed from the staff at each of the venues to work with the facilitator and be the main organiser and point of contact for the venue.

The facilitators and musicians attended two days of Music Network's Continuing Professional Development Workshops. The music liaison worker and other staff received a days training from the facilitators.

The music sessions took place weekly for six weeks between April and June. A seventh session was planned as an evaluation and reminiscence session.

PART FOUR: METHODOLOGY

1. <u>Qualitative Study</u>

The evaluation used qualitative techniques and was based on the ideas and opinions of the key personnel in the project – the facilitators, the musicians, the music liaison workers and other hospital[1] staff, and the older people[2] who took part in the sessions.

Such an evaluation could have used quantitative measures, for example, measuring mood and functioning of the older people before and after the music sessions. Even had time and resources allowed, the use of such techniques would have changed the nature of the project. It may well have had an undesirable impact in making the older people feel like guinea pigs. Putting pressure on the staff and musicians to achieve measurable goals risked diverting them from other objectives. Further, such empirical techniques may fail to capture the subtle but significant impact on the older people that is evident in their own self-report and the observations of the hospital staff.

2. <u>Data Collection</u>

Data was gathered through

- interviews with the two facilitators

- written questionnaire (three) or interview (one) with the musicians

- written questionnaire (one venue) or group interviews (five venues) with the music liaison workers and other hospital staff

- focus groups with the older people at three of the venues

- interviews with a selection of older people at one venue

- written questionnaires to the older people. A total of seventy questionnaires was distributed, fifteen to each of the venues where there was no focus group and ten to the other venues to be completed by older people who were not part of the focus groups.

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[1] For convenience, all the participating health care settings are referred to in this report as hospitals
[2] The term older people is used as a shorthand throughout to refer to the patients or residents and day care attendees who took part in the sessions

This report includes data from five of the six venues. One venue, St Joseph's Hospital, Longford, was unable to return the questionnaires in time for inclusion in this report[3].

All interviews were semi-stuctured with questionnaires forming the framework for the interviews (see Appendices One, Two, Three and Four). Focus groups were based on a pre-planned series of questions (see Appendix Five). The decisions about who participated in the focus groups and the staff interviews were necessarily left to the hospital staff.

Time limitations dictated that a combination of data gathering techniques be used. Face to face interviews were not possible in all cases. Nor could all the venues be visited by the evaluator. All key personnel nonetheless were able to contribute to the evaluation through the written questionnaires.

3.   Comment

Though initially motivated by expediency, using a combination of data gathering techniques proved to have advantages in being able to adapt the data collection to the conditions imposed. At one hospital, for example, the practical difficulty of gathering the group together meant that older people were interviewed individually. Lessons were also learnt for the next phase of the evaluation. The written questionnaires proved a more effective means of data collection with the musicians than with the older people and the staff. Completing the questionnaires imposed something of a burden on hard-pressed staff. Many of the older people were unable to complete the questionnaires unassisted.

PART FIVE: FINDINGS AND ANALYSIS

While reference is made to individual venues, no comment is attributed to any named individual. The findings are presented in general terms not only to protect anonymity but

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[3] These questionnaires were handed directly to Music Network.

also because a perception expressed by *any* participant is of interest in relation to potential new participants and/or new venues.   Analysis and comment are included alongside the findings.

The findings draw attention to some areas (e.g. staffing) that are beyond a Music Network evaluation to explore more fully. There may be value for the Midland Health Board in evaluating in detail the project's impact on individual hospitals and the implications for implementation of similar projects in other venues.

1.   General

The response to the project by the key personnel – facilitators, staff, musicians and older people - was generally positive and in most cases enthusiastic. There was a consensus that the project had had a positive impact on the older people. There was agreement that the project was well organised. The staff and older people at all the hospitals expressed praise and admiration for the facilitators and the musicians.   With few exceptions, respondents thought the project was challenging and rewarding and were keen to continue to the next phase.

There was one hospital, St Vincent's, and one musician who deviated from the general consensus in some (but certainly not all) areas. Because the difference in opinion in these areas was so marked, the findings are presented separately so as to best capture the learning to be had from the diversity of views.

2.   Implementation

2.1.   A Learning Process

The project was embarked upon by Music Network as a learning process.   This perspective was adopted by the facilitators, musicians and most of the staff and enhanced the participative aspect of the project, engendering the sense of doing something new and

different. Unlike a concert performance, there was not the expectation of presentation of a finished product. There was also a widespread feeling of 'learning as we go'. This was exemplified in the finding that people were not quite sure what to expect but did not identify that as a problem. The challenge will be to retain the freshness and flexibility of this approach.

2.2.   Difference in Structure

The facilitators structured the sessions differently between the two groups of hospitals. At Mullingar, Mountmellick and Tullamore, there was a mixture throughout of performance and participative workshops. At Birr, Edenderry and Longford, the first session only was performance and the remainder were participative percussion workshops. No correlation was detected between the response of the venues and the difference in structure of the sessions.

The differences in structure seemed to be determined by the facilitators' experience, style and interests. That this variation occurred without preplanning highlighted the value of the project's flexibility in allowing the facilitators control over how to best to exercise their expertise. In looking towards replication of the project, it draws attention to the value of developing flexible guidelines rather than a stiff model of implementation. It also draws attention, as do many of the findings, to the crucial role of the facilitator in the successful implementation of the project.

2.3.   Final Session

There was a slightly ragged ending to the project's first phase, one of the few weaknesses in the planning of the project. The seventh session and final was planned as an evaluation and reminiscence exercise. The planned reminiscence session did not take place and staff and facilitators were unsure of the intention of scheduling this. The evaluation was planned late into the first phase of the project. The evaluator was able to use the seventh session in three of the hospitals but for practical reasons had to make other arrangements for the evaluation in the remaining venues.

More thought needs to be given to how the final sessions are used in the second phase. The idea of a reminiscence session should be deleted; more is said later in the report about reminiscence. Action has already been taken to better structure the evaluation of phase two.

3.   Promoting Access To Music

3.1.   Accessibility

Very few of the older people were able to attend performances outside the hospital because of ill health and disability. Transport and accessibility of venues also mitigated against attendance at musical events. It was usually beyond staff resources to enable attendance at performances outside the hospital. For example, Riada House staff described taking a group out to a local performance one evening. The outing was successful only because staff came in their spare time not just to accompany the older people but to assist them in settling for the night on returning to the hospital.

Thus, in these health care settings, the older people's access to music is dependent upon musical groups visiting the hospital. This happened at all the venues but varied in frequency and quality depending on local availability of musicians and staff time to organise events.

3.2.   The Quality of the Music

A factor that came across as key to the success of the project was the quality of the music and musicians. For people often used to amateur performance and school groups, the standard of music presented made a big impact. It enhanced the sense of a special occasion for the older people and made the staff feel that it was worthwhile. It was not only having music that was important but having professional musicians.

Simply by bringing music to the healthcare settings, the objective of promoting access is achieved. But to promote the kind of access to music that other sectors of the population enjoy means bringing in good quality music. This has implications for the sustainability of the project achievements once this pilot stage is complete in terms of the availability of musicians and the cost of securing their services.

4.   Enhancing Quality of Life

For the purposes of the evaluation, a cluster of factors was distilled from the objectives which together explored the project's impact in enhancing quality of life of the older people. These factors were

- promotion of creativity – to provide the participants with an opportunity to express and explore their creativity
- encouraging communication – to use the workshops and concerts to stimulate communication among the older people and between the older people and their professional carers
- engendering a sense of occasion – to create a sense of a special occasion and an event to look forward to within the older peoples' normal routine
- enjoyment – to provide the participants with an enjoyable experience

There follows a discussion of these four factors, plus some other factors which emerged from the responses.

The general opinion, including that of the older people themselves, was that the older people responded well to the project. As one facilitator said

'Their response was resoundingly positive!'

4.1.   Promotion of Creativity

This was difficult to explore but evidence of the opportunity to explore creativity was found in many of the observations of staff. One example of this was from Riada House, where staff said

> 'There's a man here who can hardly move. But he tapped out a rhythm on the drum. We were amazed.'

At Ofalia House, staff reported that people made music with the instruments when staff might have thought they would not even be able to hold them.

4.2.   Encouraging Communication

There was clear evidence of the project's achievement in encouraging communication in several ways. All the venues reported that many of the older people talked about the music between the sessions between themselves and with staff.   Some noted that there was more communication between the older people as a result of the sessions.

> 'You get people here who never talk to one another because there is nothing to talk about. this definitely gave them something to talk about.'

Several of the older people also commented on this.

> 'It got us talking together.'

A number of staff commented that the sessions gave them another point of contact with their patients.

> 'Sometimes in the day to day rush you lose sight of their individuality. but when you see them discover a new talent at keeping a rhythm or something, you see them in a new light.'

Several staff commented that the music itself was a means of communication without using speech or language. So those with speech defects and language problems could still contribute.

4.3.   Engendering A Sense Of Occasion

The variation in the normal routine was what many older people said they liked best about the sessions.

> 'It was something different to just sitting and talking. It's grand to have something like that.'

> 'It was something I looked forward to very much. I thought about it all week.'

Many staff also identified this as one of the most valuable aspects of the project. Most commented that the music sessions relieved the tedium and boredom of the older people's days. It was not just the sessions that did this but the planning and anticipation. Staff at several venues took advantage of this. For example, at Riada House, words to songs to be sung at the next session were typed out and practised during the week. At St Mary's, the staff helped the older people practice the percussion to encourage their participation in the sessions.

4.4.   Enjoyment

All the older people questioned said that they enjoyed the music sessions. In the focus groups, the older people were enthusiastic in their expression of enjoyment.

> 'It was beautiful. It took my breath away.'

> 'We haven't had something that enjoyable in a long time.'

Staff commented on the obvious enjoyment of the older people.

'It was the highlight of their week. They seemed to have great fun.'

The vast majority of the older people said that the sessions put them in a better mood and that they felt more relaxed after the sessions.

'It gave me a real lift.'

Many staff and older people commented that the sessions impacted on the general atmosphere. Typical comments were

'Michelle came in here and really stirred us up. Really got us going!'

'The music sessions picked up the morale of the place.'

'The whole atmosphere was lifted by the sessions. Even the matron, who had been away, came back and commented on it.'

4.5.   Attitudes to Participation

There was a fairly even division of opinion between the older people who enjoyed both workshops and concerts equally, those who preferred the concerts, and those who preferred the workshops with a slight weighting in favour of the workshops. There did not seem to be a marked difference between venues on this point, with the exception of St Vincent's as noted below (section 10).

Most people enjoyed using the instruments and talking about it brought out some of the most enthusiastic comments.

'It brought the beat to my heart, playing that drum.'

The impression was that some of the most positive effects of the project were achieved by the participate sessions.   Several older people said that making music together engendered a sense of community.

'It made it like family.'

Many of the positive responses reported by staff related to older people with profound disability discovering a talent with a percussion instrument. They were delighted to find that even people with stroke damage and other problems were able to take part and use the instruments.

A facilitator commented

> 'It was wonderful to see it dawn on the older people as they sat there in their usual passive role that they had to perform!'

Once they got over the surprise, both facilitators noted the quality of the older people's participation.

It was also noted that the challenge of taking part was not only to the older people but to the staff. To staff used to doing so much for the older people, just to let them alone to play their instruments was an adjustment.

4.6.   Therapy and Reminiscence

One of the project objectives was to examine music as a tool for activating reminiscence as a form of therapy. In fact reminiscence in the therapeutic sense was not used at all. Many of the older people said that the music stirred up memories and the staff commented that the older people talked about things of which the music reminded them. This was probably typical of many audiences response to music and not peculiar to older people in these settings.

The facilitators agreed that while the sessions were therapeutic, they were not carrying out therapy and did not have any therapeutic aims. As one said

> 'Music often has a healing effect. But this was not therapy in the sense of having a treatment plan and an individual relationship with the clients.'

Older people in health care settings are too often subject to having normal activity labelled as therapy. This runs the risk of casting them into the role of passive patient. Music Network's focus is access to music and the therapeutic references should be deleted from the objectives.

4.7.   Other Effects

The facilitators noted over the weeks the increasing confidence of the older people in participating. One facilitator thought there was a definite process of empowerment. The older people's concentration and ability to follow direction improved.

A few staff commented that the sessions distracted people from their problems.

> 'They were completely engaged and absorbed.'

Other positive effects on the older people were reported. It is impossible to quantify these. A number of staff recognised this. A typical comment was

> 'I can't measure it. But if I see them with a smile on their face and that
> smile lasts longer than the Music Network session, then I know it is worth
> more than I can say to them.'

In assessing the value to the hospital of putting resources into such a project, trust needs to be placed in the staff to make judgements about whether it is worthwhile; there can be no empirical objective measure. As has been discussed, at one venue, staff questioned the value of the project to the older people and the hospital. At the other venues there was no doubt of the value of the project. There is ample evidence of the project's achievement in enhancing the quality of life of the older people involved. The challenge is to sustain this so that this is not a temporary attainment.

5.   The Content Of The Sessions

The focus of this phase of the project was classical music. At the hospitals where there was just one performance, this choice of music type did not impact as much on the

participants' views of the project. Most of the older people were not familiar with classical music. The few who expressed a liking for classical music typically had lived much of their lives in Dublin or abroad. The majority stated their preference as being traditional Irish or old time songs. A common comment was that the classical music was 'too high class'. Indeed, the only dissatisfaction expressed by most of the older people about the project was the choice of music. Though most said they enjoyed it, they would have preferred a more familiar type of music.

The fact that this was a music project gave many of the older people an immediate point of connection and an attraction that they may not have had with, say, a drama or an art project. For most, music in different forms had always been part of their lives. There were interesting stories about attending travelling variety shows or gathering to play instruments at friends' homes.

Several of the older people were musicians or singers themselves. There was some expression of frustration at not being able to perform more themselves at the sessions. Many of the older people enjoy group sing-alongs and would have liked more of that in the project.

Thus, working with older people in music is not starting from a blank sheet. They will have expectations, preferences, talents and knowledge that need to be acknowledged and worked with. Many of the older people spoken to wished to perform through song or to be an audience to more familiar music. In such a project, there will inevitably be a tension between accommodating such wishes, so as to retain interest and goodwill of participants, and achieving the goals of challenging the older people and stimulating creativity.

It was clear that the facilitators were sensitive to this. The older people generally felt they had an input into the content and that sessions were adapted to take account of preferences. As one man said, 'they didn't just do it their way'.

The implications are

- the need to recognise the preferences and skills of the older people
- the need to keep sessions flexible and responsive while retaining a focus on the project goals
- the need for the facilitator to be skilled at listening and responding

6.   Selection of Participants

This was the area of contention. Staff generally were reluctant to exclude anyone from the sessions who wished to come. The pattern in most venues was that a general invitation was issued with a big group gathering for the first sessions and then a process of self selection thinning the numbers over the weeks until a core group was established.

6.1.   Group Size and Composition

Facilitators found the groups too large at times to achieve what they planned. The musicians and facilitators found continuity difficult where the group changed from week to week. The cumulative learning effect was diminished if different people joined and left the group each week. Some older people in the group were not able to participate because of disability. The problem is that if the group changes or is too large or of the wrong composition, it diminishes the value of the experience for all participants.

Hospital objectives and project objectives conflicted here. There was a tension between the demands of the project to keep the groups of a manageable size with suitable participants and the hospitals' wish to include as many people as possible. This was due to the fact that there was so little else going on in the hospitals. Ideally, a range of activities would be on offer so that the older people could attend what suited their interests and abilities best. In the meantime more discussion and planning should take place between the hospitals and the facilitators to achieve a workable compromise. There is no easy answer nor a formula that can be drawn up to decide who would be suitable.

one facilitator commented that people she thought would be unable to take part did contribute and seemed to get a lot from the sessions. Selection should be left to older people and the staff who know them but to maximise potential benefits, there needs to be conformity to guidelines about group numbers and composition.

6.2.   Severely Disabled Older People

Staff at most venues expressed concern that older people with severe cognitive impairment were unable to take part in the sessions. There was an interest in finding ways to include these people in future music sessions as staff were convinced of the value of music to the quality of life of these patients.

While it is beyond the scope of this project, Music Network might want to work with staff on finding ways of making music accessible to this group of severely disabled people. Some suggestions were having smaller groups, more one-to-one attention, shorter sessions and activities that did not confine people to sitting for long periods. There may also need to be special training for the musicians.

7.   Staffing

7.1.   Demands on Staff

All the venues drew attention to the amount of work demanded of the staff in participating in the project. On the day of the music sessions, staff had to complete their usual duties in much less time and then gather the older people for the sessions.

> 'It was like doing half a days work in an hour and a half!'

As many of the older people were not independently mobile, they needed a great deal of help in getting to the sessions. At some venues, the distances from the wards to the meeting room were great. This was especially true at St Mary's where the lack of wheelchairs made the work even harder.

Some venues had a few extra hours of staffing to assist but nowhere was this thought to be adequate. Staff often voluntarily came in early or did extra hours to ensure all was ready for the sessions.

That the project took place at all is a tribute to the hard work and dedication of the health care staff. However, relying on such goodwill has implications for the longer term sustainability of the benefits and learning from the project in the hospitals. If individual staff are working beyond the call of duty to ensure the musical activity takes place, then if they tire or leave, the work will founder. There is a need for a commitment from the Health Board to such a project and longer term activity stemming from it. Such commitment must come from beyond front line staff and managers to ensure there is adequate staffing and support built into the system.

7.2.   Staff Training

The staff were happy with the training they received and felt well prepared for the sessions. However, many did not feel equipped to continue the sessions after the project ends. Several said that the voice work and rhythms were hard to retain and a tape would be helpful. Others said that now that they know more about what can be done, they would like more training to be able to fully exploit the percussion instruments.

8.   The Musicians and Facilitators

8.1.   Views on the Project

The facilitators and all the musicians but one said that they enjoyed the work and would be glad to do it again. One musician commented

'There was fulfilment in seeing the difference we made.'

The dissenting musician (who will be called musician A) did not enjoy the work and would not wish to repeat it. Musician A expected the project to be for the benefit of the

older people but thought that it did not work out that way. Rather, it was thought that the project was self-seeking.

8.2.   Danger of Patronising

While musician A described the concerts as successful, it was thought that the workshops were patronising to the older people who were given childish things to do, more suitable to school children.

The concern about being patronising was also referred to by another musician. It is an important point. While many older people in health care settings suffer severe physical and sometimes mental disability, nonetheless they should be treated with respect and dignity due their years. Even when tasks have to be simplified to accommodate communication problems or impaired understanding, it is important that activities remain age-appropriate. There is much evidence that this was the case in this project but professionals must be vigilant of their own approach when working with this vulnerable group of adults.

8.3.   Training

With one exception, the musicians and facilitators were satisfied with the training they received. The dissenting view, from musician A, was that the training was inadequate to the challenge of responding to the needs and demands of the older people and to the setting.

> 'Three days of mumbo-jumbo and chanting did not prepare me.'

While not so strong in the expression of dissatisfaction, others did partly echo this concern. There was agreement that the training was not geared to working with older and disabled people. It was clear that the musicians and facilitators had to adapt their training and previous experience to the settings. This demanded a great deal of flexibility and commitment.

There are aspects of working in these health care settings that cannot be taught. People's experience, attitudes and personality will influence whether they are comfortable and adaptable to working in these settings; the work will not suit everyone. Processes should be developed for selecting musicians for the settings and enabling self-selection by fully informing them and possibly having some experiential training or orientation.

8.4.   Working Together

The musicians and facilitators generally worked well together. While some tensions may be inevitable in close working, some may be forestalled by having time to plan together, to reach consensus on the objectives and to understand each other's roles and perspectives. Such planning time should be built into the project.

8.5.   Remuneration and Conditions

Musicians and facilitators found the days long and the travelling very tiring but could see no alternative to this except employing local musicians.

There was a concern expressed that the dates and times for the sessions be notified further in advance and that the musicians would know when the dates were going to be confirmed.

Musicians and facilitators were generally satisfied with conditions of service. Some questions were raised about the mileage rate paid. One musician thought the fee should be £100 per workshop. Facilitators thought that there may be an underestimation of the time demanded of this role and remuneration accordingly needed review.

At the completion of this pilot project it would be timely to review rates of pay. There would also be much to be gained in developing a job description for the role of facilitator.

8.6.   Professional Development

The facilitators were not happy with the availability of their mentors. Both would have liked the mentor to take responsibility for making contact and to have a preplanned set time to talk to them. The role of the mentor in professional support and supervision was valued but arrangements need to be more formalised to ensure that this occurs.

9.   Project Organisation and Administration

The project was generally regarded as well planned and organised and respondents were complimentary about the support from Music Network staff. One musician said

> 'Everything was very clear and well worked out.'

The musicians, facilitators and hospital staff clearly worked well together to the benefit of the older people. The musicians and facilitators felt welcome in the homes.

The role of the music liaison worker was very important to the smooth running of the project. At St Joseph's, the liaison worker was unfortunately absent for several sessions which caused some problems in the group being ready on time.

There were some points of tension. Sometimes it was felt by the musicians and facilitators that the staff did not understand what they were trying to achieve in the workshops. The issue of selection of the participants and group composition has already been noted. It was suggested by the musicians and facilitators that the working relationship would be enhanced if there was an opportunity to spend time with the staff before the sessions began in order to get to know each other and to reach mutual understanding of the aims and organisation of the sessions.

10.   **St Vincent's Hospital - Dissenting Views**

The views expressed by the staff at St Vincent's Hospital, Mountmellick, differed on several points from the consensus between the other venues. The staff at St Vincent's questioned the value of the project to the hospital. One staff member voiced the shared feeling that 'you have to ask if it's worth it.'

The work involved in gathering the group together for the sessions imposed a heavy burden on the staff. They described a 'huge staff shortage problem' which meant that there was always a great deal to do. So, preparing for the music sessions became a burdensome chore. This was exacerbated by the fact that, of the four staff who did the Music Network training, three (including the music liaison person) were away for several of the sessions. Thus the burden fell on the remaining staff member.

While staff at all the venues found preparing for the sessions hard work, the difference at St Vincent's was that the staff seriously questioned whether it was worth effort. The reason cited for this was that the activities co-ordinator in the hospital conducted daily music and movement sessions in all areas within the hospital with taped music and basic percussion instruments which the older people used. So, the staff saw the Music Network project only as an extension of what was already taking place. The only advantage the project offered was to have good quality, live music.

> 'It was not anything new as we already have music which people participate in.'

Added to this were several concerns about the small number of older people who were able to participate. Firstly, there was the feeling that a great deal of staff time went into a project which benefited relatively few of the older people in the hospital. Secondly, on the days on which the music sessions took place, there was not enough time to conduct the usual music and movement sessions. So while a small number of people received something extra, the majority were deprived of what they usually had. There was also a

strong opinion that if such an activity as the Music Network project was to take place, all the older people should have the opportunity to take part; as a matter of principle, no-one should be excluded.

While they felt well prepared for the project, the staff at St Vincent's did not think the training taught them much that they did not already know.

Staff did not identify any particular effects the music sessions had on participants except that they enjoyed the concerts. They did not think the older people talked about the sessions between times or that they especially looked forward to the sessions.

> 'Why should they? They get it every day.'

They shared other venues' enthusiasm for the concerts but were much less positive about the workshops. The general opinion was that most of the older people were not really able to follow the instructions at the workshops and were not capable of taking part.

The staff at St Vincent's were reluctant to participate in the next phase of the project unless there changes were made

- More staff time was needed for the project. There was also the suggestion that if a wider group of staff were informed about and supported the project, this would make things easier.

- The preference was to dispense with the workshops and have performance only.

- Many more people in the hospital should be able to take part. One suggestion was that the sessions move around the hospital each week and take place in the day rooms on all the sections so that over the period of the project, all the older people had some exposure to it.

These last two wishes are at odds with the very nature of the project which is to go beyond performance to a group of passive older people to give individuals a challenging opportunity to participate in a musical experience that allows them to explore their creativity. Clearly, there are questions that must be resolved between Music Network and St Vincent's staff and management before the next phase commences.

While some of these concerns are particular to the venue, others were echoed elsewhere. St Vincent's was not at odds with other venues in highlighting concerns about staffing. As has been discussed, the issue of selection of participants was also raised by other hospitals (section 6).

The views of the older people at St Vincent's were received through written questionnaires alone; there was no focus group at this venue. The response from the older people at St Vincent's was broadly in keeping with that of older people from the other venues. All but one said they enjoyed the music sessions and that they felt more relaxed after them. The majority said they looked forward to the sessions. The only difference to views from other venues was that they expressed a much stronger preference for the concert performances over the workshops and some respondents expressed an active dislike of the workshops.

11.   Summary of Key Findings

The Music in Healthcare Project has had success in achieving its objectives in
- promoting access to music
- enhancing the older people's quality of life
- having a positive impact on the venues

Key factors in this success were
- the quality of the music and the musicians
- the commitment of staff

- the expertise of the facilitators

Challenges facing the continuing success of the project are
- workload for staff
- selection of participants
- sustaining the benefits of the project

PART SIX: DISCUSSION AND RECOMMENDATIONS

1.   <u>Discussion</u>

1.1.   **Evaluation**
This evaluation was planned very late in phase one of the project. To fully exploit the value of evaluation, it should be built into the early stages of project development and should contribute to the planning as well as the formulation of objectives for the project.

1.2.   **Project Objectives**
It is inevitable that the project objectives will evolve from the experience of implementation. Arising from the evaluation, a modification of the objectives is suggested; deleting the ideas of therapy and reminiscence and setting out the objectives in a way that is more amenable to evaluation. The suggested modified objectives read thus,

- Access - to bring the experience of music through workshops and concerts to older people in residential settings. This is in keeping with Music Network's aim to make music accessible to everyone in Ireland, regardless of location or circumstance.

- Quality of life – to enhance participants' quality of life through
    - promotion of creativity – to provide the participants with an opportunity to express and explore their creativity

- encouraging communication – to use the workshops and concerts to stimulate communication among the older people and between the older people and their professional carers
- engendering a sense of occasion – to create a sense of a special occasion and an event to look forward to within the older peoples' normal routine
- enjoyment – to provide the participants with an enjoyable experience

This relates directly to the Department of Health and Children and the Health Boards' commitment to achieve social gain which refers to "broader aspects of the quality of life" (Shaping A Healthier Future:p16).

- Professional development for musicians – to explore the potential for a new area of employment for professional musicians. This is in keeping with Music Network's role in national music development.

- Raising awareness - to raise awareness of the benefits of bringing live music into healthcare settings through dissemination of the learning from the project to Health Boards, residential and day care personnel, healthcare professionals, musicians, older people's organisations and other interested parties.

- Joint working – to explore how personnel from the different spheres of the arts and healthcare can work together to the benefit of the older patients.

1.3.   Interpreting the Positive Findings

Interpretation of the very positive response of the older people must be tempered with caution on two counts. Firstly, studies show that older people are more likely to express satisfaction when asked their opinion than other age groups. Age is the only socio-demographic variable found across studies to be consistently predictive of satisfaction. Studies which include all age groups repeatedly demonstrate that age is consistently

associated with higher levels of satisfaction. This is not the place to speculate on why this should be so. However, it must be borne in mind in interpreting findings.

Secondly, it was clear that for most of the older people, very little was on offer from day to day to stimulate or entertain them and they would have been delighted with any diversion. When expectations are low, they are easily satisfied. Staff, though they may be more discriminating, are eager for opportunities to go beyond meeting the physical needs of their patients. With limited resources devoted to the social and creative needs of older people, any chance to respond to these will be grasped at.

This is not to detract from the project's achievements but does sound a warning note against complacency. In these settings, the satisfaction of the consumer is not to be relied on as a measure of performance and there must be peer group and self-monitoring to maintain high standards.

There is no doubt that the project enhanced the older people's quality of life.

1.4.   Sustaining The Benefits

For the project to fulfil its potential, ways must be found of sustaining the benefits beyond the time span of the pilot phases. This was a central concern of staff and facilitators. Music Network have raised expectations and delivered positive benefits in this phase of the project. To avoid disappointing these expectations and dissipating the benefits, ways must be found of supporting the venues to carry on the work. There are ways in which this might be achieved but there are difficulties also. This will be considered further in the evaluation of phase two.

1.5.   The Role of the Facilitator

The role of the facilitator is crucial to the successful implementation of the project. The two facilitators in this phase have performed their duties very effectively. It is important to analyse the reasons for this success looking at qualifications, experience, personal

attributes etc in order to work towards the development of a job description and person specification for the role. This may be an important plank in replication of the project.

2.   Recommendations

1.   Music Network should build in evaluation from the earliest stages of project planning.

2.   The Midland Health Board should evaluate in detail the project's impact on individual hospitals and the implications for implementation of similar projects in other venues.

3.   In assessing the value to the hospital of putting resources into such a project, trust needs to be placed in the staff to make judgements about whether it is worthwhile. (section 4)

4.   The Health Board needs to make more staff time available to relieve the heavy burden on staff in implementing the project and to ensure continuation of the project benefits in the hospital. (section 7)

5.   More thought needs to be given to how the final sessions are used in the second phase. (section 2)

6.   The idea of a reminiscence session should be discarded.   The notions of reminiscence and therapy should be deleted from the objectives. (section 4)

7.   In looking towards replication of the project, the aim should be to develop flexible guidelines rather than a stiff model of implementation. (section 2)

8.   High quality performance must continue as a key to the effectiveness of the project. (section 3)

9.   The project must recognise the preferences and skills of the older people and keep sessions flexible and responsive while retaining a focus on the project goals. (section 5)

10.   More work needs to be done between the facilitators and the hospital staff on the process of selecting the older people to participate in the music sessions. (section 6)

11.   Music Network should consider developing skills to promote access to music for severely cognitively impaired older people. (section 6)

12.   Care must continue to be taken to avoid a patronising approach to the older people. (section 8)

13.   Training for facilitators and musicians should be more focussed on working with older and disabled people and should include preparation for the setting. (section 8)

14.   Processes should be developed for selecting musicians for the settings and enabling self-selection by fully informing them and possibly having some experiential training or orientation. (section 8)

15.   Mileage rates and remuneration, especially that for facilitators, should be reviewed. (section 8)

16.   A job description for the role of facilitator should be developed. (section 8)

17.   Arrangements for contact with mentors should be more formalised. (section 8)

18.   The dates and times for the sessions be notified further in advance and that the musicians should know when the dates are going to be confirmed. (section 8)

19.   As far as possible, music liaison workers should undertake to be present for the period of the project. (section 9)

20.   Musicians and facilitators should have an opportunity to spend time together and with the staff before the next phase begins in order to get to know each other and to reach mutual understanding of the aims and organisation of the sessions. (section 8 & 9)

APPENDIX ONE: QUESTIONNAIRE FOR FACILITATORS

1. What attracted you to this project?

2. Have you done any work like this before?

3. What was your understanding of the music project's objectives? Do you think these objectives were achieved?

4. Describe the preparation or training you had to work with the music project.

5. Do you think you were well enough prepared for the work? If not, what further preparation would you have liked?

6. Did you know what to expect in the homes – of the older people? the staff? the setting?

7. Did you feel welcome at the homes?

8. Did you find any differences between the groups and homes you worked with?

9. Do you think the staff and the participants knew what to expect from the music sessions?

10. How were the participants selected and by whom?

11. What do you think the participants expected of the music sessions?

12. What effect do you think the music sessions had on the participants?

13. How did you seek to achieve the therapeutic objectives of the project?

14. How did you use reminiscence in the project?

15. What is your opinion of the workshops and the sessions where the older people actively participated. The instruments used by the older people and the voice work - were these successful? Did the workshops work as well as the performances?
16. Who decided the content of the music sessions i.e. the kind of music played, etc? Did this work well?

17. What did you think of the room available for the sessions, the instruments, the time available, etc?

18. What did you think of the timing and the length of the sessions?

19. What did you like about the music project?

20. What did you dislike about the music project?

21. Do you have any comments on the organisation of the music project?

22. Would you consider participating in a similar music project again? If not, why not? If so, before you do it again, would you like anything done differently?

23. Do you have any advice for the evaluation of the project?

APPENDIX TWO: QUESTIONNAIRE FOR MUSICIANS

1. What attracted you to this project?

2. What was your understanding of the project's objectives? Do you think these were achieved?

3. Describe any work you have done like this before.

4. Do you think you were well enough prepared for the work?

5. Did you know what to expect in the homes – of the older people? the staff? the setting?

6. Did you enjoy the work? What did you like about it? What did you dislike?

7. What did you think of the programming?

8. What did you think of the room available for the sessions, the instruments, the time available, etc?

9. Did you feel welcome at the venues?

10. Do you think the staff and the participants knew what to expect from the music sessions?

11. Did you find any differences between the groups and homes you worked with?

12. Do you have any comments on the organisation and administration of the project?

13. Were you satisfied with the conditions of your employment on this project i.e. contract, pay, payment, expenses, workload?

14. What should be done to further develop work in these non-traditional settings as a fruitful field of employment for musicians?

15. Any further comments or advice for planning similar events?

APPENDIX THREE: QUESTIONNAIRE FOR STAFF

1. Why did this hospital participate in this project?

2. What was your understanding of the music project's objectives? Do you think these objectives were achieved?

3. Describe any preparation and/or training you had for work with the music project.

4. Do you think you were well enough prepared for the work? If not, what further preparation would you have liked?

5. Did you know what to expect of the musicians and the music sessions?

6. What do you think the participants expected of the music sessions?

7. What effect did the music sessions have on the participants? Give a few examples if you can.

8. How were the participants selected and by whom?

9. Please give your opinion of the workshops and the sessions where the older people actively participated. Comment on the instruments used by the older people and the voice work - were these successful? Did the workshops work as well as the performances?

10. What did you think of the content of the music sessions i.e. the kind of music played, etc?

11. Did you think of the room available for the sessions was suitable?

12. What did you think of the timing and the length of the sessions?

13. What did you like about the music project?

14. What did you dislike about the music project?

15. Did you need extra staffing? Did you get it?

16. Do you have any comments on the organisation of the music project?

17. Would you consider participating in a similar music project again? If not, why not? If so, before you do it again, would you like anything done differently?

18. Any other comments?

APPENDIX FOUR: PARTICIPANTS' QUESTIONNAIRE

1. Did you enjoy the music sessions?
   yes___   no___   don't know___

2. Did you prefer listening to the concerts or participating in the music workshops?
   concerts___   workshops___ no preference___

3. Did you look forward to each music session?
   yes___   no___   don't know___

4. Did you feel more relaxed after the music session?
   yes___   no___   don't know___

5. Did the music session put you in a better mood?
   yes___   no___   don't know___

6. Did the music session put you in a worse mood?
   yes___   no___   don't know___

7. Before this project, how often would you say you had attended live music performances?
   frequently___   occasionally___   rarely___   never ___
   don't know___

8. When did you last attend a live music performance before this project?
   in the last 6 months___   in the last year___   more than 1 year ago___
   more than 5 years ago___   don't know___

9. What kinds of live music performances have you attended (jazz, classical, etc)?
   _____
   _____

10. Before this project, had you ever played a musical instrument?
    yes___   no___   don't know___

11. Would you like to have an opportunity to play music again?
    yes___   no___   don't know___

12. What kinds of music do you like?
            classical__   jazz__   traditional__
            other_____

13. What did you like most about the music sessions?_____
_____
_____
_____

14. Was there anything you did not like about the music sessions?_____
_____
_____
_____

15. Would you like to attend more of these music sessions?
            yes___   no___   don't know___

16. Please add any other comments or ideas you have.
      _____
      _____

<u>ABOUT YOU</u>

Are you   male?___   or   female?___

What is your age?   _____

Are you   a long stay resident?___   or   attending day care?___

If you are a long stay resident, how long have you lived here?_____

APPENDIX FIVE:GUIDELINE QUESTIONS FOR GROUP DISCUSSION

Introduction
- Why did you attend the music sessions?
- Did you know what to expect before you attended the concerts and workshops?
- Were they what you expected?
- What did you like about the music sessions?
- What did you dislike about the music sessions?

Quality of Life

- Did you enjoy the concerts and workshops?
- Which did you prefer?
- What did you like about the workshops? What did you enjoy about making music? Did you like the instruments used? Did you like the voice work and singing?
- How did the concerts and workshops make you feel? e.g. happier? sadder? relaxed? irritable?
- What do you usually do during the day? What did the music sessions add to your usual routine?

Programme
- What sorts of music do you like?
- Did you have a say in the kind of music that was presented in the workshops and concerts? Would you like to have had a say?
- Did you like the choice of music?

Access
- Do you go to concerts now?
- Did you go when you were younger?
- What stops you going to concerts now?
- Do you play musical instruments? Did you when you were younger?
- What stops you doing so now?

Other
- Now that you have experienced these concerts and workshops, what advice would you give to people who might want to organise some more in the future?
- Are there special needs or special interests that you have here that organisers should take into account?