The bare necessities of life

Reactions to Kids’ Classics live music in a children’s hospital in Ireland

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Brighton, UK. September 2015
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This report evaluates the impact of live music in a large children's hospital in Ireland, as provided by Kids’ Classics. Surveys and semi-structured interviews showed positive responses of hospitalised children. Parents reported increased well-being for their children and also for themselves, and similar patterns were found among hospital staff. Interactions with the musicians such as the child playing the instruments and hearing the music were important.

The results suggest that music can create a space for children in hospital to interact and ease their (and their parents’) anxiety and stress, and that 2) such music activities can support healthcare staff in their working environment by providing entertainment, relaxation and help bringing a level of normality and everyday life into the hospital wards.

‘it brings big smiles to little faces’
(Senior Nursing Manager)
Kids’ Classics was set up in 2009 by professional cellist Grainne Hope with a view to take music off the concert stage and into the local communities through professionally tailored music workshops. Its core mission is to provide access to high quality participative music and creative performance opportunities to everyone in society regardless of their social, economic or medical circumstances.

All the Kids’ Classics musicians are professionally trained hospital musicians with experience in many hospital and health settings both within Ireland and internationally.

Kids’ Classics received funding from the National Concert Hall (NCH) to conduct a pilot project in 2009 of a hospital-based musical activity programme. The pilot led to the Community Foundation for Ireland (CFI) joining the NCH to provide joint funding for a further 3 year period and Kids’ Classics’ professional music programme continues to be supported by both the NCH and CFI. The vision for this joint funded project was to develop a sustainable programme, which would be incorporated into children's healthcare services. The Kids Classics programme was subsequently introduced to two other children's hospitals, a children's ward in an adult hospital, and a children's hospice.

In 2012 Kids’ Classics also delivered Ireland’s first Paediatric Music training residency in Our Lady’s Children’s Hospital Crumlin (OLCHC), with financial support from the Arts Council and Dublin City Council. As part of this residency, both the hospital staff and Kids’ Classics musicians themselves received professional training in order to bring music activities into healthcare environments.

In 2014, additional funding for the programme was secured from Michael O'Brien and his company, Brackaville Investments.
Music in hospitals

Live music in hospitals in America and Europe has increased over the last 10 years, and it is possible to distinguish different types of music making activities in health care settings. Preti (2009), uses four different definitions of music in hospitals: 1) bedside music, 2) regular concerts, 3) special music events, 4) artists-in-residence programmes. Bedside music in particular is described by Preti as a regular, long-term intervention. Musicians “make rounds” and play in some of the rooms. The music events can be performances, but they are also often interactive music making where children and/or carers take part in the music making session (Preti 2009). This report evaluating the work of Kids’ Classics is focusing specifically on bedside music.

In general, music has been reported as beneficial in healthcare settings. Listening to music can have positive effects in particular areas of hospitals according to a report by Staricoff (2004). Those areas were neonatal care (significant improvement in clinical and behavioural states, reducing the length of stay in hospital), cancer care (reducing anxiety and depression), cardiovascular units (reducing anxiety and blood pressure, heart rate and demand for myocardial oxygen), surgery (reducing stress (cortisol levels) and anxiety, helping to control vital signs, reducing requirements for sedatives during the post-operative recovery period, and staying 1 day less in hospital). During medical procedures, music has been found to increase the perception of comfort, to reduce the levels of cortisol (a hormonal indicator of stress), and to significantly control blood pressure levels. Finally, music has also been associated with pain management reductions on physiological and psychological variables related to pain indicators.

What effects can music have on children in hospitals?

It has been suggested that perhaps as many as 60% of children are negatively affected when they are in hospitals (Roberts 2010), where some of the effects seen have been separation anxiety, fear of hospitals and doctors, nightmares and aggression towards authority. While many of these effects have been noted to disappear after 2 weeks, some children have shown signs of post-traumatic stress as well as a decrease in social and intellectual functioning, and even immunological incompetence (Kain et al 1999). Children in hospital are particularly vulnerable, not only because they are ill or because they are developing human beings, but also because of their lack of control over what is happening to them in the hospital environment (Coyne & Livesley 2010).

There is evidence that the number of hospital stays for children is on the rise in Ireland (Department of Children and Youth Affairs, 2012), which may have an increasingly negative impact on children given the effects of hospitalisation on children. It is possible to understand music in hospitals as a part of “social support offered to children/patients and their families to help them cope with hospitalization in a positive way” (Preti 2013). Anxiety in parents has been linked to more distressed children during and after hospitalisation as it appears to inhibit parenting styles. Thus reducing parental anxiety in a paediatric health care settings (through for example music) can have a positive effect on the child.
Music in hospitals

Music can help to enhance cognitive abilities among children, facilitate verbal and nonverbal communication, and influence physiology. The emotional qualities of music can also reduce the effects of trauma and facilitate coping strategies for difficult environments (Naylor et al 2011). Music can also help children and their families to focus attention on something else external to the illness, and therefore function as a distraction and enhancement of relaxation (Haake 2013, Preti & Welch 2004 & 2011; Preti & Schubert 2011). In addition, music can help to verbalise experiences that helps children to cope better, and in this way act as a kind of “social support”. Furthermore, music can also help to turn the hospital environment into something less threatening, as it creates a psychosocial space where interaction can take place without fear and anxiety related to diagnosis and illness (Preti & Welch 2011). Recent research also seems to suggest (Longhi, Pickett & Hargreaves 2015) that it is the music per se, as much as the social component, that has an effect on the children – particularly older ones.

Staff have been found to state that listening to live music helped them to relax, feel happier and more positive (Moss, Nolan & O’Neill 2007), and thus music in hospitals can be understood as something that fosters social interaction between hospitalized children, their caregivers and the hospital staff, and in a wider sense nurture “a sense of individual, group and institutional well-being” (Preti & Welch 2011:7).

However, previous research also shows that performing in a hospital setting can be particularly demanding psychologically and emotionally for the musicians themselves, especially where the nature of the musicians’ role requires them to improvise in active collaboration with the patient, and also as there are constant environmental changes, such as in the medical condition of their client/patient/audience (Preti & Welch 2012).

To summarise, many children spend some time in hospitals, and it looks as if it may be increasing. Children are often negatively affected by hospitalisation, and sometimes it can have long-term effects. Several studies and reports have shown that music in hospitals can have positive effects on both physical and psychological variables in patients in general and in children in particular. There is clear evidence that music for children in healthcare settings can be beneficial for the children, and also for parents and staff.

This evaluation study sought to establish what the effects were of Kids’ Classic's music in particular, in this specific setting. The aim of the study was to capture evidence of impact, for the purpose of training and reflection, for demonstration of effect to funders and partners, and also to inform the development of future projects.
An evaluation study was carried out during 2015, in order to capture and assess evidence of the impact of Kids’ Classics music activities at Our Lady’s Children’s Hospital Crumlin (OLCHC) in Dublin. A survey, some brief interviews and a focus group were conducted. The data collection instruments and the topic guides for interviews were designed and developed by the project team. The project team included Dr Anneli Haake (co-principal investigator from April 2015), Carol Hilliard (co-principal investigator) and Deirdre Fullerton (co-principal investigator January-March 2015). A Steering Group was established which comprised of Helen Beatty (CFI), Nigel Flegg (NCH), Carol Hilliard (OLCHC), and Grainne Hope (Kids Classics).

While Kids’ Classics played in several wards at OLCHC, two units were selected as sample sites for evaluation purposes: the paediatric oncology unit (consisting of a day unit and an inpatient ward), and a paediatric cardiology ward (Children’s Heart Centre). These two sites were selected because of the variety of rooms and spaces available, including playrooms, multi-bed wards, and single rooms.

Our Lady’s Children’s Hospital Crumlin (OLCHC) was founded in 1956. It is currently the largest tertiary children’s service provider in Ireland. It includes 12 national specialities (the cardiology ward being one of them) and 21 sub specialities. The capacity of the hospital includes 166 inpatient beds, 38 day-case beds, and 23 paediatric intensive care unit beds. The hospital employs over 1,600 staff, of which over 80 are consultants, over 100 are NCHD’s, over 800 are nursing-related staff, and over 300 are health and social care professionals.

When Kids’ Classics played at OLCHC, the visits lasted approximately 3 hours. Pairs of musicians, playing instruments (including guitar, strings and flute) and singing, visited the oncology and cardiology wards to perform at individual patient bedsides and in other agreed locations including play-rooms and communal areas. The nature of the impact and the engagement between the musicians and patients, staff and family members varied according to the setting.

One of the key aims of this evaluation was to provide an insight into the perceived effects of music in hospitals, for children, parents/carers and staff. Anecdotally it was believed that it was not only the children who may be affected by the music, but also the carers and staff. It was therefore important to include these groups in the evaluation, to identify their perceptions of the effects on themselves and on the children.

Quantitative and qualitative data was collected with consent on four occasions during 2015 (April-June). Observations, a survey, interviews, and reflective journals by musicians were used to assess the impact on paediatric patients, their family and the hospital staff. The data collection instruments and the topic guides for interviews were designed and developed by the project team.

The survey collected qualitative and quantitative data and was deliberately designed as a two-page document (printed on one sheet of paper), making data collection easy and swift for healthcare staff and parents.
The Evaluation Study

The survey was designed in several different versions: one for carers/parents, one for healthcare staff, and two for children (younger and older). Overall, the survey asked respondents to describe in their own words the reactions to Kids’ Classics (qualitative data), and it also asked respondents to rate to what extent they agreed with different effects that Kids’ Classics music had on them. The free text questions aimed to capture the respondents’ thoughts and to collect rich exploratory data that emerged from the respondents themselves. The rating statements aimed to collect quantitative data that could be easily compared with previous studies and evaluations. Ethical approval to conduct the study was received from the OLCHC Research Ethics Committee.

‘So so beneficial to our parents and patients - especially those in for brain treatments who may have speech and language difficulties’ (Consultant)

There were 81 survey respondents in total. Of these, there were 31 parents, 34 health care staff, and 16 patients. The reason why there were fewer patients, relatively, among the respondents was twofold. Firstly, most of the children that Kids’ Classics interacted with were younger, especially in the Cardiology unit. Secondly, sometimes it was not deemed suitable to ask the patients to fill in surveys due to their illness. Therefore, some of the evidence of the impact among children comes from parents’/carers’ accounts, healthcare staff’s stories.

Photos and audio
On one occasion, photos were taken on the wards by a professional photographer (Dave Keegan). It was important to also capture the work of Kids’ Classics through visual techniques, and not only in survey/interview form.
Was lovely to see him being 'normal' again, even for few minutes’ (mother)
Results – Children’s reactions

Overall, the majority of the children liked the music activities and felt happy afterwards. 92.3% said they liked the music sessions, and 87.5% said they felt happy afterwards.

Parents and carers testified to the immediate and visible effects that Kids’ Classics’ activities had on their children. One mother commented that the music “soothed my child, made him calm and sleep very well”, and a father remarked that he “would like to see more of them in the future”.
Enjoyment, happiness and relaxation were words that were frequently mentioned by both parents and staff.

### Results

#### Healthcare staff’s reactions to Kids’ Classics

- **Strongly agree**:
  - Made me happy: 5
  - Relaxed me: 4
  - Annoyed me: Neutral
  - Distracted me from worries: Strongly disagree

#### Parents’ reactions to Kids’ Classics

- **Strongly agree**:
  - Made me happy: 5
  - Relaxed me: 4
  - Annoyed me: Neutral
  - Distracted me from worries: Strongly disagree

(scale 1-5 where 5 = strongly agree and 1 = strongly disagree)
Results – Parents’ reactions

Parents felt that Kids’ Classics’ music activities improved the atmosphere on the ward.

In the survey, 77.8% strongly agreed and 22.2% agreed that the music improved the atmosphere on the wards. No one disagreed or strongly disagreed.

‘it kind of adds an air of lightness to the place’ (mother)

When parents described the effects that the music sessions had on them, the most frequent comments related to their enjoyment of the music sessions, and how it brought them happiness. They also often described the music as relaxing, and sometimes uplifting. Many parents talked about the way that music worked as a distraction for them, in a positive way. The music sessions ‘broke the day for the parents and the kids’, and took their minds (briefly) off the stressful situation they were in.

For some parents, the music session provided an emotional outlet. During the observations, some parents cried or seemed tearful sometimes. It seemed that the music could provide a space in time, in which the parents could connect with their feelings in a relaxed setting. In this way, music could offer a much needed relief valve for them.
Results – Staff’s reactions

The majority of the staff at this hospital indicated that they did not feel distracted from work.

![Distracted me from work](chart.png)

Most staff reported that the music had positive effects on them, and some felt emotionally moved by the effects that Kids’ Classics music activities had on children. The staff also enjoyed the music individually, and some would often clap their hands, tap their feet, tap their fingers on desks, do dance movements, and generally engage with the children and the musicians. This was enjoyable for staff on an individual level, and on a group level too.

‘Creates a lovely atmosphere on the unit, makes the kids and families happier, very calming, the staff love it. We would love the music here every day if possible!’

(Nurse Manager)

The musicians sometimes worked alongside medical staff during certain procedures, and provided distraction and entertainment during treatment. The children, especially young children, became calm and sometimes stopped crying. Many members of staff said they wished that Kids’ Classics would come in more often, and also stay for longer each time.
Conclusions

The results suggest that music helped to distract children from illness, enhanced their relaxation, provided stimulation, learning opportunities and did not annoy or irritate them. Parents and hospital staff also enjoyed the music activities. The most commonly described positive effects were enjoyment, happiness and relaxation. Parents and staff also reported “enjoyment by proxy”, where they enjoyed watching the children enjoying the music activity and subsequently experiencing positive feelings as a result.

Parents described enjoying the music for their own sake too. The music could provide a welcome distraction and remind the parents of normal life outside of the hospital, something which also the hospital staff appreciated. The majority of the hospital staff did not feel distracted from their work; instead they often enjoyed it and participated in the music activities.

It is important to point out that while music in hospitals cannot replace any of the medical care provided in hospitals, it is a relatively cost-effective activity that can give a sense of wellbeing for everyone on the wards, as confirmed by this evaluation and by previous research. During a 3-hour visit, Kids’ Classics can potentially reach up to 50 families, and more than 30 healthcare staff.
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Acknowledgments
The evaluation study was initiated by the National Concert Hall and funded by the Community Foundation for Ireland. Deirdre Fullerton contributed to the research design and the design of data collection instruments. Photos used in this report were taken by Dave Keegan. Sincere thanks to all children, parents and staff at OLCHC.


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