MUSIC IN HEALTHCARE PROJECT:

EVALUATION REPORT

PHASE TWO

Commissioned by Music Network

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CONTENTS

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1 INTRODUCTION

1.1 Preface

This is a report of the second phase of the evaluation of the Music in Healthcare Project. This report should be read in conjunction with the first phase evaluation which provided an interim assessment of the project's progress. Some duplication is necessary to set the context of this phase of the evaluation, but this is kept at a minimum. The description of the project and its objectives will not be repeated here.

1.2 Terminology

For convenience, all the participating health care settings are referred to in this report as hospitals. 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 project.

1.3 Report Structure

Part two outlines the aims and purpose of the evaluation.

Part three describes the methodology used in this evaluation.

Part four presents the findings alongside analysis of the findings.

Part five discusses the findings and makes recommendations.

The appendices include questionnaires used to gather data.

2 THE EVALUATION

2.1 Aims Of The Evaluation

The aims of the overall evaluation of the Music in Healthcare Project are

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

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

This second phase evaluation focussed on

- identifying and learning from the differences between phases one and two
- identifying elements key to the success of the project

2.1 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?

3 METHODOLOGY

3.1 Qualitative Study

The evaluation used qualitative techniques and was based on the ideas and opinions of the key personnel in the project. The rationale for using this approach is set out in the phase one evaluation report.

3.2 Data Collection

Data was gathered through

- interviews with the two facilitators
- interviews with the matrons of each hospital
- written questionnaire from the musicians
- group interviews with the music liaison workers and other hospital staff
- discussion groups with the older people who participated
- written questionnaires to a sample of the older people. A total of sixty questionnaires was distributed, ten to each of the venues.

Information was also taken from weekly questionnaires for staff and participants distributed by Music Network. There was wide variation in the use of these.

Data was gathered from all six venues. Interviews with the matrons were introduced into this phase of the evaluation in order to capture another key perspective.

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

4   FINDINGS AND ANALYSIS

4.1   Introduction

As in the phase one evaluation report, no comment is attributed to any named individual. The findings are presented in general terms not only to protect anonymity but 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 in phase two were complementary to those of phase one. There was nothing that contradicted the findings of the first report. To avoid repetition, areas covered in the first phase report in which there is nothing new to learn will not be covered in this report.

It was clear that most of those involved had become more comfortable with the project. One impact of this was that it gave respondents the confidence to be more discriminating and critical. Both staff and older people made more observations about what they did not like and suggestions about changes than after the first phase - constructively critical comments which contributed greatly to the evaluation.

4.2   General

The response of the key personnel to the second phase of the project was similar to the first phase in being generally positive and in most cases enthusiastic. As in the first

phase, there was a consensus that the project had a positive impact on the older people. There was enormous enthusiasm and admiration for the musicians. With few exceptions, respondents thought the project was challenging and rewarding and were keen that there should be a further phase.

It could be said in summary that the majority of respondents thought the second phase was more successful than the first. A number of reasons were given for this, including:

- the staff and older people were more familiar and comfortable with the project
- the older people participated more readily in the workshops
- the type of music
- the approach of the musicians

All these factors are explored further below.

4.3　St Vincent's Hospital Mountmellick

While most of the hospitals, though they had criticisms, were very positive about the project, this could not be said of St Vincent's Hospital in Mountmellick. The older people shared the same enthusiasm as that of the participants in other hospitals. However, the staff leading the project seemed to remain unconvinced of the value of the project.

One of the key elements in the success of the project is the attitude of the music liaison person. The positive attitude, openness to new ideas and commitment to the project objectives required for its success was not forthcoming at Mountmellick.

It must be said that this was not true of all the staff involved in the project, nor of the matron, from whom the musicians received a warm welcome. There were positive comments from some staff who had been at the sessions. It must also be said that a number of the problems staff encountered in the first phase with the workload, the venue, selection of participants and getting people to the sessions on time had been overcome by internal changes. The feeling was that they had made progress and that it was a learning process.

However overall the project struggled to achieve its objectives at St Vincent's. The musicians and facilitator encountered resistance and low expectations. There was a reluctance to embrace the concept of the project, and what it is trying to achieve.

There may be explanations and justifications as to why this has been the case. Nonetheless, Music Network is dealing with scarce resources, and must be careful where they are used. It is recommended that consideration should be given to withdrawing from continuing the project at St Vincent's, unless significant changes are made.

There is a number of factors that will make the project a success. It may be true that in some healthcare settings it is not possible to put in place the necessary constellation of factors. In simple terms, it may be that, for whatever reasons, the project will not suit every setting.

4.4 The Programme

4.4.1 Workshop Versus Performance

Whereas some of the venues in the first phase had a mixture of concerts and workshops throughout, this time there was less performance, and an emphasis on the workshops at all the venues.

While the workshops were generally greeted very positively, at all the hospitals, staff and the older people raised the question of why there could not be a greater element of performance.

> 'The patients could not understand why such wonderful musicians came
> but hardly played to them.'

> 'They could see and touch these great musicians but they went away
> without performing!'

Staff generally agreed that an greater element of performance would make the project more attractive to the older people.

> 'To have more performance, especially in the first session when they are getting used to it, would be like a carrot to entice them to continue.'

Some of the musicians also saw the value in more performance as a warm-up and to attract and retain participation in the sessions.

> 'A bit of entertainment is no harm. It opens doors so that the project gets underway.'

> 'The short recital at the beginning or end of each session gets them in the mood for each session. They enjoy listening and by incorporating it into the programme, it gives the best of both worlds.'

A facilitator agreed

> 'It would be good to integrate performance into the workshops.'

Comment

There remains a tension between the project's objectives of participation and the older people's yen for performance. There seems to be strong support from staff, musicians and facilitators to include more performance in the programme which, as well as satisfying a desire to be entertained, may be a tool for encouraging participation in the workshops especially when introducing the project to a new venue. Retention of participants may also be an issue that needs consideration in the future and performance may play a role in maintaining participation.

4.4.2 Participation

The majority of the participants in phase two had taken part in the first phase. Although there was still some reticence to begin with, it was widely observed that the older people were more comfortable with participating in the workshops in this phase. The facilitators noted over the weeks the increasing confidence of the older people in participating. The older people themselves commented on this.

'We weren't shy this time.'

A significant number of older people said that playing the instruments was what they enjoyed most about the sessions.

Staff and facilitators agreed and noted much more active participation this time.

'They just fell into the whole workshop thing. It was not an embarrassment any more.'

A musician observed

'In the beginning, I felt that they just wanted us to play music for them but as we went along, they saw. . .that as well as us playing for them, they could also create music with us.'

There was also a sense in which the older people felt more in control. As one staff member said

'It felt like it was more resident-led this time.'

There were two explanations given as to why this was so. One was that the older people were more comfortable with the type of music (see section 4.4.3). The other was that they were more familiar with the format, the facilitators and the instruments.

Comment

The impact of growing familiarity with the project should not be underestimated. For all that the project offers benefits, it will take time for it to be accepted. Change and accepting something new is a challenge for most people. For those living in an institution, with all that that implies in terms of routine and predictability, getting used to something new can be very difficult indeed. It must often be easier just to reject it altogether.

4.4.3 Type of Music

Three venues had traditional music and the other three jazz. There was a general feeling amongst staff that these types of music worked better than the classical in encouraging participation; that the older people just felt more comfortable.

However, this was not clear cut. Some staff thought that the older people's familiarity with the project was much more significant than the type of music.

> 'If this project gets repeated here, it won't really matter what type of music is played because they are used to it now.'

When asked, the vast majority of older people named traditional music as their favourite. Some wondered why the project did not stick with this type of music. Said one man

> 'Ceilidh music suits old people and old people is what's here!'

Most of the older people said they preferred the type of music this time. However, many recalled their enjoyment of the classical music performances in the first phase. Few of those who took part in the jazz music sessions identified the type of music played as jazz; they did not have a name for it.

At several of the venues, staff drew attention to the benefits of having the musicians as part of the group, sitting beside the older people and moving around in the circle. This was not possible when a piano was used in the last phase.

Comment

Inevitably, there will remain a slight tension between challenging the older people to explore different types of music and delivering the comfortable and familiar. The impact of the different types of music remains unclear.

4.4.4 The Quality of the Music

Although this was discussed in phase one, it emerges as such an important factor that it is worth repeating. Once again it came across that a key to the success of the project was the quality of the music and musicians. 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 the project was worthwhile. Also, as one staff member said

> 'It made the patients feel worthwhile to have such high quality musicians here every week. It made them feel important.'

4.4.5 Content

While there was general satisfaction with the content of the sessions, respondents suggested some changes.

A number of staff, older people and some of the musicians suggested that there be more musical as opposed to rhythmic or improvised pieces. Several older people wondered why there could not be or work using familiar tunes or songs as the basis. Staff agreed.

> 'We would like to see more of the residents making music not just sounds.'

Most of the older people said they enjoyed the voice work but there was almost universal dislike amongst staff and older people of an exercise which involved passing a 'shh' sound around the group.

4.4.6 Danger of Patronising

Several of the hospitals raised concerns that some of the exercises in the workshops were childish and not appropriate for older people. This was raised in the first phase evaluation but came across more strongly this time. And this time it was older people saying it as well as staff.

'Some of the things we did without the instruments were childish; made us feel silly.'

At some of the hospitals, staff also thought the instruments were not appropriate to the age of the participants. It was suggested that they use instruments they were more familiar with like spoons, washboards or bodhrans.

While their criticism applied only to some exercises and instruments, staff generally were very concerned that the workshops remain appropriate to the age of the participants.

'You must be so careful not to insult their dignity.'

Comment

This is a very sensitive area and a project such as this must be vigilant to avoid being unintentionally patronising. There were variations in views on this point; clearly what one group was comfortable with did not suit another. Incorporating ongoing feedback from staff and participants *(*see section 4.6.4*)* into the project may be a way of guarding against this.

4.4.7 Need For More Explanation

Older people at several of the hospitals commented that they did not always know why they were doing certain exercises and what the facilitator was trying to achieve with the instruments.

'They just got us to do things but never said why.'

'They didn't show everyone how to use the instruments properly and how to get the most out of them.'

Staff echoed these concerns.

'Some of the warm-up exercises were particularly baffling.'

A number of staff suggested that there should be more explanation at the beginning of sessions about what was going to happen.

Comment

Explanation as to why the participants are being asked to do a particular exercise may be another safeguard against appearing to be patronising.

4.5   Impact On The Older People

The positive findings of the phase one evaluation were repeated in this phase and it was clear that the project achieved its aims in enhancing the quality of life of the older people who took part. Although the findings here were consistent with those in phase one, it is worth reporting some of the typical comments made to give a sense of the impact on the older people which is, after all, at the very heart of the project.

4.5.1 Encouraging Communication

Encouraging communication was an outcome reported in all venues. Often it was simply a matter that it gave the older people something to talk about. Some of the older people noted that there was more communication between themselves.

'This really brought us out of our shells.'

One matron said:

'We have patients who sit next to each other for weeks and months and barely say a word but in these workshops they are talking away.'

The achievement of social objectives was clear. The music had nothing much to do with several older people's response to the question about what they enjoyed most!

'Being able to talk to the men!'

(This in a hospital where men and woman are usually segregated.)

'The craic was great!'

4.5.2 Variation Of Normal Routine

Many older people welcomed the variation in the normal routine brought by the sessions.

'It is very quiet here with not much going on so it was very nice to see something different.'

'They brought uplift and life – left life not so monotonous.'

'We are always wide awake now on Wednesday afternoons.'

Staff observed this also.

'They lived from week to week for those sessions.'

'It gave them something to look forward to. They always knew when it was Monday. They were disappointed when there was a bank holiday.'

4.5.3 Enjoyment

There was almost unanimity in the expression of enjoyment by the older people questioned.

'I enjoyed every bit of it. I would like it every day.'

Staff commented on the obvious enjoyment of the older people.

'I could not believe the number of smiles I saw on faces.'

'The patients loved it – they just loved it.'

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. Staff noted this too.

'They were very upbeat after the workshops – delighted with themselves.'

4.5.4 Sense Of Community

Several older people talked about the pleasure of working together as a group.

'We were all in it together not just sitting next to each other without speaking like we usually do.'

'It was a joint effort; everyone did something.'

Staff also noted this.

'It seemed to gel them together.'

A facilitator observed

'. . . the growing awareness of being part of a group.'

Staff also valued the sense of community with the older people.

'It broke down some of the barriers between staff and residents; it was a shared activity and we were all on a level.'

4.5.5 Self-worth

A number of staff observed the enhancement of self-worth as one effect of the project.

'It made them feel they were worth the trouble; that they do count.'

'The workshops made them feel useful for something.'

A musician said

'It gave a sense of self-worth; they knew each person's contribution was important to the overall work.'

4.5.6 Physical Exercise

One, perhaps unanticipated, benefit of the workshops was the physical exercise that it gave to the older people. The older people drew attention to this.

'It's hard work – like playing a match!'

'there is a lot of physical movement; it's very physical.'

4.5.7 Seeing People In A New Light

Several staff commented that the workshops enabled them to see their patients differently.

'It brought out talents I didn't know they had.'

'You saw them more as individuals rather than one of the group.'

A matron observed

'It is easy for us to undervalue our patients and this showed them in a new light.'

4.6   Planning And Structure

4.6.1 Timing And Length

All but two of the hospitals found the morning sessions difficult as it was such a rush helping the older people to be ready on time.

Several older people said they found the sessions too long and that they were too tiring. A musician suggested that two shorter sessions be substituted for the long one.

The musicians and the facilitators found three sessions in two days very wearing, but they appreciated that this kept travel time at a minimum.

One hospital was critical that the sessions started half an hour later than scheduled. The older people were assembled ready for their two hour sessions which most weeks started half an hour late and only continued for one and a half hours.

Comment

With perhaps the exception of the last criticism, it is difficult to know what to do about scheduling. If the project develops and local musicians are employed then timing and travel will be easier. But it is unlikely that any arrangement will suit everyone.

4.6.2   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. That was overcome in phase two with a performance by the older people taking place in the final week. Many of the hospitals invited other patients and relatives to attend. All of them thought this was an important part of the project because

- it was a wonderful sense of occasion
- the older people felt very special
- it demonstrated to other staff, patients and relatives what had been accomplished. Said one matron

> 'Myself and the other staff did not realise what had been achieved until then.'

- it was a fitting end to the series of sessions

4.6.3 Organisation And Administration

All sides were happy with the organisation and administration of the project and were complimentary about the support from Music Network.

4.6.4 Feedback And Planning

At some hospitals, the staff had short planning meetings with the facilitator and musicians before each session. This seemed to work well from both points of view.

There were some aspects of the project, set out in this report, that staff and older people were not happy with. However, this was not conveyed to the facilitators during the project. The main reasons for this seems to be the lack of a mechanism to facilitate this as well as an uncertainty amongst staff about their role in this.

It is well known that older people are very slow to express dissatisfaction. As one staff member said

> 'There were a few things they did not like but they would never complain.'

While the opportunity could be given to the group to express their views in the workshop, staff did not think this would elicit much response. Several older people did use the weekly feedback questionnaires provided by Music Network to say what they did not like although these were not generally passed on to the facilitator.

In discussion, staff generally agreed that pre-session meetings with the musicians and facilitator would allow the opportunity to feedback what they knew of the views of the participants.

> 'We are not musicians and do not want to dictate the programme. But we do know the residents and we do hear their opinions and there should be a way that can be communicated.'

Many of the staff were unsure about whether they should be giving feedback during the project. Some thought this should wait until the evaluation. Another concern was that it might not be their role to express their own or convey the participants' critical comments.

The facilitators saw the ongoing feedback from participants as important.

Comment

Even if the project moves beyond this pilot phase, it should remain a continuous process of learning, demanding ongoing adjustments. Ways must be found of being open to criticisms and requests borne of growing confidence and increasing ownership of the project by staff and older people. Indications are that a combination of meetings with the staff and written feedback from the older people may be effective feedback mechanisms.

4.7 Selection of Participants

After some problems in the first phase, facilitators provided guidelines on the selection of participants to ensure that the group was not too large and that all those attending were capable of participating. For the most part, this seemed to work better in this phase. However, this remains an area of contention. Many staff thought that everyone should have the right to attend. Although they accepted the reasons for doing so, they felt uncomfortable about excluding people

The problem for staff is that so many of their patients cannot take part in the project. They pointed out that a number of people are unavoidably excluded for practical reasons. Only the day care people who are attending on the day of the music sessions are able to come. In the older hospitals, people from outlying wards have to be brought across open ground to the meeting place and in bad weather this is not possible. Furthermore, the nature of the project necessarily rules out people who have certain physical and mental infirmity or disability. In most hospitals, this immediately excludes many of the older people the staff care for. There was concern amongst staff and the matrons that most of the patients with Alzheimer's disease could not take part.

There is very little activity on offer to the older people in most hospitals. Thus staff were anxious that everyone should have a share of the rare opportunity offered by the project. They found it difficult when, for whatever reason, this could not be the case.

The facilitators were sensitive to staff feelings on this matter. However, they were sure of their ground in agreeing a ceiling to numbers and setting qualifying restrictions.

> 'The project just won't work unless people are capable and the group is
> the right size.'

Comment

Music Network cannot hope to fill the yawning gap in the lives of the older people who live in some of these hospitals where physical care may be good but where few resources are provided for stimulation and entertainment. The project is not for everyone and its focus is on the individual rather than the large group. Nonetheless, the selection of participants is major concern of staff working on the project.

In order to justify its continuation in the long term in these hospitals, it may be worth Music Network exploring with staff the possibility of developing workshops for less able older people, especially those with dementing illnesses who are an increasing proportion of residents of these hospitals.

It may also be worthwhile for the hospitals and Music Network to seek modifications which would allow for the inclusion of some people who are currently excluded. For example, those with a severe hearing impairment could be included if there was a higher ratio of staff or volunteers to older people in the workshop group.

The selection of participants does not rest only with Music Network's guidelines but is also effected by conditions in the hospitals. At one hospital for example, only independently mobile older people could attend as there was not enough staff devoted to

the project to bring wheelchairs to the venue. The problem of bringing older people across open ground in bad weather has already been mentioned. This is another issue that might be explored further in a health board evaluation.

4.8   Staff And Staffing

4.8.1 Attitudes

As with the older people, most of the staff found the project new and challenging. Most said they thought the second phase worked better partly because they knew what to expect.

> 'The residents were less self-conscious and more confident - and so were we. We felt more prepared this time.'

> 'It is very new and a learning process, but we feel we have come a long way since last time.'

The musicians and facilitators generally felt welcome in the hospitals.

> 'There was great warmth from the older people and the staff.'

The musicians and facilitators were keenly aware of how much the success of the project depended on the matrons and the staff.

> 'The attitude of the staff to us was critical.'

> 'Staff involvement is crucial – and from the top down! If matron is interested, this makes life much easier.'

The role of the music liaison person was especially important. As one facilitator said

> 'The music liaison person is crucial. She influences everyone.'

Generally, musicians and facilitators were very pleased with the response and the work of the staff.

'They were brilliant beyond expectation!'

4.8.2 Impact On The Staff

As well as the older people, the project had positive effects on the staff. Many described the pleasure the work gave them, stemming mainly form the benefits they saw accruing to their patients.

Attention was drawn to the professional development aspect of the project. As one staff member said

'We have learned a number of new skills.'

A matron observed

'The workshops were good for job satisfaction and morale. It raised the spirits of the staff as well as the patients.'

4.8.3 Need For More Staff To Be Involved

The number of staff who had done the workshop training varied between hospitals. Because of leave, sickness and the difficulties of rostering, in some hospitals staff who had done the training were able to attend very few sessions. Facilitators and staff agreed that the continuity of staff involved in the sessions was very important and this was not always achieved. A number of staff and matrons suggested the need for more staff to do the workshop training and be available for the project.

4.8.4 Work Behind The Scenes

Many of the staff directly involved in the project drew attention to the behind the scenes work that made the project possible. This included ward staff enabling the older people to be ready on time for the sessions to the hairdressers who groomed the older people for

the occasion, and the night staff who laid out the participants' good clothes for the next day's session.

4.8.5 Spreading The Word

Despite this behind the scenes work, there was a feeling that the wider staff group were not always supportive mainly because they did not understand what the project was about. One staff member commented that

> 'There needs to be more contact between Music Network and the hospital staff, not just with the matron and the music liaison person.'

A matron suggested that

> 'Staff on the periphery could be better informed.'

Matrons and staff saw great value in having information sessions for all the staff in the hospitals where the project is working. Because of rotas, more than one information session would be needed at each venue.

4.8.6 Hard Work

At all the hospitals, staff drew attention to the hard work that went into making the project successful. As well as the work in the actual sessions, it was a rush to get everyone ready on time especially for morning sessions. The older people had to be moved quite a distance across open at some hospitals. At several hospitals, furniture had to be moved the night before to prepare the venue.

> 'It was a terrible pressure. We just rushed the whole time. It would have been good to have time to savour the effects.'

Most were adamant that it was worth the effort but did not feel that the work involved was recognised.

Some venues had extra staff time allocated to assist in preparations on the day of the workshops. However at all the hospitals, staff would have liked more help. It was interesting that staff and matrons' perspectives on this were different. Most matrons thought there was adequate staffing to cover the work demanded by the project. At no hospital did the staff think this was the case.

Comment

As was recommended in phase one, it may be very useful for the Health Board to carry out its own evaluation of the Music in Healthcare Project. One important aspect of this might be an audit of the task and time demands on staff to implement the project.

4.8.7 Hidden Staff Roles

Accepting such a new activity as the project is not a single act but a process. This draws attention to the work done between the sessions by staff.

Several staff commented that, even when they mostly enjoyed the workshops, the older people were easily put off attending when they did not like something in the session or lost some of their confidence. Staff described working hard to motivate and reassure people to maintain their attendance at the sessions.

Comment

Without the ongoing support and encouragement of the staff, many of the older people may not have continued to participate. This is a very important and perhaps unrecognised role of staff in the project.

4.9   Matrons

All the matrons were very positive in their assessment of the value of the project in contributing to the quality of life of the older people. All had seen benefits from the first phase, which encouraged them to continue. All were concerned with developing fulfilling activities in their hospitals and saw the project as offering an excellent opportunity towards this end. As one matron said:

'It was the ideal project; it had the activities element, social gain, benefit to the patients, benefit to the staff.'

All the matrons were keen for the project to continue in their hospitals.

4.10 The Musicians and Facilitators

4.10.1 General

The musicians and facilitators were pleased with the outcomes of phase two, and thought that the project was achieving its objectives. They were satisfied with their terms and conditions. The organisation and planning of the project was praised and musicians and facilitators felt well supported by Music Network.

4.10.2 Experience Of The Project

The musicians and facilitators were enthusiastic in their expression of enjoyment of their work. Said one musician

'I really loved the work – the most rewarding work I have ever been involved in.'

All very much enjoyed the interaction with the older people and the feeling of making a difference to their lives. One musician said

'Simple things became magic and there was a sense that everybody sensed it.'

4.10.3 Quality Of The Musicians

Besides the quality of the music they played, the approach of the musicians was emphasised by staff as being very important. Although the staff were full of praise for the musicians in the first phase, the ability of the musicians this time to communicate with the older people was highly valued by all the venues.

'They were just part of the group – they did not stand apart.'

'It was wonderful how they got on to the patients' level. They had a great understanding of elderly people.'

The facilitators commented on qualities demanded of the musicians.

'The choice of musicians is very important. They need an openness to the whole process.'

'The musicians must be prepared to deal with staff as well as the residents.'

Comment

It is apparent that as important as musical ability, work in this setting demands the selection of musicians with the right personality and attitudes to older people.

4.10.4 Training

The facilitators were happy with their training and appreciated the focus on healthcare settings this time.

The musicians felt well prepared for the work but some drew attention to how much learning is done on the job – learning from the process and from the facilitator.

'It was really only by being present at the sessions. . .that the value of the whole process was made clear.'

'Ultimately the training lies in the actual doing.'

'There was always an element of having to think on one's feet to allow for changes.'

Comment

Attention has already been drawn to how important it is that staff involved in the project are open to new ideas and ways of doing things. The same appears to be true of the musicians.

4.10.5 Working As A Team

There was agreement amongst musicians and facilitators that they worked well together. The facilitators saw this teamwork as a key to the project's success. As one said:

> 'The project has to be music centred and music led, and this relies on the musicians and facilitator working well as a team.'

In the first phase, the musicians were not present at all the sessions. At three of the venues in this phase, all the musicians were there all the time. This enhanced the team work and cohesiveness. At the other three venues, the plan was that not all the musicians were present at all the sessions. This was a challenge for the facilitator.

> 'The dynamic of working together was disrupted and unsettled.'

Staff also commented on the benefits of having the musicians there at all the sessions.

> 'We all got to know them over the weeks and this was important to the elderly people – being familiar with who they were going to see each week. They got to know us too.'

4.10.6 Mentoring

One facilitator felt well supported by her mentor, with good contact and interchange of ideas. The other facilitator found contact between herself and her mentor was infrequent and difficult.

The facilitators agreed on the value of having mentors. However, one facilitator felt that more work was needed to clarify the role of the mentor and to agree the mutual expectations of the mentor and mentored

4.11   Sustaining The Benefits Of The Project

There was concern throughout the hospitals that the benefits of the project not be lost after so much time and effort had been put into it, and positive outcomes achieved. A typical comment was

> 'It is an awful waste to train staff to do these workshops and to build up
> resident expectations and then to let it all go.'

There are two aspects to this. One is the continuation and development of the Music In Healthcare project. The other is the development of activities in the hospitals; sustaining the benefits of the project is not just about keeping the music going but also about finding ways of achieving similar positive outcomes through other activities.

This latter issue is not a direct concern for Music Network. However, it is clear that the project has demonstrated to many staff and matrons the benefits of offering challenging, fulfilling activities. Many hospitals have been making progress for some time in setting up such activities. Some of the challenges in doing so impact also on the implementation of the Music Network project.

4.11.1 The Challenge Of Change

Until recent years, little importance has been placed on anything beyond the physical care of older people in long stay hospitals. That is changing now, but the process of change is slow. As one matron said:

> 'The ethos of social gain is new, and it will take time for it to be seen as an
> important part of elderly care. It is a change process for the staff, and
> change can be threatening.'

4.11.2 Designated Activity Staff

Some of the hospitals have designated activity staff. Those that do not strongly felt that there was a need for this. One matron summed it up:

'It is crucial for a programme of activities to have continuity, and we will only get that if we have a designated activities person. Otherwise we will not get a reliable structure of activities but just an ad hoc approach, relying on when staff have free time.'

And another matron said:

'For the music project, we made sure the same staff attended the sessions for continuity. But those staff often had to come in when they were not rostered on, which meant covering for them to take time off. It is always robbing Peter to pay Paul, and that cannot support a proper programme of activities.'

4.11.3 Need For More Staff

It was clear that staff in the hospitals are hard pressed to carry out their work. As well as specialist activity staff, the need for more staff generally was raised as a factor providing activities. One staff member said

'In order to do meaningful work with patients requires better staffing. If more staff cannot be employed, then ways should be found to adjust current routines and alter priorities to find time to do music, art, etc.'

4.11.4 Continuing The Music Project

With the training they have received and experience of the project, staff might carry on the work of the project in the hospitals, and many have a commitment to try to do this. Most thought more training would help, and there would need to be ongoing support and supervision.

Although most doubted they could ever replicate the sessions without the facilitator there, this was not really their aim.

'If we try to copy exactly what was done we will fail. But there is a lot than we can learn from the project to do our own sessions here.'

4.11.5 Patient/Carer Relationship

Staff pointed out that it is not just a matter of skills in being able to conduct effective participative music sessions. They have a different relationship with the older people; there is a patient/carer relationship, and well established ways of interacting that may not be conducive to urging people to take part in challenging creativity. The professional musicians commanded respect, and put the older people in a different frame of mind than the day to day patterns of behaviour.

4.11.6 Local Musicians

Most hospitals were looking to bring in local professional musicians for participatory sessions. There was a concern that relying on volunteers would not be satisfactory, not just because of quality, but because of the need for reliability and continuity. Obstacles raised by staff and the matrons in doing this included finding resources to secure the services of professional musicians, as well as difficulty locating those who were able to do the work.

Comment

Music Network may have a role in training and supporting local musicians to do this work.

4.11.7 Local Contacts

Contact with local arts officers and art centres, where these exist, was suggested by staff as a means of sustaining the benefits of the project. One hospital has already formed a fruitful alliance with their local arts officer.

Comment

For health care staff, this in new ground and many would not have the confidence or knowledge to begin dialogue with people from the arts world. They will need help. Music Network has already begun work on facilitating these links.

4.12   Continuing With The Same Group

When thinking about the future, one of the questions asked was whether to continue working with the same group or to share the project with as many people as possible – by working with different participants in the same hospitals or by working at different hospitals.

While there was recognition of the benefit of both approaches, the consensus was certainly that, at this stage, there was much to be gained by continuing with the same groups.

From a staff member

> 'If you keep working with the same group, you will get more out of it.
> The people this time who had been before knew what to expect and were
> quick to pick things up.'

One musician suggested

> '. . . continuing further and exploring the possibilities with the same
> groups, to see what develops'

A matron said

> 'It would be best to stick to the same group. The workshops will be more
> successful then. You establish a group who knows what it is about and
> who want to be part of it.'

And a facilitator agreed.

> 'We should stay and build from where they are now. There is still a lot of
> learning to do with these groups. We should try to do it well – improve it
> and then expand.'

5   DISCUSSION AND RECOMMENDATIONS

5.1   The Value Of Workshops

This evaluation reveals that Music Network is achieving the aims and objectives of the Music In Healthcare Project. It is important to ask whether the same results could have been achieved by bringing concert performances rather than workshops into the hospitals.

It is likely that high quality musical performances alone would result in outcomes such as enjoyment, engendering a sense of occasion and offering variation to normal routine thus enhancing the quality of life of the older people. However, a number of effects of the project have emerged from the evaluation that can be attributed to the participatory workshop format. The workshops provide challenge and stimulation beyond that which a concert would normally offer – not just to the older people, but to the staff and the musicians as well.

It is worth drawing out and listing some of the impacts that might be seen as specific to the workshops.

- a different interaction between staff and the musicians and the older people - working with the older people not for them
- a new role for the older people; not passive recipients but active participants
- making the older people feel useful and more able
- enhancement of individuality
- staff seeing the older people they care for in a new light
- physical movement and exercise
- enhancing communication both verbal and through the music
- encouraging a sense of community; working together as a group
- professional development of staff and musicians; learning new skills
- a cumulative learning process that is mentally stimulating
- demanding concentration
- promoting creativity

Thus, when considering the aims and objectives of the project, it seems safe to conclude that these are far more effectively achieved through workshops rather than concerts.

5.2   Drop Out Rates And Retention

There was a high drop out rate in some hospitals, and staff attributed this mainly to the fact of workshops rather than concerts being offered. It was not only that people did not like the workshops, but also that many were not physically or mentally able for them. Others left after they found elements of the workshop not to their liking.

For all that there was a very positive response to the workshops, it must be remembered that this was a self-selected, and in some hospitals, a relatively small group. In any further evaluation it may be interesting to include the views of older people who chose not to attend.

Attention may usefully be given to retaining participation. Although it is recognised that the project does not aim to fulfil all tastes and needs, care must be taken not to drift into complacency, assuming the reason for dropping out rests entirely in those who leave rather than in the project itself. A balance needs to be struck in implementing the project in these settings between focussing on development of the individual, and justifying the time and effort contributed by the staff in terms of the number of their patients who benefit.

5.3   Interpreting Positive Findings

As was discussed in the phase one evaluation, caution must be exercised when interpreting the positive findings of this evaluation in terms of the project's impact on the older people. Where the older people have previously been offered very little in the way of fulfilling activities, expectations of such a project may be very low, and easily satisfied. This is not meant to detract from the achievements of the project, but as a warning against relying on the satisfaction of the consumer as the only measure of quality.

5.4   Role of the Facilitator

As was discussed in the first phase evaluation, one of the most important factors in the success of the project is the facilitator.

The facilitator's role is multifaceted, demanding a range of skills and qualities including:

- music and music therapy skills

- leadership skills

- flexibility; being able to work in less than ideal conditions

- a commitment to the objectives of the project

- openness to new ideas and willingness to change

- an understanding of the healthcare setting

- a respect for and empathy with older people living with illness or disability

- communication skills; ability to communicate with older people, staff and matrons

Much has been learnt by and from the two facilitators in these pilot phases. This learning needs to be captured in developing a job description and person specification.   If the project is to be replicated, work needs to be done on defining not just the role of the facilitators, but also the skills and qualities needed to perform the role effectively. This is such a key position that it is essential that the facilitator is properly qualified, trained and supported.

5.5   Towards A Model

One of the aims of the project is 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.

A great deal has been learned from this second phase and it is apparent that there is still much to be learned. This is a new experience for all those involved, and much might be lost by if Music Network was to attempt to solidify learning into a definitive model at this stage. However, care must be taken to capture what has been learnt thus far: not to rely

on it living solely in the experience of individuals who may forget or leave. It may be thus advisable to begin to sketch out the beginnings of the planned guidelines.

5.6   Key Elements To Success

As part of developing guidelines, it is necessary to begin to identify the key elements to the success of the project. These may include:

- the quality of the music and the personality and approach of the musicians
- the skills and qualities of the facilitator
- the hard work and commitment of staff
- the support of the matron and the wider staff group
- the flexibility and openness to new ideas of all those involved
- commitment of adequate resources from the Health Board
- adequate preparation and training for facilitators, musicians and staff

5.7   Recommendations

1. It is recommended that the Health Board carry out an evaluation of the project from its perspective, which may cover areas such as conditions which impinge upon the exclusion of participants, and an audit of the task and time demands on staff to implement the project.

2. Thought should be given to including more performance in the programme with a view to encouraging and retaining participation.

3. Thought should be given to including more musical, as opposed to rhythmic or improvised, pieces.

4. Continuing care is required to avoid being unintentionally patronising. For example, more explanation should be offered as to why the participants are being asked to do a particular exercise.

5. Sessions should start at the scheduled time. The length of the sessions should be reviewed.

6. Feedback mechanisms should be built into the project so that there is ongoing opportunity for staff and participants to share their views with the facilitator and

musicians. This could be through pre-session planning meetings and written questionnaires from participants.

7. Thought should be given to developing ways of including less able people in the workshops.

8. More staff should receive the training. Hospitals should designate a sufficient number of staff to do the training to ensure that there will be enough to attend all the sessions.

9. Staff members who undertake the training should also undertake to be present for as many sessions as possible; staff rotas should facilitate this.

10. Information should be offered to the wider staff group on the aims and objectives of the project.

11. The role of the mentor should be clarified, and the mutual expectations of the mentor and the mentored should be clarified.

APPENDIX ONE: QUESTIONNAIRE FOR MATRONS

1. Why did you want x hospital participate in the second phase of this project?

2. What did you expect of the project?

3. Were your expectations different from the first to the second phase?

4. Were there any differences between the first and second phases of the project?

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

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

7. What effect did the music sessions have on the participants?

8. What effect did the music sessions have on the staff?

9. Do you think you and your staff were well enough prepared for the project? Was there enough information and training etc? If not, what further preparation would you have liked?

10. Do you think you and your staff had enough input into the planning and running of the project?

11. Did you have adequate staffing to run the project?

12. What did you like about the music project?

13. What did you dislike about the music project?

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

15. 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?

16. What do think the music project achieved?

17. How do you think the benefits and learning from the project can be sustained?

18. Any other comments?

APPENDIX TWO: WRITTEN 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. Do you think you were well enough prepared for the work?

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

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

6. What did you think of the programming?

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

8. What do you think the staff and the participants expected from the music sessions?

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

10. Any comments on the organisation and administration of the project?

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

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

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

APPENDIX THREE: QUESTIONNAIRE FOR STAFF

1. Why did this hospital participate in phase two of this project?

2. Were there any differences between the first and second phases of the project?

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

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

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

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

7. How were the participants selected and by whom?

8. Please give your opinion of the workshops where the older people actively participated. Please comment on the instruments used by the older people and the voice work - were these successful?

9. What did you think of the kind of music played?

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

11. Did you have adequate staffing to run the project?

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

13. Do you think staff had enough input into the planning and running of the project?

14. What did you like about the music project?

15. What did you dislike about the music project?

16. 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?

17. What do think the music project achieved?

18. How do you think the benefits and learning from the project can be sustained?

19. Any other comments?

APPENDIX FOUR: PARTICIPANTS' WRITTEN QUESTIONNAIRE

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

2. Did you prefer listening to the playing or participating in the music workshops?
           listening to the playing ___   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, had you ever played a musical instrument?
           Yes ___   no___   don't know___

8. Would you like to have an opportunity to play music again?
           Yes ___   no___   don't know___

9. What kinds of music do you like?
           Classical __   jazz__   traditional__
           Other_____

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

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

12. Would you like to attend more of these music sessions?
            Yes ___   no___   don't know___

13. Did you attend the first series of concerts and workshops held earlier this year?
            Yes ___   no___   don't know___

If yes, please make some comment on the differences between this series and the last e.g. did you like this series better? If so why?

_____

_____

14. Please add any other comments or ideas you have.

_____

_____

ABOUT YOU

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: 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 workshops?
- 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 music sessions make you feel? e.g. happier? Sadder? Relaxed? Irritable?
- What do you usually do during the day? Do you have other hobbies and activities? Do you have any other musical events or activities?

Comparison With Phase One
- Were there differences between this part of the project and the first series of concerts and workshops?
- Was this series better/worse? In what way?
- What did you think of the type of music this time?

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?

Future
- Would you like to continue on with music workshops and concerts?
- Would you like anything done differently?
- What advice would you give to people who might want to organise some more music sessions in the future?
- Are there special needs or special interests that you have here that organisers should take into account?