



When healthcare leadership and philanthropy lead to an improved patient experience: The Paul Lepsoe Music Initiative

Sara Olivier RN BScN MN
The Ottawa Hospital

Corianne Bell BA Mus
Independent

Cheryl Jones Registered Psychotherapist, MTA, PhD
University of Miami, Frost School of Music; Academy of Neurologic Music Therapy, Con Brio Music Therapy

Jerry M. Maniate MD, M.Ed, FRCPC, FACP
University of Ottawa; uOttawa Music and Health Research Institute, Equity in Health Systems Lab

Follow this and additional works at: <https://pxjournal.org/journal>

 Part of the [Oncology Commons](#), [Palliative Care Commons](#), and the [Quality Improvement Commons](#)

Recommended Citation

Olivier S, Bell C, Jones C, Maniate J. When healthcare leadership and philanthropy lead to an improved patient experience: The Paul Lepsoe Music Initiative. *Patient Experience Journal*. 2022; 9(1):189-192. doi: 10.35680/2372-0247.1642.

This Case Study is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

When healthcare leadership and philanthropy lead to an improved patient experience: The Paul Lepsoe Music Initiative

Cover Page Footnote

The authors wish to acknowledge Dennis Garvin and Kate Holmes for their involvement and support of this initiative and wish to thank the OSO musicians who participated in the project. The authors also acknowledge the Board of Directors of the OSO for their support, and the Friends of Paul Lepsoe for their financial support to make this initiative possible. Additionally, the authors wish to thank the Clinical Managers of the various TOH units where the initiative took place. This article is associated with the Culture & Leadership lens of The Beryl Institute Experience Framework. (<https://www.theberylinstitute.org/ExperienceFramework>). You can access other resources related to this lens including additional PXJ articles here: http://bit.ly/PX_CultureLeadership

When healthcare leadership and philanthropy lead to an improved patient experience: The Paul Lepsoe Music Initiative

Sara Olivier, RN BScN MN, *The Ottawa Hospital, solivier@toh.ca*

Corianne Bell, BA Mus, *Independent, corianne.bell@rogers.com*

Cheryl Jones, MTA, PhD, *University of Miami, Frost School of Music, con.brio.piano@gmail.com*

Jerry M. Maniate, MD, M.Ed, FRCPC, FACP, *University of Ottawa, Ottawa Music & Health Research Institute, jmaniate@toh.ca*

Abstract

Through an unprecedented collaboration between an academic acute tertiary care hospital (The Ottawa Hospital (TOH)) and a community-based professional orchestra (Ottawa Symphony Orchestra (OSO)), the Paul Lepsoe Music Initiative represented an innovative partnership focused on improving patient care via (a) the integration of live music in waiting areas of the hospital's Cancer Center and (b) the creation of individualized music therapy interventions on the inpatient Palliative Care Unit. Patient, family, and volunteer/staff feedback further refined the intervention throughout the duration of the Initiative; a qualitative process that provided insight into the overall patient experience and opportunities for patients and families to inform practice. Hundreds of people at TOH were reached and better understood through this initiative. Results revealed that more than 85% enjoyed the music and believed music should be part of the care experience, suggesting that live music performance can be an effective, low-cost intervention to positively affect the hospital experience across multiple stakeholder groups. A powerful result of this partnership is that it contributed to the humanization of an often stressful and sterile environment through music; most especially, music that is light, optimistic, uplifting, simple and soothing, while also being consistent in texture, dynamics, and tempo.

Keywords

Patient experience, quality improvement, patient satisfaction, music therapy, patient-centered care, prescribed art, music matters, music care, music medicine

Background

In the Fall of 2019, the Paul Lepsoe Music Initiative was conceived through an unprecedented partnership between The Ottawa Hospital (TOH), an academic acute tertiary care hospital in Eastern Ontario, and the Ottawa Symphony Orchestra (OSO), a community-based professional orchestra. In honor of TOH patient Paul Lepsoe, his courageous fight with brain cancer and his love of music, a group of Paul's close friends funded the Initiative through donations to the OSO to enhance the experience of other cancer patients and their caregivers.

Introduction

There is sparse literature investigating the effect of music on a cancer patient's hospital experience, either as an inpatient or outpatient, or on the effect music may have on the staff and their interactions with the patients or each other. In addition, while there is research regarding music in hospitals related to anxiety levels pre- and post-surgery, there is little regarding the use of music in public waiting rooms (e.g., oncology departments) where patients await

test results or treatment and levels of anxiety and/or depression can be high. This project presented an opportunity to explore enhancements to the patient experience at TOH. It also contributes to the emerging literature regarding the use of music therapy with cancer patients and to the sparse literature regarding the effect of music on patients and staff in treatment and waiting rooms.

Intervention

Multiple reviews and studies provide evidence for the efficacy of music therapy or music-based interventions to reduce levels of pain and anxiety symptoms, and to address a range of psychosocial needs experienced by patients¹; some go even further to include evidence of reductions in pain and fatigue for adult cancer patients, especially in situations where patients, rather than researchers, chose the music.² To investigate how patient preferences could be considered in public settings, the Paul Lepsoe Music Initiative explored the effect of live, listener-informed music on the hospital experience in two main spaces and phases:

- Phase one: the TOH Cancer Centre public waiting room and chemotherapy treatment room settings, using curated, live musical performance; and
- Phase two: TOH inpatient oncology and palliative care ward, through individualized interventions with a music therapist.

In the first phase, over four consecutive weeks, string and woodwind duos and soloists from the OSO played weekly live musical sets while volunteers and project staff circulated questionnaires to patients, caregivers, and staff for feedback. The questionnaires provided data, including the type of listener, location/time of the listening experience, the extent to which the listener enjoyed the music and was impacted positively or negatively, as well as their recommendations for future application of musical interventions. For each subsequent performance, feedback on volume, music repertoire and listener preference were considered, analyzed, and integrated.

In the second phase of the project, patients admitted (n=4) to the Palliative Care Unit (PCU) were invited by the PCU physician to receive direct music therapy interventions. If they agreed, the patients’ names were forwarded to the TOH project lead who acted as liaison with the music therapist. Two of the identified patients agreed to meet with the music therapist, and an average of three sessions were held with each patient. In the first session, the music therapist described several potential music therapy activities that the patient could participate in, such as reduction of the perception of pain through reception music listening, non-verbal self-expression through the playing of musical instrument(s), life-review through the sharing of personally significant music, or songwriting as a legacy or gift for a loved one.

Questionnaires were also given to patients and caregivers to assess the impact of the intervention(s).

Outcomes

For the music to have a potential positive effect, it is assumed that respondents would have experienced some enjoyment of the music in the hospital setting. Indeed, the results from the first phase revealed that more than 85% enjoyed the music and believed music should be part of the care experience at TOH (Fig. 1); in fact, only 6% disagreed with that statement.

In answer to whether the live music positively impacted their hospital experience, approximately 75% of patients reportedly “Agreed” or “Strongly Agreed” that they felt better because of the music (Fig. 2). Family & Caregivers reported even higher at 80% on average, and Staff/Volunteers lower at 60% on average. Respondents across all demographics commented on how the music made a difference to the way they felt that day (e.g., helping shift attention or transform the environment). Negative feedback in the first phase fell under the following categories: music was “too loud” (e.g., patients unable to hear staff call over the music, depending on where they were seated); and/or sense of mournfulness or melancholy perceived in the music; and to a lesser extent, the type of instrument and/or general irritation or distraction it caused.

Both patients and caregivers noted the positive impact of music therapy interventions on their hospital experience in the second phase of the initiative. For example, writing a song provided Patient 1 with a sense of empowerment, celebrating the fact that she could still contribute

Figure 1. Effect of music on hospital experience

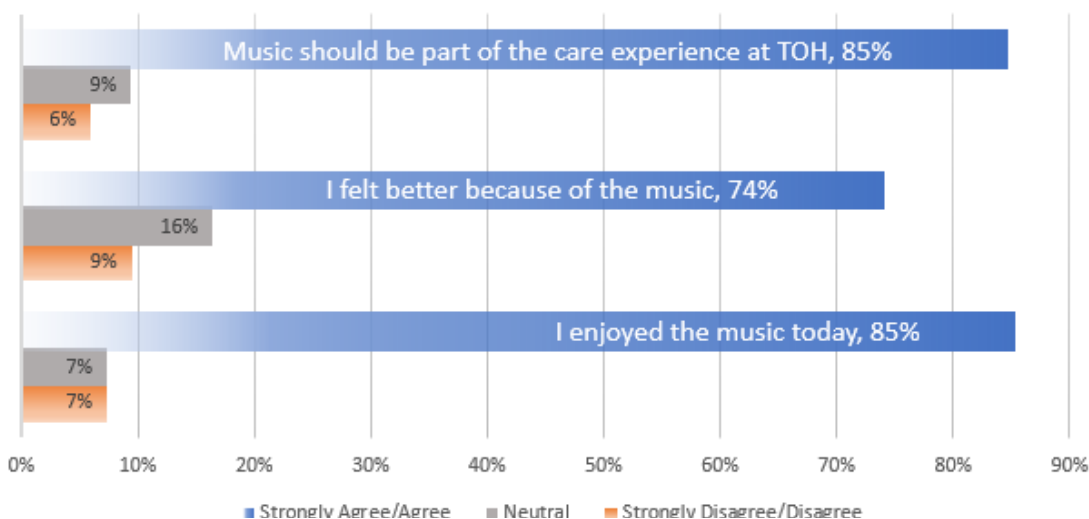
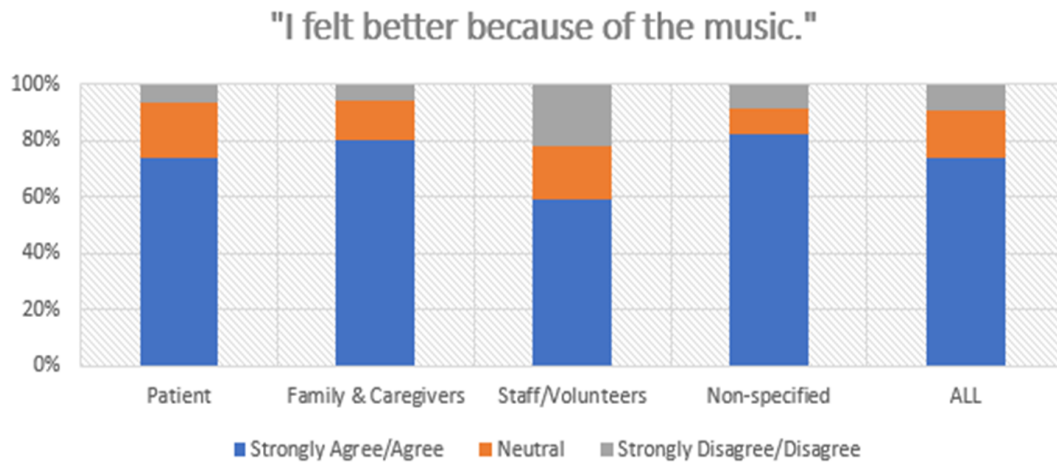


Figure 2. Positive impact of music

something; that even amid pain and fatigue, she was able to create a meaningful gift for her daughter. The song expressed her joy and love for her daughter, described special memories they shared together, and affirmed her daughter's ability to continue to go through life without her. Thus, not only was songwriting empowering, but it was also an opportunity for life-review and to leave a legacy gift for her family.

Recommendations

Hundreds of people at TOH – including patients, family members, staff, and volunteers – were reached and better understood through this initiative, suggesting that music performance can be an effective, low-cost intervention to positively affect the hospital experience across multiple stakeholder groups.

The adaptable and evaluative approach of the Initiative based on real-time respondent feedback brought to light key elements in optimizing musical performances in hospital environments. For example, although musicians initially performed repertoire one might commonly find on many classical “relaxation” playlists, in this context the feedback demonstrated that slow and tranquil can be translated to “somber” and “morbid.” Further, classical fiddle- or folk music – if it portrayed a sense of nostalgia – could be heard as too “melancholy.” The Initiative concluded that the most pleasing music to the widest audience can be described as light, optimistic, uplifting, simple and soothing, while also being consistent in texture, dynamics, and tempo. Most importantly, a high caliber of musicianship is integral; the confident assurance and mastery of the instrument allows the listener to relax into the experience.

Implementation and sustainability of similar initiatives could be possible by exploring partnerships with community orchestras, Schools of Music or professional musicians. In the Paul Lepsoe Music Initiative, partnership with a local, professional musical ensemble allowed for an assumed high standard of performance. As well, the oversight of both a designated TOH lead and a music consultant with experience in the application of music as a therapeutic intervention, helped to ensure a responsive experience, curated specifically to the context of a particular wing of the hospital.

Future Implications

Due to pandemic-related timing, a larger sample for the inpatient second phase of the initiative was not feasible for 2020. However, based on known research in the field of music therapy and the pilot thus far, direct one-on-one music therapy interventions can be seen to positively impact patients facing terminal illness, palliative, and end-of-life stages of care. Several institutions across Canada have successfully integrated music therapy into their programs: Montreal's McGill University Health Centre, Toronto's Princess Margaret Cancer Centre or Trillium Health Partners (Mississauga, ON) to name a few. Future projects looking at integrating curated music in the care experience should consider basic patient data (vitals, anxiety levels, etc.) pre- and post-intervention to further assess the breadth of benefits to patient care.

With the current COVID-19 pandemic, the social isolation and hospital visitation restrictions, integrating music into the care experience through technology and/or virtual reality platforms could be the way forward in ensuring the sustainability of the Initiative. At minimum, curating intentional sound environments could be explored as

means of addressing the needs of specific patient populations (e.g., “sundowning” for patients with dementia on geriatric wards)³

Conclusion

“It lifted my spirits and added a beauty and gentleness to the hospital experience.”

When addressing the topic of patient experience, Wolf (2016) argues that the idea of experience “reflects our biggest opportunity in healthcare”^{4(p.1)} and for which the drivers of excellence are grounded in “the culture and leadership driving how decisions are made, how interactions take place and how outcomes are achieved.”^{4(p.2)} The Paul Lepsoe Music Initiative is a prime example of how engaged healthcare leaders at TOH have positively influenced the experience of care for cancer patients. The leaders’ commitment to the organization’s quadruple aim of better patient experience, better staff experience, better quality at low cost and healthier populations fueled their willingness to partner with the OSO. In addition, the high rate of positive questionnaire responses obtained in the final week of performances is a testament to the precision and responsiveness in the OSO artistic direction combined with the adaptability and patient-centered awareness of the musicians and TOH staff. A powerful result of this partnership is that it contributed to the humanization of an often stressful and sterile environment, while also allowing patients and other end-users to play an essential role in guiding the intervention.⁵

References

1. Gramaglia, C., Gambaro, E., Vecchi, C., Licandro, D., Raina, G. et al. (2019). Outcomes of music therapy interventions in cancer patients – A review of the literature. *Critical Reviews in Oncology/Hematology*. Doi: 10.1016/j.critrevonc.2019.04.004
2. Tsai, HF., Chen, YR., Chung, MH., Liao, YM., Chi, MJ., Chang, CC., & Chou, KR. (2014). Effectiveness of music interventions in ameliorating cancer patients’ anxiety, depression, pain, and fatigue: a meta-analysis. *Cancer Nursing*, 37(6), E35-50. doi: 10.1097/NCC.0000000000000116
3. Music Matters (2015). Optimizing music in complex care and rehabilitation – Project report.
4. Wolf, J.A. (2016). Patient experience: Driving outcomes at the heart of healthcare. *Patient Experience Journal*, 3(1), 1-4
5. Folkman, AK., Tveit, B., & Sverdrup, S. (2019). Leadership in interprofessional collaboration in healthcare. *Journal of Multidisciplinary Healthcare* (12), 97-107. DOI 10.2147/JMDH.S189199