

Wishing Well at The Alex

An analysis of personal reflections
from the Wishing Well Musicians in Healthcare



Summary

This report presents an evaluation of the feedback by musicians from the Rhythmix, Wishing Well programme, who are providing a live music-making programme in healthcare settings in South East England. Evaluations that the musicians provided during their work at The Royal Alexandra Children's hospital in 2015-2016 were summarised and analysed.

The results suggest that:

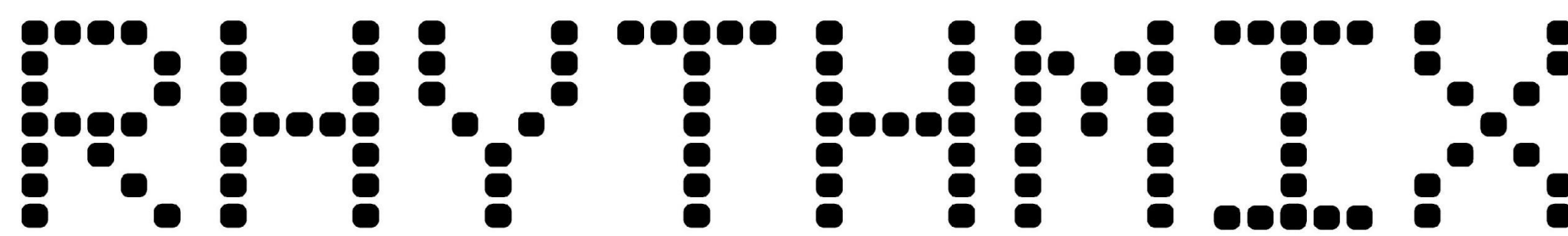
- this music-making programme has positive effects for patients, families and caregivers
- building and strengthening the relationships with staff seems helpful for these types of music-making programmes
- a balance is needed between welcoming staff's assistance in prioritising which patients should take part in the music activities and allowing the musicians to use their expertise when approaching patients, in order to achieve the most positive outcome for patients
- opportunities for musicians to practice self-care are necessary in order to avoid 'burn out' and emotional trauma.



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The Rhythmix Wishing Well Music in Healthcare Programme



Rhythmix is a music, social welfare and education charity working across the South East of England. Rhythmix's core mission is to offer high-quality music-making programmes that develop creativity, resilience and personal skills with a specialism in outreach work with participants in challenging circumstances.

Rhythmix created the Wishing Well Music in Healthcare programme specifically to bring live interactive music into healthcare settings and they also provide training for musicians and healthcare professionals. They have a team of professional Musicians who are trained by Rhythmix specifically to work in healthcare settings with children, young people and older people with dementia. The programmes currently delivers weekly sessions in 14 health care settings across Sussex and Surrey. For more information on the programme please visit www.wishingwellmusic.org.uk



The Wishing Well programme team consists of Jo White (Programme Director), and 10 Musicians in Healthcare. The musicians are professional facilitators who work across a variety of community and educational settings and who have been trained specifically to work in acute healthcare. They are also professional composers, performers, producers, multi-instrumentalists, vocalists and technicians. Wishing Well started working with the Royal Alexandra Children's Hospital in Brighton in 2013, supported by a grant from The National Foundation for Youth Music. The overall intention of the programme is to develop long-term partnerships, so that music-making becomes embedded in the care of the children in the hospitals.

The musicians working on this project are:

Marina Perryman
Kate Murdoch
Bela Emerson
Zoe Konez
Anna Dolphin



Music in Healthcare

During the last decade, the occurrence of live music in hospitals in America and Europe has increased. 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 is described by Preti as a regular, long-term intervention. Musicians “make rounds” and play in schoolrooms, wards and individual cubicles. The music events can be performances, but they can also be interactive music making where children and/or carers take part and shape the music-making session (Preti 2009). This report evaluating the work of Wishing Well focuses specifically on this type of bedside music. The next section looks deeper into the impact that hospitalisation can have on patients, and what specific effects music can have on hospitalised children, their parents/carers and staff involved in their care.

Effects of bedside music in hospital settings

Music has in general been reported as beneficial in healthcare settings. Listening to music can have positive effects in particular areas of hospitals (Staricoff, 2004). Those areas where cancer care (reducing anxiety and depression), cardio-vascular units (reducing anxiety and blood pressure, heart rate and demand for myocardial oxygen), neonatal care (significant improvement in clinical and behavioural states, reducing the length of stay in hospital), 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 reduce the levels of cortisol (a hormonal indicator of stress), increase the perception of comfort, and to significantly control blood pressure levels. Music has also been associated with pain management reductions on physiological and psychological variables related to pain indicators.

Effects of music on children in hospitals

60% of children are negatively affected when in hospitals (Roberts 2010). Some of the negative effects are separation anxiety, fear of hospitals and doctors, nightmares and aggression towards authority. While many of these effects seem 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 the lack of control over what is happening to them in the hospital environment (Coyne & Livesley 2010).

There are positive indications relating to music in paediatric health settings. 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 in Healthcare

Music can 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 (Preti & Welch 2004 & 2011; Preti & Schubert 2011). Music can help to verbalise experiences that help children to cope better, and in this way act as a kind of “social support”. 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).

Research has also shown that music in hospitals, especially for young infants, can have a positive effect on language development. Language acquisition starts in the womb and the prenatal response to the caregiver’s voice continues after birth (Moon, Lagerkrantz & Kuhl 2013). Exposure to parental rhythm and sound, during both the prenatal and early postnatal periods, ensures a normal language development (Rand & Lahav, 2014). However, a prolonged stay in neonatal intensive care units may heighten the risk of atypical language development for both preterm and ill term infants. The baby might be deprived of meaningful language stimulation in this setting (ibid). If parents are not actively engaging, encouraged by the staff to talk and sing with their infants, the intensive care environment will consist of a constant stream of unfamiliar voices and ambient noise, sounds that are not specifically directed towards the infant, causing language deprivation.



Age-appropriate and interactive communication like infant-directed speech and infant-directed singing, which are fully comprehensible for infants, add linguistic value that can be crucial for the initial wiring of the brain for language acquisition in preterm and ill term infants who are hospitalised in the NICU (ibid). Research in both music medicine and neonatal music therapy has demonstrated significant positive effects on infants and their parents, reporting reduced parental stress and anxiety, improved parent-infant interaction and bonding, reduced infant stress and inconsolable crying behaviour, improved vital signs, increased levels of quiet alert or quiet sleep states, improved weight gain, reduced length of hospitalisation and showed positive effects on behavioural pain indicators and scores (Ullsten et al, 2016, Belenik et al, 2016).

Music in Healthcare

One way to understand music in hospitals is as a part of the “social support offered to children/patients and their families to help them cope with hospitalization in a positive way” (Preti 2013). Not only can music help children, but also the parents. This is particularly important, given that research has identified that one of the main factors that can influence a child’s reaction to their illness is how their family reacts (ibid). This suggests that if music activities can also influence parents in the way they are coping with their child’s illness, this would also be beneficial for the child. Anxiety in parents has been linked to more distressed children during and after hospitalisation as it appears to inhibit parenting styles.

Therefore, reducing parental anxiety in a paediatric health care settings (through for example music) can have a positive effect on the child. However, it also seems that it is in fact the music itself that can have a positive effect on children in hospital. A study by Longhi, Pickett & Hargreaves (2015) investigated the effect of playing live music to young hospitalised children with cardiac and/or respiratory problems. They found a significant decrease in heart rate and pain level was found after participating in music sessions, compared to being read to or having no interaction. These results seem to indicate that it is the music per se, rather than the social component that has an effect on the children – particularly older ones.

Furthermore, staff have reported 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 hospitalised children, their caregivers and the hospital staff, and in a wider sense nurtures “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 they are often negatively affected by hospitalisation, which can sometimes 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.

Material

This evaluation provides a summary and analysis of the reflective journals, case studies and feedback vignettes provided by the Wishing Well Musicians as part of their work at The Alex. The Musician reports analysed in this evaluation date from May 2015 to July 2016. During this time, the music-making programme was visiting the Royal Alex three times a week, which included two sessions a week in the High Dependency Unit and one session per week on the medical ward, and sometimes also the surgical ward. Five musicians who provided the music-making programmes during these terms.

Method/material

The five musicians filled in evaluation forms as a part of their work. Names of patients have been changed to fictitious names. The evaluation forms contained three main sections; i) positive aspects, ii) challenges and difficulties, and iii) tutor benefits. The musicians were encouraged to write freely in each section. Analysis of the free-response questions was carried out using thematic analysis (Braun & Clarke, 2006). Thematic is a common method of analysis in qualitative data research. The method includes examining and recording patterns (“themes”), which become categories for analysis. The phases in the analysis process include: familiarisation with data, initial coding, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report.

The Royal Alexandra Children’s Hospital

The musicians visited the Royal Alexandra Children's Hospital in Brighton, to make music with the children and families there. “The Alex” is the only acute children’s hospital for the South East outside of London, and is one of seven children’s hospitals in Great Britain. The Alex has wards for outpatients, surgical, medical, oncology (day ward), medical, high dependency, and children’s accidents and emergency. The Wishing Well programme regularly visits the high dependency unit, along with the medical and surgical wards.

A short film was made in 2014 at The Alex : <https://www.youtube.com/watch?v=ooRktfrYoyc>



Results: positive effects

The musicians provided detailed evidence of the positive effects that their visits had, both immediate effects and also more long-term effects through regular visits. For the patients, the positive effects included motoric effects, improved communication and interaction, increased confidence, and relaxation. For the parents, the music sessions facilitated creation of positive memories, distraction/passing of time, and bonding.

Positive effects for patients

Some patients showed improved motoric capabilities, such as playing and shaking of instruments. For some younger patients' families, the ability to hold a shaker with their own grip was identified as a significant development. The music sessions provided a setting and a motivation, through musical communication, for the patients to attempt to take part. Some patients began to take more part in the music sessions, communicating and interacting with the musicians and their caregivers through music.

The music sessions supported the patients to explore musical instruments and helped them to gain confidence in their music activities.

When we first met Oliver he seemed very wary, however he quickly gained confidence to begin exploring the instruments, how they feel and what sounds they make. Oliver has explored the guitar, ukulele, ilimbe, iPad music apps and a range of percussion instruments.

(Musician 2)

The musicians often described situations where they had been called upon by healthcare staff to assist patients to try and help them relax. This could sometimes be after a difficult intervention, treatment, or in other situations of pain and distress. In these situations, musicians sometimes worked alongside both nurses and other staff (e.g., physiotherapists), to try and calm the patient in question:

A member of the medical staff had asked for us to visit a young person who was currently having a panic attack due to pain. We arrived at the bedside and the young person was visibly distressed, with shallow rapid breathing, visible tension in the face and body, and wincing vocal sounds. The medical staff was speaking gently to the young person to try to calm him, and saying "just focus on the music". The young person's breathing became slower and more regular, and their body visibly relaxed, until they reached sleep. The medical staff thanked us afterwards.

(Musician 1)

It seems that the music can help children, and also the people around the child, to focus their attention on something else – in this case music. Through this process, music functions as both distraction and relaxation, and the accounts of the musicians is consistent with previous research (Naylor et al 2011, Preti & Welch 2004 & 2011; Preti & Schubert 2011).

Results: positive effects

Positive effects for parents/caregivers and relatives

The musicians also identified several positive effects for parents and relatives. The musicians were able to play a significant role in providing a context for positive, shared family experiences. This was particularly emphasised in some cases of end-of-life care:

We witnessed the mother develop confidence within the music interactions in singing to her child and improvising with us which was part of a bonding experience for the family, helping to build positive memories.

(Musician 1)

As has been identified in previous evaluations of music in hospital programmes[1], healthcare staff in palliative care for children feel that it is extra important that the short lives that the children do have is filled with happiness and joy. It is also crucial that the parents feel that their children are having fun, as the experiences in hospital will inevitably become long-lasting memories for the families and relatives. Therefore, the fact that the musicians are able to help the families in hospital to create these happy memories is an important factor in the quality of care of these children.



Music in hospital can also help the families and relatives to pass time, as the music sessions distract from the daily routines in this setting.

The patient was asleep when we visited. But we played and sang with the family still, as it seemed to really improve their mood and the atmosphere in the room, which I feel extended, passed the time we were there with them. Our group music sessions helped the patient's mother sing to him, to bring the whole family together, and often resulted in very lively singing which could be heard down the corridor, and was also gentle and sometimes resulted in family members falling asleep as they gaze at us playing. We really feel that our music brought benefit to the family in the months before the patient passed away.

(Musician 5)

Results: positive effects

The music sessions often provided an opportunity for families and their children (the patients) to bond and get emotionally closer to each other. Sometimes, this was developed through supporting the parents' in their own confidence in making music, resulting in them taking a more active role in the activities:

The young person's mum has increasingly sung within the family group, and a confidence in improvised singing has occurred. Singing to her child has occurred through at times very intimate bonding between mother and child.
(Musician 1)

We have also worked closely with his mother supporting her to sing familiar nursery rhymes and children's songs with Molly. She initially seemed especially self conscious about singing and sharing ideas so we have taken a gentle, reassuring and playful approach until she became more confident to sing.
(Musician 2)

The idea that music in hospitals is a part of the social support offered to the children and their families to help them cope in a positive way seems consistent with the observations of the musicians. It is particularly significant that the parents/caregivers also responded positively in the ways described above. Previous research has shown that one of the main factors that can influence a child's reaction to their illness, is how their families reacts (Preti 2013). Parental anxiety has been linked to more distressed children. Therefore, the fact that the parents/caregivers became more positive and relaxed during the music sessions would most likely be beneficial for the child as well.



Results: staff relations

The musicians talked about being briefed by staff at the hospital. Staff often informed them that particular patients were in need of their services, and the staff also shared details of difficulties that were sometimes present in the relationship between caregivers and children/young people (e.g., bonding issues, postnatal depression, issue during treatment procedures). These types of briefings provided the musicians with rich background about the patient's' circumstances, which the musicians often utilised in their sessions.

One particular family we worked with in this series of sessions, we were briefed that mum was having difficulty bonding with her child. We deliberately worked to try to draw her into the interaction
(Musician 1)

The fact that healthcare staff shared information and referred patients to the musicians indicate a level of trust in the musicians; the staff seem to believe it is important that the musicians know what is going on with the patients/parents, and they believe the musicians may be able to help.

The musicians stressed how important it was to build relationships with staff, as it aided their work with the patients. The staff provided much needed information, but also support and encouragement. The musicians had managed to establish a handover-routine with the Play Team staff, which was seen as useful and also facilitated the building of closer relationships with other team members.

Noticing how members of staff who used to pass us in the corridor without acknowledgement now smiling at us, and also referring us to their named patients
(Musician 3)

In the evaluations by the musicians, there were several examples of the musicians receiving both support and guidance from the staff at the hospital in how to approach the situation, and also how to deal with the personal effects of this situation afterwards.
“Staff guided us on how we could play a valuable role in supporting positive family relationships and positive end of life shared experiences. We discussed the approach of child-centred and family-focused care, whereby the wellbeing of a child can be supported by helping support the wellbeing of their parents and carers.
(Musician 2)

Results: staff relations



There were other sensitive situations, where the musicians also felt supported by the hospital staff in how to approach the situation, and also how to deal with the personal effects of this situation afterwards.

Part way through this term we were made aware of a particularly sensitive family situation. We were guided by hospital staff about how to sensitively and appropriately continue work with the family. I found the details around this quite personally challenging, but found de-brief and supervision very helpful for unpacking this professionally.

(Musician 2)

In many of the comments, the word *sensitivity* was often mentioned as an important factor for the relationship between the musicians and the patients. As have been demonstrated in other evaluations of similar music activities in children's hospitals, sensitivity seem to be imperative in order to build trust between the involved parties (musicians, patients, relatives and staff), which enables further collaboration "in situ". However, these trusted relationships might take time to build:

Staff are starting to get to know us and the work and it feels like more time is needed for building working relationships and understanding of how the music experiences we bring can benefit a diversity of patients. Often we have encountered the perception that music is only really suitable for older children or those who are most awake and feeling able to engage in activity. [...] In addition to our efforts towards this, it has perhaps also just been a matter of time for us and the way we work to become more familiar to other staff in this area of the hospital

(Musician 2)

Further exploration of how to build and strengthen the relationships with staff to ensure on-going professional support in difficult situations, seem to be a useful activity in further training and strategy planning of these types of music-making programmes.

Results: resourcing



A sometimes challenging area for the musicians was the issue of resourcing, i.e., trying to organise their visits so that as many patients as possible could take part in their activities. The musicians were conscious of the balance between providing “long in-depth musical interactions versus managing to visit and work with larger numbers of patients on the ward” (Musician 4). They tried to make sure they saw different patients, if there were two consecutive days of musician visits at the hospital. The musicians also described how they had established a routine with the Critical Care Practitioner, who would assess the situation and advice on which patients they felt would benefit most from seeing the musicians.

The musicians sometimes felt that they did not have enough time to provide their services to patients in need, and some of them described it as difficult leaving a ward at that point:

I found it difficult when there was not enough time to see enough children as needed. We also became aware of several long term patients in other wards, and tried to visit these children whenever we had time or if children in HDU were sleeping or the timing was not appropriate. It was difficult to end a session on the wards knowing there were children we had not worked with in that session.

(Musician 1)

They often felt that a patient might have missed out, and identified this as an area for “ongoing reflection and improvement” (Musician 2). This experience among the musicians of stress, of not being able to attend to all the patients in need, may be an area of further development in training of musicians and also in coordination with hospital staff. The musicians had access to a supervisor, provided by a qualified Music Therapist with whom they could meet up and discuss aspects of the work. These confidential supervision sessions were offered to the musicians whenever they wished, and were funded by Rhythmix. This appears to be a useful service to provide, given the need among the musicians to reflect and debrief. In regards to hospital staff, it may be useful to explore ways to further establish routines like the one described above, where staff may be able to assist, assess and prioritise patients who they feel would most benefits from the musicians’ visits. However, it is also important that this is done in a way so that the musicians are still able to work from a wider perspective of music and well-being. Patients should not feel forced to take part in music activities, and there may also be patients who will benefit from music despite not being identified as initially ‘needing’ music by the healthcare staff.

Results: self-care

Musicians talked in their evaluations about aspects of self-care as a part of their work, which could be both physical self-care and emotional self-care. Physically, the musicians recognised that their own health could play a significant role in their ability to carry out their work. They described occasions where they had to re-schedule because they were ill. This could of course happen in most workplaces, but is more significant restraint in a hospital setting, where some patients can be sensitive to viruses due to their compromised immune system.

In terms of their emotional health and wellbeing, the musicians described their need to have a space to debrief after ward sessions, and through separate supervision sessions, how this was an act of self-care and gave opportunities for further professional development. The debrief time could be spent together with the other musicians, but also together with staff.

People are experiencing difficult challenges and emotions. The space to debrief about this and other challenging aspects of the work has been essential for personal emotional sustainability and continual reflection and learning. Following interactions with young people who have experienced or are experiencing high levels of trauma through recent events, on going challenges or high levels of pain, I find it essential to debrief after to develop and reflect as well as part of my own self care.
(Musician 1)

Research has illustrated the particularly demanding aspects of performing in hospitals, both in terms of the need for musicians to improvise in their performance practice, seeking collaboration by the patient, and also in relation to changes in the medical context, which is often described as exhausting – both physically and emotionally (Preti & Welch 2013). Even though research has shown that musicians in hospitals can find the intensity of the relationships in hospitals motivating and energising (even though they may involve being exposed to suffering and distress), there are also at risks of so-called ‘burnout’ (Maslach & Jackson 1981). A risk that has been identified in previous studies is where musicians do not feel equipped to cope with difficult emotional situations. This was particularly linked to lack of defined spatial and situational boundaries (Preti & Welch 2013). The musicians in this project, however, seemed to have employed coping tools and mechanisms – such as a specifically designed briefing space and also taking advantage of supervision sessions. The debrief sessions in the hospitals were also recognised and respected by hospital staff:

It has been very helpful having the office space for setting up and debriefing. Other hospital staff are now more aware that we are using the space for this and give us space during debrief time to speak in confidence.
(Musician 2)

These seemingly practical parts of their job can be viewed as an important factor to limit the potential risk of ‘burnout’ and ensures the musicians’ own emotional wellbeing.

Conclusion

The musicians all observed positive effects for the patients, consistent with research on the effects that music in children's hospitals can have. These included enhancing cognitive abilities, communication skills, and physiological abilities. The parents/caregivers also responded positively to the music sessions, which is likely to have a positive effect on the child.

The musicians appeared to have developed relationships with the staff in the wards, leading to the musicians being able to assist healthcare staff when deemed suitable, and also the musicians receiving support and encouragement. Exploring ways to strengthen and further develop these relationships with the healthcare staff may be a useful exercise in the future development of these types of music-making programmes, as long as it is done in a way that allows the patients themselves to choose whether they wish to take part in the music activities or not. This could also lead to further opportunities for collaborations and referrals by the healthcare staff, which may reduce some of the stress felt by musicians in terms of making sure that as many patients-in-need as possible are given the opportunity to take part in the music activities.

Finally, the opportunity for musicians to practice self-care, for example through maintaining routines for debriefing and supervision sessions, seems necessary to avoid emotional trauma and 'burnout' among the musicians.



contact details and references

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