

Full-Length Article

10 Domains of Music Care:*A Framework for Delivering Music in Canadian Healthcare Settings (Part 3 of 3)*Bev Foster¹, Sarah Pearson^{1,2}, Aimee Berends¹¹Room 217 Foundation, Ontario, Canada²Wilfrid Laurier University, Waterloo, Ontario, Canada.**Abstract**

Music care is a developing approach to care that allows the therapeutic principles of music to inform caring practices in both formal healthcare settings and community or home-based contexts, and to create an integral role in developing more relational and person-centered cultures in caregiving. A significant part of the music care approach is a conceptual framework describing 10 domains of delivery. This article is the third in a three-part series on the theory and applications of a music care framework. Music is increasingly being recognized in health care communities as an effective psychosocial and rehabilitative intervention, increasing many aspects of quality of life. Currently, there is little standardization as to how music may best be integrated into individual care goals and care settings, though a growing body of literature supports the important impact of music in health care. It is this absence of standardization that has led the authors to develop a music care conceptual framework, so the varying scopes of practice that integrate music can be distinguished from one another and new possibilities for optimizing music in care can be identified. While the first study in this series examined how music care is understood in Canadian long term care facilities (1), the purpose of the second study explored how music could be optimized in complex continuing care environments, using one such facility in Ontario, Canada, as an exploration site (2). The 10 Domains of Music Care presented in this paper can be used as both a research tool and a practical, actionable tool for healthcare providers, managers, and decision makers. The paper discusses the 10 domains of music care delivery, need for a music care conceptual framework, and the implications and applications the framework provides.

(1) Foster, B., Bartel, L. (2016) Understanding music care in Canadian facility-based long term care. *Music Med*, 1(8) 29-35.(2) Nelson, M., Foster, B., Pearson, S., Berends, A., Ridgway, J., Lyons, R., Bartel, L. (2016) Optimizing music in complex rehabilitation and continuing care: A Community Site Facility Study (Part 2 of 3), *Music Med*, 8(3) 128-136.

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10 domains of music care.

multilingual abstract | mmd.iamonline.com**Introduction**

This paper introduces a developing framework for understanding music care, which is a developing approach to care that draws on the inherent health-promoting effects of music for overall well-being. The paper introduces and defines music care; it presents the rationale for a conceptual framework of music care delivery; and it discusses the impact and possibilities this framework offers.

Culture of Care

In today's healthcare system in Canada, an emphasis on relational care [1,2], also known as "person-centered care" [3-4], "patient-centred care" [6-9], and "whole person care" [10-13], are increasingly being embraced as standards of care. There are various models of relational care nuancing certain aspects of human experience in care i.e. human beingness,

relational autonomy, and cultural factors [14-19]. What is clear in each model or emphasis is that the focus of the care professional is on an individual's needs, preferences, and quality of experience rather than on the pathology of the disease or condition.

This is reflected in Canadian public health care settings, and can be seen in various sectors of Canadian health care. For example, Cancer Care Ontario recently published a Person-Centered Care Guideline, in which they state that the goals of this emerging care approach are to "give patients a voice in the design and delivery of the care they receive, and enable patients to be more active in their journey in order to deliver better health outcomes" [20]. The report also states that "although the Person-Centred Care Guideline is cancer specific, many of its principles are relevant to any and all health care (and other) professionals that interact with patients, their family members and caregivers."

McGill University's Faculty of Medicine in Montreal has pioneered "Programs in Whole Person Care" to promote this emerging approach to care through conferences, workshops, publications and continuing education opportunities. The program's mission statement promises "to transform Western

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medicine by synergizing the power of modern biomedicine with the potential for healing of every person who seeks the help of a health care practitioner” [21]. McGill University is among other Canadian medical schools acknowledging a whole person care approach.

Relational care is also reflected in the long term care (LTC) sector and in care for older adults. A compelling report from the Canadian Healthcare Association in 2009 [22] called on the government to address the larger issue of *quality of care*, specifically in LTC, de-emphasizing the sole focus on tasks of physical care and prioritizing emotional, cognitive, social and spiritual care. The Canadian Alzheimer’s Society released a briefing in 2012 calling for new language to be used when discussing persons with dementia that would help validate personhood rather than victimhood [23].

The very title of Canada’s Mental Health Commission’s 2012 national strategy for mental health is called “Changing Lives, Changing Directions”, indicating change is occurring in this sector as well. A tendency towards person-centered approaches towards mental health are the basis of this change. The opportunity is for everyone’s efforts—large and small, both inside and outside the formal mental health system—to help bring about change. One of the calls to action encourages every Canadian to “promote mental health in everyday settings and reduce stigma by recognizing how much we all have in common—there is no ‘us’ and ‘them’ when it comes to mental health and well-being” [24]. Personhood calls for mutual respect and human dignity as strong tenets of this strategy.

Canadian hospitals and community health agencies are emphasizing person-centered approaches to care at the end-of-life. In 2005, the Government of Ontario initiated an advisory committee to improve access to palliative care that was *integrated and interdisciplinary*, that would both improve access to pain and symptom management protocol, and focus on addressing whole person values [25].

Music Care: A Developing Approach to Care

Music is an intensely and inherently human activity [26], relational in nature, and can be used as a method of validating the whole person within healthcare systems. Music therapy is recognized in many Canadian hospitals and LTC settings as a respected allied health practice. The healing power of music can be experienced beyond the clinical relationships of music therapy, and there is potential for other healthcare professionals, community musicians, volunteers and family members to integrate music effectively into their care. Understanding the myriad of possibilities of how music may be delivered in care settings is essential for administrators and program leaders in order to responsibly and effectively navigate and steward resources wisely for optimal impact.

The increasing value being placed on relational care is a natural context from which the music care approach can

emerge. “Music care” has been developing as a working umbrella term by the authors, as an approach that integrates the use of music into care goals. Situated within the context of relational care standards, and within a wider appreciation towards arts in health, music care is aligned with an overall change in the culture of care taking place in Canada.

The music care approach allows the therapeutic principles of sound and musical effect to inform caring practices in both formal healthcare settings and community or home-based contexts. Music care is not a specific practice, rather a paradigm within which music enhances quality of life and well-being, and plays an integral role in care and care settings [27].

In 2013 the authors were invited to collaborate on a research study with an Ontario complex rehabilitation and continuing care hospital on the optimization of music in this facility [28]. In order to conduct this research, the researchers recognized that they would need to develop a tool for defining and assessing music care. This became the basis for a conceptual framework for music care delivery. This framework was called “10 Domains of Music Care”, and is the foundation of this paper. It has also been used by one of the authors in 2014 as a mapping tool in a pan-Canadian music care study in Canadian long term care [29].

Among the authors are two music therapists working within interdisciplinary, medical teams as well as a music educator who has performed music in long term care settings. These authors have recognized ongoing misconceptions about using music for wellness (music therapy vs. other therapeutic practices), and also see how the use of music can be more effectively leveraged for care goals in healthcare settings. This developing framework is motivated by addressing these needs.

Based on the authors’ professional experiences as well as the music care research projects which have tested the working structure in two different healthcare settings, the music care delivery conceptual framework is grounded in both practice and research theory.

Why Do We Need a Music Care Delivery Framework?

With growing acceptance of using music in healthcare, as well as current interest in music in health and wellbeing from varied disciplines, there is a need for understanding and conceptualizing relationships among them. McDonald, Kreutz and Mitchell compiled a book of multidisciplinary articles “echoing the huge interest in the relationships between music, health and wellbeing”[30]. In this book, they recognize the need to be able to categorize different types of health-musicking activities, and propose a conceptual framework which they define as “a multitude of [health-musicking] approaches and many different epistemologies”. They integrate them into four general, overlapping categories, including music education, music therapy, community music,

and everyday uses of music, all of which have positive outcomes for health and wellbeing [31].

A music care delivery framework addresses needs that are emerging in caregiving practices and professional issues relating to music in health. This framework addresses a need for *clearer terminology* around music therapy and music care. As of 2016, there is no scope of practice defined by the Canadian Association for Music Therapy. While some provinces are beginning to establish government-regulated colleges that control the act of psychotherapy, the terms “music” and “therapy” are not protected terms. Meanwhile, many other self-regulating practices and programs that use music as a modality for care are emerging, such as Music for Healing and Transition [32], and the Music and Memory “iPod project” [33]. This presents a challenge for the public receiving music care services, and for employers/managers seeking music care specialists, in understanding what services they are receiving.

The misunderstanding about music therapy and other music care-related services reflects the reality that music *is* and *can be used* by health care providers or other community members outside the context of music therapy, and other self-regulated practices, and that sometimes there can be a lack of clarity between the ways music is used in care. The music care conceptual framework may help clarify confusion, or lack of knowledge and understanding by identifying areas of music care delivery with more precise meaning and clearer language. In this way, music care practices can be distinguished from one another by healthcare providers and by the general public.

The music care framework provides a navigational tool through which to locate oneself or other practitioners of music care within a particular domain. By introducing the *10 Domains of Music Care*, one can map more specifically and easily the type of music care being delivered. In this way, healthcare settings can appraise what sort of music care delivery is being offered at any given time.

The music care framework can also expand ways that healthcare providers consider using music in their care, giving them a structure for generating new ideas. It provides a method of assessing how music care is already being delivered in a context, and the different domains can act as prompts for considering new music care options. It gives guidance to administrators, managers and other decision-makers, and helps healthcare workers think “outside the box” of what has been traditionally included in care settings.

The Framework: 10 Domains of Music Care

The music care delivery framework was developed as a research tool to support a hospital-based research study on the feasibility of music optimization [34]. It emerged through the research team of music care experts triangulating the different perceived aspects of music care delivery with current research and grey literature. It was then tested against the collected

data. The music care approach posits that music care consists of 10 domains of music delivery, which are shown below in Table 1.

For the purposes of this paper, the individual care receiver in whatever healthcare context is referred to as “person(s)”. Care partners refer to all members of the circle of care, including persons, healthcare providers, volunteer and family caregivers, and other community members.

Domain	Key delivery activity
Community	Accessing music performance between healthcare site and community-at-large
Specialties	Performing therapeutically-intended music by practitioners with certified training
Music Therapy	Providing treatment using music within a therapeutic relationship as an accredited scope of practice
Musicking	Engaging informally and spontaneously with music
Programming	Integrating music formally in programs
Technology	Incorporating technology to deliver music for a care-related goal
Sound Environment	Bringing intentionality to sounds made in the care environment
Music Medicine	Administering prescriptive music-based interventions for medically related outcomes
Training	Training to integrate music into regular care practice
Research	Investing in evidence-based research using music and music strategies to enhance care

Table 1. 10 Domains of Music Care

Each music care domain presents a way that music care can be distinctly used and delivered in health care settings.

1. Community

This domain represents individuals or organizations from the community-at-large who partner with the onsite programming teams to provide live musical services or entertainment within the facility. School groups, community bands, church choirs may volunteer their time to share music. Professional entertainers may be hired for special occasions. Community music may also include access for persons to attend musical events outside the facility, in the community-at-large e.g. symphony concert, fiddle club, musical theatre.

2. Specialties

Music care specialists are individuals who bring their training and experience in music care to a healthcare setting, such as music thanatologists at end of life [35] or harp therapists [36-39]. These two specializations have formal training and certification requirements, though are not regulated by any

government agency. Music care specialists perform therapeutically-intended music, often at the bedside. Music educators and professional musicians can also be considered music care specialists, particularly if they have extensive experience applying their musical training to care relationships and settings like the Health Arts Society [40], Artists in Healthcare Manitoba [41], or Music Can Heal [42].

3. *Music Therapy*

Music therapy is a specific scope of music care practice that uses music and musical tools to address clinical goals and objectives within a therapeutic relationship. Music therapists practice in a variety of settings e.g. palliative care, long term care, schools, hospitals, mental health, and are accredited by a regulating body [43]. In certain Canadian provinces, legislation is being passed to make therapies, including music therapy, a controlled government-regulated activity. In Ontario, for example, music therapists are regulated under the College of Registered Psychotherapists and Counsellors.

4. *Musicking*

The term “musicking” was coined by ethnomusicologist Christopher Small, who suggests that music as a verb, is an inclusive activity that can be participated in regardless of skill [44]. Musicking may involve playing a musical instrument, singing, dancing, and humming. According to Small, it also includes being a listener or audience member, helping organize musical experiences, teaching, etc. [28] In the music care context, musicking refers to informal or spontaneous music-making within person-centered care models, where persons, families of persons, facility staff and volunteers all participate in the act of musicking, and where musicking activities are specific to the interest, ability and personal relationship to music of each care partner. For the purposes of the 10 domains, musicking is distinguished by its spontaneity and lack of being “programmed”.

5. *Programming*

Programming implies the use of staff or volunteers within a facility, or care partners in the community or at home, who plan for and employ the use of music into recreational or therapeutic programs that are delivered individually or in groups [45]. Programming may include music appreciation e.g. music of Latin America, Beatles’ music, learning about the polka; games e.g. music bingo, music crosswords, name that tune; or sing-alongs e.g. live or recorded. Programming might mean that music is central to the activity itself e.g. going to a concert, playing piano, or integrated, where music complements the main activity e.g. peer support groups [46] adding music to an exercise class [47], singing during procedures such as bed transfers or dressing changes [48], playing a selected music program to cue mealtimes [49].

6. *Technology*

This domain refers to the intentional use of technology to deliver music for particular therapeutic intention. Personalized music may be delivered through personal devices like iPods or iPads [50]. Patient engagement systems which bring various media together on a single digital platform make music available right at the bedside [51]. Virtual music instruments are technologically designed to improve functionality of music-making where there may be a deficit i.e. technology for quadriplegics who have lost use of arms and make music by head movement or eye blinking [52].

7. *Sound environment*

Sound environments refer to the aural climate of a care space. It can include ambient healing sounds set intentionally in the facility such as running water, music, and/or protocol put in place by the facility or personal home to regulate ambient noises, such as radio, call bells, appliances, volume of speaking levels [53]. Environmental psychologists state that audio environment is an environmental factor in health care, one that influences health outcomes and can increase or decrease stress of patients [54,55]. This domain can also include infrastructural considerations, such as consideration of acoustics when designing a space, PA systems and general sound equipment in a space that will impact overall sound environment.

8. *Music Medicine*

Music medicine is an umbrella term to describe the prescriptive use of music-based strategies in interventions for medically related outcomes [56]. Examples of music medicine are Rhythmic Auditory Stimulation [57] which stabilizes gait; Melodic Intonation Therapy [58] a musical intervention to improve language reacquisition, and low-frequency sound stimulation [59] which uses sound waves to treat pain from fibromyalgia.

9. *Training*

This domain focuses on educating care providers, caregivers and other stakeholders in the integration and implementation of music in care. Music care training helps caregivers gain confidence to integrate music into regular care practice [60-62]. Music care training may occur at the corporate or facility level, in the community, online or as a continuing education course of study at a college or university. While providing training opportunities for music care in a facility is not directly a mode of music care delivery to persons, it does signify an organizational value in a healthcare context that music is important and relational care is prioritized.

10. *Research*

Research includes the use of systematic evidence for music and its use in health care, embracing a range of topics, fields of study and applied contexts. Music-based research institutes

exist in Canada including the Music and Health Research Collaboratory [63], McMaster Institute for Music and the Mind [64], Conrad Institute for Music Therapy Research [65], S.M.A.R.T. Lab (Science of Music, Auditory Research and Technology) [66], Laboratory for Music Perception, Cognition and Expertise [67]. Peer-reviewed journals about arts in health is increasing, making it easier to build a case for funding academically- and/or scientifically-rigorous studies on the impact of music in care. Examples of such journals include: *Music and Medicine*, *Arts in Health Care*, *Music Perception*, *Journals of Music Therapy*, and *The Arts in Psychotherapy*. Similar to the previous domain, while research in music care areas is different than direct care using music, engaging in this research indicates the presumed or perceived value of music in the care culture of that setting.

Discussion and Implications

The *10 Domains of Music Care* is meant to be used for three purposes: for clarification, mapping and optimization. The framework gives us clearer language for talking about how music is being used, and helps to **clarify** the difference between, for example, music delivery by a community entertainer, a recreation therapist facilitating a “Remembering Frank Sinatra program” and a speech pathologist working for language reacquisition.

The 10 domains provides a **mapping** tool to help locate music care delivery that already is taking place in a setting. In this way, current music care delivery can be identified, supported and celebrated. Furthermore, the 10 domains provide a reporting structure for key accountabilities in music care.

The framework stimulates ideas and possibilities for music care **optimization**. It may never have occurred to a care provider to consider changing the sound environments in a setting, or adding music medicine interventions to a rehabilitation program, or providing baseline music care training for staff and volunteers. The 10 domains can prompt these ideas as well as provide a strategic planning tool for growth.

Each of the domains can stand alone, or could be organized and grouped to reflect aspects of music care delivery in healthcare settings. The domains may especially affect person-centered care when grouped into objective areas by decision-makers. The following discussion speculates on groupings based on delivery: who delivers music care, who music care is delivered to, focus and care proximity of delivery.

Who delivers music care? While music care is something we can all deliver at some level, musical competencies are associated with each domain. Musical performance skills and music care training are two determinants in who delivers what

type of music care. For example, a staff member untrained in music may decide spontaneously to hum with a person, thus engaging in musicking. A harp therapist with extensive musical and therapeutic training may be engaged to play in a palliative care unit.

To whom is music care delivered? While all care partners may be the recipients of music care delivery, the music care domains primarily target one of these three primary groups: person, caregiver, all care partners. For example, a hospital sets up a new environmental sound protocol to limit the amount of distressing noises in the space, thus impacting all care partners in the facility. By contrast, a self-care program for family caregivers may be delivered by a music therapist.

What is the delivery focus? Leadership may choose to focus music care delivery on a person’s leisure time, or on a specific goal through intervention, or on systemic change. For example, a person’s care plan might include listening to familiar music during unstructured time, training gait during physiotherapy, or elevating mood at all times by integrating ambient sound into the care environment. It may also focus on improving morale and strengthening relationships between all care partners by generally supporting more live musicking in the space.

What is the care proximity of delivery? Leadership may also choose to direct resources according to the proximity of music’s effect on the person, which can be described in three ways: direct, situational and corroborative. The direct domains represent domains that come face to face with the care receiver. Situational domains are present in the care space and have more of an indirect impact on the care receiver. Corroborative domains represent delivery domains that support using music in care. For example, if leadership decides to integrate music care more effectively into direct care goals, they may target direct proximity domains. Meanwhile, research investment into the impact of music on care goals and culture, or developing technological music interventions are examples of corroborative proximity.

Table 2 is an example of how the 10 domains can be mapped according to these different factors. This mapping may vary depending on the context of care. Specific delivery methods can fall under more than one domain. For example, using iPods in memory care falls under the category of technology and can also be used as programming and to encourage musicking. A symphony musician playing at a children’s hospice is an example of community music that may also be mapped to programming and might generate musicking.

Domain	Who Delivers			Delivered to			Leadership Delivery Focus			Delivery Proximity			
	Musician	Musician + Training	Health Care Professionals + Training	Any one	Person	Care Giver	All Care Professionals	Leisure	Intervention	Systemic change	Direct	Situational	Corroborative
Community	X						X	X				X	
Specialities		X			X				X		X		
Music Therapy		X			X				X		X		
Musicking				X			X	X			X		
Programming				X	X			X			X		
Sound Environment				X			X			X		X	
Technology			X		X			X			X		
Music Medicine			X		X				X		X		
Training		X				X				X			X
Research						X				X			X

Table 2. Example of Domain Groupings Based on Music Care Delivery

The music care framework may serve as a basis for a strategic comprehensive approach to integrating music into a care setting. In this way, initiatives can be planned and budgeted for by administrators as clearly defined budget lines for music care. Currently, music care practices are often buried in budget lines such as “programming” or “recreational therapy”. Strengthening music care’s credibility and versatility as defined in the *10 Domains of Music Care* may, in fact, persuade administrators towards innovation and commitment to sustain music care delivery in all of its facets in regular operational budgets.

Further research and application of the music care delivery framework could be explored. For example, does music care delivery function similarly in other countries? Does this framework suit healthcare best, or could it be used to deliver music care in other settings as well i.e. schools? Could the *10 Domains of Music Care* provide a model for framing dimensions of delivery in other health arts?

Conclusion

Initially designed to meet research needs, the *10 Domains of Music Care* can be used as a tool for music care delivery in healthcare settings by providing clarifying language, a mapping tool, and a format to generate new ideas for ways of incorporating music into care. As the importance of music in care gains more recognition, so does the importance of having standardized language to discuss and understand it. Having a music care delivery conceptual framework with which to locate, understand, and optimize the practice of music in care not only aligns itself with the changing culture of care in Canada, but may itself, be an agent of transformation.

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