# The Impact of Music Therapy in Adult Palliative Care: A Thematic Analysis of Perspectives held by Interdisciplinary Team Members Working on an Inpatient Palliative Care Team

by

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## Abstract

This study explored interdisciplinary team members' perspectives on the impact of music therapy in adult palliative care within a hospital setting. The purpose of the study was to examine how their perspectives on the impact of music therapy on patients and caregivers, and how that impact their own clinical practice and well-being. Semi-structured interviews were conducted. An inductive thematic analysis was utilized to analyze the data collected from the participants, including a nurse practitioner, a physician, social worker, and a chaplain. Four key themes emerged: (A) music therapy enhances patient and family care in palliative care, (B) music therapy strengthens interdisciplinary team members' practice in palliative care, (C) music therapy as a transformative space in the hospital environment, and (D) conditions that shape the impact of music therapy. Each theme is further divided into subthemes that illustrate the multidimensional impact of music therapy in palliative care. These results underscore the importance of including music therapists as part of the interdisciplinary team to advance holistic and sustainable palliative care. Further research is required to deepen the understanding of the implications of music therapy within interdisciplinary teams.


*Keywords:* Music therapy, palliative care, interdisciplinary team, interdisciplinary collaboration, integrative medicine, hospital

# Chapter I

## Introduction

Palliative care is an approach that improves the quality of life for patients and their families who are facing challenges related to life-threatening illnesses. It aims to prevent and relieve suffering through early identification, correct assessment, treatment of pain and other physical, psychological, social, or spiritual needs (World Health Organization [WHO], 2020). Palliative medicine is to see one individual beyond the disease and provide holistic care for people living with a serious illness through an interdisciplinary team, including doctors, nurses, and other extra layers of support (Center to Advance Palliative Care, 2019). This supportive system is meant to help the patient live as actively as possible until death (WHO, 2020).

Music therapy is considered an evidence-based complementary intervention to address physiological, psychosocial and spiritual needs for patients and caregivers in palliative care (Gao et al., 2019; McConnell & Porter, 2017). The table below demonstrates examples of how research suggests music therapy influences on patients and caregivers.

**Table 1.** *Benefits of Music Therapy for Patients and Caregivers*

| | **Benefits of Music Therapy** | **Research** |
|---|---|---|
| **Patients** | Alleviate pain and physical symptoms | Gutgsell et al., 2013<br>Gallagher et al., 2018<br>Preissler et al., 2016 |

| | Benefits of Music Therapy | Research |
|---|---|---|
| **Caregivers** | Improve anxiety and mood for patients<br>Psychosocial support<br>Anticipatory grief<br>Bereavement support | <br><br>Ramesh, 2024<br>Magill, 2008 |

Music therapists help to facilitate meaningful interactions between patients and families, enhancing their overall quality of life and well-being in palliative care settings (Gallagher et al., 2011). Additionally, music therapy has been examined as an incidental supportive care modality for healthcare staff to reduce their stress and improve work environments and perceived patient care (O'Callaghan & Magill, 2009).

As music therapy becomes increasingly integrated into interdisciplinary teams (IDT) in palliative care due to its positive clinical effects on patients, caregivers, and healthcare staff, challenges and opportunities for collaboration arise. Challenges to successful collaboration include a lack of understanding of the music therapist's role among IDT members (Fiore et al., 2023; O'Kelly & Koffman, 2007), role overlaps or ambiguity with other disciplines, such as emotional support and spiritual care (Masko, 2016). On the other hand, there are potential opportunities to achieve higher overall quality of care through more comprehensive, integrative, and collaborative approaches (Potvin et al., 2021).

There is limited research exploring how interdisciplinary team (IDT) members' perspectives on the impact of music therapy on patients, caregivers, their own work and

personal well-being. The well-being of healthcare professionals plays a vital role in sustainably delivering quality care to patients and their families. Those working in palliative and end-of-life care settings face significant emotional challenges due to the demanding nature of their profession (Alodhialah et al., 2024), leading to a high risk of burnout and compassion fatigue (Alruwaili et al., 2024; Galiana et al., 2021; Sansó et al., 2015). These issues can lead to absenteeism, ineffective communication, poor patient care, and job turnover, potentially resulting in staffing shortages in palliative care (Mehta et al., 2015; Pattison et al., 2019; Schneider et al., 2022). As the global demand for palliative care grows with the aging population and increasingly complex health issues, a sustainable and resilient workforce is essential to maintain the quality of care within interdisciplinary teams (Fernando & Hughes, 2019; Schneider et al., 2022).

Music therapy is a clinical evidence-based intervention with benefits for patients, families, and healthcare professionals (Colin et al., 2023; Gao et al., 2019; McConnell & Porter, 2017; Warth et al., 2015). It contributes to a holistic, patient-centered, and team-based approach (Srolovitz et al., 2021) and may directly and indirectly influence interdisciplinary team members when integrated into their care teams (Potvin et al., 2021; Kesonen et al., 2022). Previous studies have only primarily explored IDT member's the perception of the role of music therapy for patients and caregivers within interdisciplinary palliative care teams (Fiore et al., 2023; Masko, 2016; O'Kelly & Koffman, 2007; Potvin et al., 2021). They found

positive responses for patients and caregivers, provided a distraction from pain or agitation, and increased patients' quality of life. However, there is limited research exploring their perspectives on the impact of music therapy integrating into palliative care teams and how that may impact their own work and well-being. Antoine (2016) suggested that more research is needed to ascertain whether colleagues' clearer understanding of each other's roles may improve collaboration and teamwork to best benefit the patients, work environment, and IDT team. The purpose of this study is to explore the insights from IDT members, gaining an understanding of their perspectives on music therapy in palliative care, and how it impacts their work and well-being.

**Interdisciplinary approach**

Healthcare teams adopt an interdisciplinary approach to provide better care in qualitative and quantitative terms than practitioners operating in solitude (Binns-Emerick et al., 2024; Fernando & Hughes, 2019). Each member of the team contributes to developing a comprehensive plan of care, works toward a common goal, and shares responsibility for outcomes (Ditillo, 2002). The interdisciplinary collaboration fosters holistic care, improves patient outcomes, and enhances professional satisfaction (Kesonen et al., 2022). Professionals should be competent both in their own professional work and interprofessional teamwork in palliative care in order to deliver quality care (Kesonen et al., 2022).

Fernando and Hughes (2019) illustrated key elements of successful teams, including designated roles, communication strategies, leadership styles, and methods for managing conflicts and burnout. Team dynamics are at least as important in palliative care as overall health and social care. They significantly impact team function positively or adversely (Fernando & Hughes, 2019; Kesonen et al., 2022).

**Defining Music Therapy**

Brucia (2014) defines music therapy as " a reflexive process where in the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change." (p. 53). In this study, music therapy is a reflexive process to support patients and families living with serious illness. The relationship with the music therapists and the music are the key elements of patient-centered care in palliative settings.

American Music Therapy Association (AMTA, 2005) defines music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program". In this study, participants emphasized the importance of having trained music therapists to truly bring the benefits of music therapy to palliative care settings. In the United States, music therapists must receive a degree in music therapy from an accredited university and complete a total of 1200 hours of clinical training, including a

supervised internship. After graduation, individuals must pass the board certification exam offered by the Certification Board for Music Therapy to become a board-certified music therapist (MT-BC) (CBMT, 2025).

# Chapter II

# Literature Review

## Music Therapy in Palliative Care

Music therapy has been used in the field of palliative care since the 1970s (Pérez-Eizaguirre & Vergara-Moragues, 2020). Research in music therapy for palliative medicine, hospice, symptom management, and terminal or chronic illness increased since the mid-twentieth century. The first book on music therapy in palliative care was published in 1984 (Munro, 1984).

Music Therapy aligns with the primary goal of palliative care: to enhance the patient's quality of life by alleviating physiological, psychological, social, and spiritual distress, and improving comfort (Hilliard, 2005). Music therapists support palliative care patients who may be receiving treatment such as radiation (Clark et al., 2006; Köhler et al., 2020) or chemotherapy (Ferrer, 2007; Köhler et al., 2020); and undergoing medical procedures such as port placement/removal or tissue biopsy (e.g., Kwekkeboom, 2003). Music interventions can improve pain management (e.g., Gutgsell et al., 2013; Huang & Huang, 2023), and reduce anxiety, mood, and nausea (Gallagher et al., 2018; Kordovan et al., 2016; Warth et al., 2015). Additionally, music therapy in palliative care seeks to improve quality of life and foster spiritual healing (Clements-Cortés, 2015; Gallagher, 2011, 2006).

### *Music Therapy Intervention*

Bruscia (2014, Chapter 13) defined the four main music therapy methods: receptive, improvisational, recreative, and compositional methods. A *method* is here defined as a particular type of music experience used for assessment, treatment, and/or evaluation.

**Table 2.** *The Definition of Music Therapy Methods*

| Music Therapy Methods | Definition |
|---|---|
| **Receptive methods** | In receptive experiences, the client listens to music and responds to the experience silently, verbally, or in another modality. |
| **Improvisational methods** | In improvisational music experiences, the client makes up music while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece. |
| **Recreative methods** | In re-creative methods, the client learns, sings, plays, or performs precomposed music or reproduces any kind of musical form presented as a model. |
| **Compositional methods** | In composition experiences, the therapist helps the client to write songs, lyrics, or instrumental pieces or to create any kind of musical product, such as music videos or audiotapes. |

Gallagher et al. (2006) identified the following music interventions to examine the clinical effects of music therapy in palliative care: music listening, singing pre-composed songs, participation, musical life review, song choices, instrument playing, verbal processing, lyric

analysis, music-assisted relaxation, song-writing, musical entrainment, music listening(recorded), planning funeral music. Goals were individualized and multiple needs addressed within the session for patients and family members. Gallagher et al. (2006) found that music therapy had a positive effect on their mood and benefits confirmed through facial expression and verbalizations of both.

Ramesh (2024) also illustrated that music therapy methods help with coping, expressing emotions; regulating emotions and acceptance, managing pain and distress; and supporting caregivers through grief to bereavement. Gallagher et al. (2006) highlighted a key element of music therapy sessions is ‘therapeutic presence’: having someone who can actively listen to the patient. Factors contributing to this presence may include 1) music itself, 2) the fact that someone is attending to the patient 3) the therapeutic relationship between patient and therapist, 4) a combination of any of these factors (Gallagher et al., 2006).

Clements-Cortés (2015; 2016) examined the development and efficacy of music therapy techniques within palliative care and also further illustrated music therapy techniques including imaginal listening, The Bonny Method of Guided Imagery (BMGIM), song dedication, Music/song legacies, instrumental/vocal improvisation, conducting music, the combination of music and movement/other arts experiences.

Pérez-Eizaguirre and Vergara-Moragues (2020) conducted a systematic review of music therapy interventions in palliative care and emphasized that individuals’ relationship with

music usually remains solid and intact, even if everything else is damaged by the disease. They suggest that this foundational bond to music is essential for patients to find what remains healthy within themselves and others, encouraging music therapists to focus on music which helps to locate and develop what is still healthy in a person despite illness and deprivation. Pérez-Eizaguirre and Vergara-Moragues (2020) emphasized the importance of honoring patients' musical preferences and promoting connection to the parts of themselves that is not damaged by the disease through music. In addition, the use of improvised music in the hospital context is essential as it provides unconditional acceptance, all unexpected elements are welcome, fostering an inviting environment and inclusivity with a music therapy session (Pérez-Eizaguirre and Vergara-Moragues, 2020).

### *Benefits of Music Therapy for Patients*

Research has shown the effectiveness of music therapy in addressing pain, fatigue, comfort, relaxation, and shortness of breath in palliative medicine patients. It has also addressed anxiety, depression, sadness, grief, hope, stress/distress, and mood. (Gallagher et al., 2018).

**Music Therapy and Pain Management.** Pain management is challenging for palliative care patients because medication that lowers pain may lower the patient's sense of control and have unwanted side effects such as sedation, nausea, and constipation. Gutgsell et al. (2013) conducted a randomized control trial to investigate the effectiveness of a single music

therapy session on pain reduction in palliative care patients. The music therapy intervention included a 20-minute music therapist-guided autogenic relaxation accompanied by live music (G Mixolydian improvisation and four pre-composed pieces). The authors compared control group and music therapy group using pre- and post-tests to the patient and statistical analysis, indicating that a single music therapy intervention lowered pain in hospitalized palliative care patients.

Clements-Cortés (2011) also found that both live and recorded music among palliative care patients led to statistically significant reductions in pain perception, with live music exhibiting a notably greater effect. Dietrich et al. (2015) demonstrated that a body tambura, an instrument that acts as a live drone and creates a melodic rhythmic vibration, had a profoundly relaxing effect and decreased pain perception for patients receiving palliative care in India. Loewy (2013) described the role that music interventions have in sedation and indicated music sedation is an essential viable treatment option for assisting in pain management within procedural regimens. It fosters intimacy and feelings of comfort, especially during hospital stays that are accompanied by painful episodes.

Music interventions appear to influence pain perception by offering a distraction (Bradt, 2010; Groen, 2007) and influencing affective factors, such as evoking happier memories (Cadrin, 2006; Clements-Cortes, 2004); improving mood (Gallagher et al., 2006; Nakayama et al., 2009; O'Callaghan & Barry, 2010); and reducing anxiety (Gallagher et al., 2006).

McConnell and Porter (2017) conducted a realist review and suggested that music therapy may be an effective non-pharmacological approach to managing pain in palliative care patients through its therapeutic effects on physical, psychological, emotional, and spiritual suffering.

**Music Therapy and Symptom Management.** Huang and Huang (2023) conducted a systematic review. Their results indicated that 90% of studies reported statistically and clinically significant improvements in outcomes, particularly for cancer patients across various care settings. Their findings highlight that music interventions effectively reduced pain and anxiety for patients**,** including those with colorectal cancer, receiving treatment in palliative care within inpatient and outpatient care settings.

Gallagher et al. (2018) conducted a retrospective study and indicated that 96% of patients had a positive verbal response to the music therapy session. The statistics demonstrated significant improvements in pain, depression, anxiety, shortness of breath, mood, facial expression, and vocalization as the music therapy goals for symptom management. The study found that vocal and verbal/emotional interventions have the most impact on improving symptoms. Warth et al. (2016) also reported that live music therapy interventions (3-minute body scan exercise, 12 mins vocal improvisation, 5 mins verbal processing afterward) had a significant reduction of vascular sympathetic tone for terminal illness patients' cardiovascular response. They used multilevel modeling to analyze trajectories of physiological change,

including vagally mediated heart rate variability (VM-HRV) and blood volume pulse amplitude (BVP-A). These findings underscore music therapy's positive impacts for managing pain and stress-related symptoms in palliative care.

Furthermore, Rodgers-Melnick et al. (2022) found that music therapy led to statistically significant reductions in pain (1.48 units), anxiety (2.58 units), and fatigue (0.84 units) for specific hematology and oncology (HemOnc) patients, whose hematologic conditions such as sickle cell disease (SCD) are associated with significant symptomatic burdens from pain, anxiety, and fatigue. Patients' comments included themes such as enjoyment and gratitude. They also noted improvements in mood, pain, and anxiety. In addition, Warth et al. (2015) indicated that live music-based relaxation exercises have a greater increase in high-frequency oscillations of the heart rate for promoting relaxation and well-being compared to verbal relaxation exercises.

**Music Therapy for Psychosocial Support.** Preissler et al. (2016) reviewed semi-structured field notes that were compiled while participants were engaged in a music therapy session. Analysis of these field notes resulted in the identification of seven psychosocial subjects and nine dimensions of needs for terminally ill cancer patients during music therapy sessions. The psychosocial subjects included 'condition, treatment, further care', 'coping with palliative situation', 'emotions and feelings', 'music and music therapy', 'biography', 'social environment', and 'death, dying, and spiritual topics'. The needs included 'relaxing and

finding comfort', 'communication and dialogue', 'coping and activation of internal resources', 'activity and vitality', 'finding expression', 'sense of self and reflection', 'finding emotional response', 'defocusing and diversion', and 'structure and hold'. Age, gender, the role of music in the patient's life, and applied music therapy methods are associated factors in addressing their specific needs and subjects. The authors highlighted the complex situations and various issues that patients need to deal with when they are in the transition of life (Preissler et al., 2016).

Effective interventions included receptive methods (45%), active methods (25%), combined approaches (7%), and therapeutic conversation only (23%) (Preissler et al., 2016). Receptive methods included listening to relaxing music (performed by music therapist), listening to music related to therapeutic issues, music-led imagination or Guided Imagery; the active music therapy included instrumental improvisation, singing songs; and the therapeutic conversation only included verbal discussion of instruments, music's role in patient's life/ musical biography and other music-related themes, verbal expression and processing of thoughts and feelings. Köhler et al. (2020) conducted a systematic review and meta-analysis. They reviewed thirty studies and found that the interventions in these treatment stages mainly utilized music-assisted relaxation and imagery, singing, and improvisation, and highlighted the use of receptive methods produces a greater effect on psychosocial well-being.

Furthermore, participation in medical music psychotherapy sessions may foster resilience in patients newly diagnosed with cancer, particularly by supporting their adaptation and coping through the expression of perceived emotional and physiological distress. (Mondanaro et al., 2020). Cultural and identity affirmation through music therapy also supports coping during hospitalization (Mondanaro, 2016). Additionally, it improves psychological well-being, quality of life, and distress from physical symptoms across different phases of oncological treatment (Köhler et al., 2020) and is highly recommended for advanced cancer patients (Dietrich et al., 2015). Individualized and adaptable, music therapy not only provides comfort and reduces symptoms, but also allows patients to face end-of-life with continued dignity (Clements-Cortés, 2016; Gallagher, 2011).

### *Benefits of Music Therapy for Caregivers and Families*

Music therapy has been found useful not only with those needing palliative care, but the caregivers may receive support. A recent study found that caregivers of palliative care reported the provision of music therapy reduced symptoms of depression and anxiety as well as increased quality of life (Ramesh, 2024). Magill (2008) also indicated that during the patient's active dying phase, music therapy sessions centered on both the patient and caregivers were found to have significant benefits in the grief process for caregivers and even positively contributed to bereavement.

**Music Therapy, Grief, and Bereavement.** Music therapy provides support to caregivers and loved ones for bereavement and expression of grief, aiding in navigating loss, acceptance, reframing of regret, and catharsis. This enhances confidence and strength to move forward (Ramesh, 2024). Within an interactive process between the music therapist and participants, moments in music therapy can offer caregivers opportunities for intimacy and significance, resulting in profound feelings of love, contentment, and healing (Magill, 2008). Music served as an outlet to celebrate and cherish moments of love, opened and renewed pathways for communication between patients and caregivers, assisting in creating memories that offered positive support to caregivers during the bereavement process (Clements-Cortés, 2015). In addition, Magill (2008) identified four themes that emerged in the research of caregiver's narrative reflections: *music is a conduit*, *music gets inside us, live music makes a difference*, and *music is love,* indicating that music as a vehicle for individual 'travel' to times and places of beauty, happiness, life meaning, and inspiration.

Songwriting and clinical improvisation have positive outcomes with caregivers, assisting them in reflecting on their present state of mind as well as emotions as well as connecting their past and future with a sense of renewed awareness (Clements-Cortés, 2015; Ramesh, 2024).

Communication between patients and their loved ones has been shown to improve through renewed connection facilitated by the music and the therapist's presence. (McConnell &

Porter, 2017). The process of music therapy helps both patient and family find meaning by expressing shared memories, feelings of loss and hopes in the future, saying goodbye to loved ones within a supportive environment (Krout, 2003; Potvin et al., 2021; Sato, 2011).

### *Benefits of Music Therapy for Healthcare Professions*

Music therapy has been examined as an incidental supportive care modality for staff to reduce their stress and improve work environments and perceived patient care (O'Callaghan & Magill, 2009). The oncologic staff, supporting patients and families through the harsh treatment effects, uncertain illness trajectories, and impending death, may be stressful, and these busy workloads, lack of support, and role ambiguity may lead to burnout (Kash et al., 2000; Lewis, 1999).

O'Callaghan and Magill (2009) investigated the effect of witnessing patient-focused music therapy programs on staff and highlighted that music therapy's benefits for staff are attributed to the presence of live music, the human presence of the music therapist, and the observed positive effects on patients and families. Furthermore, a statistically significant difference was examined in the perceptions of the benefits of live music in the hospital environment, with staff assigning the highest value, followed by patients, and then caregivers (Rossetti et al., 2023). Given the particularities of the stressors and escalating mental and physical strains experienced by healthcare workers, there is a large field of research in which the benefits of music may be explored (Colin et al., 2023).

## Music Therapy as a Part of the Interdisciplinary Team in Palliative Care

Although music therapy provides many benefits for patients, caregivers, and healthcare professionals, it faces challenges and barriers to be integrated into interdisciplinary teams. (Fiore et al., 2023; O'Kelly & Koffman, 2007). The following literature examines music therapy from the perspectives of interdisciplinary healthcare professionals, including the perceptions of music therapy's role from IDT members, integrative collaboration and ethical consideration within IDT teams.

### *IDT members' Perceptions of Music Therapy's Role*

Perspectives on the role of music therapy vary among interdisciplinary team (IDT) members. O'Kelly and Koffman (2007) found that music therapy has been widely valued by most professionals, but there is lack of understanding of music therapy's role, particularly amongst nurses. Fiore et al. (2023) found significant differences in a Music Therapists' (MT-BC) perception of their role, and how IDT members, especially registered nurses, view the role of music therapy. For example, while IDT members perceive music therapy primarily as a source of entertainment, MT-BCs see the role as encompassing clinical assessments, goal-setting, and providing emotional support for both patients and families (Fiore et al., 2023).

However, there are also some similar perceptions of music therapy's role between music therapist and IDT members. Both disciplines viewed music therapy as a way to provide distraction from pain, anxiety, agitation, increase patient's quality of life, and facilitate

various forms of self-expression (Fiore et al., 2023; Schmid et al., 2018).These findings align with above music therapy quantitative research, indicating MT-BC's work to decrease pain and agitation, sense of isolation, enhance self-expression, quality of life, and relaxation (Gallagher et al. 2018; Gutgsell, 2013; O'Callaghan, 2004).

Provider-focus research indicated that a better understanding of complementary and integrative medicine (CIM), including music therapy, can enhance the uptake and delivery of CIM in palliative care, ensure evidence-based use, improve communication between patients and providers about CIM, and ultimately promote safe as well as efficacious use of CIM in relieving burdensome symptoms (Goel et al., 2021). A physician also suggests that if an IDT member is uncertain about how to introduce music therapy, the best approach is for the music therapist themselves to introduce it directly to the patients. (O'Kelly & Koffman, 2007).

***Integrative Collaboration of Music Therapy with IDT members***

An interdisciplinary approach to palliative care is a crucial approach to provide holistic care, especially for patients facing serious illnesses and their families. (Alruwaili et al., 2024; Binns-Emerick et al., 2024; Crawford & Price, 2003; Fernandes & Faria, 2021; Fernando & Hughes, 2019; Potvin et al., 2021; Thorn et al., 2023). The collaborative working has become core value when providing high-quality palliative care, addressing the complex needs of patients and families from various healthcare disciplines (Ditillo, 2002; Fernando & Hughes, 2019; Kesonen et al., 2022; Krout, 2004). The collaborative skills and decision-making

capabilities exhibited by effective teams of diverse experts have been proven to enhance both patient outcomes and organizational efficiency (Crawford and Price 2003; Fernando & Hughes, 2019; Lemieux-Charles & McGuire 2006). Fernandes and Faria (2021) indicated team discussions about cases positively influenced therapy planning and implementation, improved clinical decision-making, and facilitated specialist referrals. In palliative care, this collaboration led to better pain management and increased adherence to oral medications for cancer treatment. Fernando and Hughes (2019) also highlighted that music therapy can serve as a complementary option for symptom management and enhancing well-being, especially for patients who are hesitant to accept drug treatments due to concerns such as opiophobia.

Music therapy is becoming a crucial profession to provide holistic care for patients in palliative care. For the integrative care of music therapy with IDT members, Potvin et al. (2021) conducted research on the cotreatment of music therapy and nursing within integrative hospice and palliative care, demonstrating how music therapy can effectively address crucial aspects of the dying process, including family support, spiritual needs, and bereavement, through successful collaborations between music therapists and nurses. The study urges for a shift in perception and policy to recognize music therapy as a core service, thus enhancing the overall quality of end-of-life care. More specifically, it suggested to solidify music therapy's role in the palliative settings, create cotreatment protocols for collaboration between music therapy and other disciplines, and explore how the unique roles of team members, such as

social workers, chaplains and bereavements coordinators, interact with music therapist to provide holistic care by integrative collaboration. O'Kelly and Koffman (2007) also highlighted that the effectiveness of each discipline had been enhanced by the music therapist's involvement, whether by increasing patient's self-expression, or by enhancing the impact of physical therapy itself. This study aligns with the concept of "syner-disciplinary "team, where music therapy can be especially impactful in unity and connection among everyone present within a shared time and space (Krout, 2004).

***Ethical Considerations of Music Therapy in IDT teams***

Challenges remain in incorporating music therapy as part of the IDT team in palliative care. Effective teamwork, essential for holistic care, can be hindered by role ambiguity, role overload, role overlap, conflicts, team cohesion, communication issues, and leadership dilemmas (Crawford & Price, 2003; Fernando and Hughes, 2019; O'Connor et al., 2006). Clarifying team roles and procedures (Meier and Beresford, 2008), as well as educating colleagues about the music therapist's role in palliative care, is crucial (Fiore et al., 2023; O'Kelly & Koffman, 2007). In addition to understanding knowledge and skills of each role, ethical aspects, such as interpersonal competencies and scope of practice, are key to fostering collaboration and improving care (Kesonen et al., 2022). Each professional needs to understand their role in relation to others and vice versa to provide personalized and efficient care (Brennan et al., 2016; Me´lin et al., 2020; Seow & Bainbridge, 2018). Relying on other

professionals' expertise and providing support to one another will benefit both patients and professionals (Kesonen et al., 2022).

The particular example of music therapy to IDT member is that the ethics of music therapist providing spiritual care versus chaplains (Masko, 2016). Although music therapy has been examined to support spiritual needs of patients and their families, the scope of practices needs to operate within the boundaries of professional competencies, recognizing when it is appropriate to collaborate with or refer to other team members (Masko, 2016; Fernando & Hughes, 2019). Music therapy can be a valuable tool to support spiritual expression and comfort; however, resolving complex spiritual conflicts may be better addressed by a chaplain or spiritual care coordinator (Masko, 2016). These sensitive spiritual needs require additional training and ethical consideration, including information about comparative religions, cultural competence, scope of practice, and maintaining personal boundaries. Masko (2016) highlighted the importance of ethics and training for music therapists to support spiritual care, leading to effectively addressing this crucial aspect of end-of-life care as a team.

**Challenges and Supports of Interdisciplinary Team Members in Palliative Care**

Healthcare professionals of interdisciplinary team working in palliative care are often exposed to suffering, death, uncertainty, and the emotional turmoil of patients and their families, leading to a high risk of burnout and compassion fatigue (Alodhialah et al., 2024;

Alruwaili et al., 2024; ; Fernando and Hughes, 2019; Galiana et al., 2021; Sansó et al., 2015). Burnout, a subcategory of professional quality of life, is defined as emotional exhaustion, cynicism, and professional inefficacy (Schneider et al., 2022). Compassion fatigue, the cumulative physical, emotional and psychological strain that healthcare professionals experience while caring for individuals confronting serious illness or end-of-life situations. Symptoms include emotional exhaustion, reduced empathy, and a sense of detachment, ultimately profound affecting well-being and job performance (Alruwaili et al., 2024).

High levels of burnout and low well-being among healthcare professionals not only affect their personal health but also reduce the quality of patient care, increase staff turnover, and negatively impact overall team performance (Mehta et al., 2015; Pattison et al., 2019; Schneider et al., 2022). A survey study of 56 palliative care professionals identified the primary causes of chronic stress as high workload (57.1%), difficult emotional burdens (55.4%) that affected their outlook on life (61.2%), patient deaths (46.4%), and communication with patients' families (26.8%) (Popa et al., 2024). Popa et al. (2024) and Schneider et al. (2022) highlighted the importance of understanding the needs and challenges faced by healthcare professionals in order to provide optimal patient care and support their work balance, ensuring the sustainable delivery of high-quality care in this demanding field of healthcare system.

Music therapist has been recognized to foster team wellness and cohesion, provide emotional support, and death processing as integral members of interprofessional health care teams (Reed et al., 2020; Stewart et al., 2005). Music therapists have access to a wide range of resiliency-building approaches, including mindfulness techniques that transform thoughts, feelings, and sensations into sound and image, the use of metaphor and creative challenges to enhance psychoeducation and stress management, collegial support through shared experiences and reflective discussion on emergent insights (Srolovitz et al., 2021).

Fernando and Hughes (2019) illustrated that although recent research found conflicts within a team can serve as a source of stress, working in a team can positively influence individual members through reinforcing interpersonal relationships, providing opportunities for professional appraisal and sharing of experiences, responsibilities and worries. Alruwaili et al. (2024) highlighted that peer support is a crucial resource for geriatric nurses in seeking emotional support while managing the challenges of palliative care. Support systems, including workplace support, organizational resources, and mentorship, were identified as crucial for fostering resilience (Alodhialah et al., 2024). Koh et al. (2019) stressed that resilience helps to reduce burnout, compassion fatigue, and is associated with longevity in palliative care, highlighting the importance of both individual and collective responsibility in building a culture of personal and team resilience.

**Gap in the Literature for Music Therapy Integrating into the Interdisciplinary Team**

Music therapy plays a role as a resource for a team to share workload and provide holistic care to patient and their family with evidence-based interventions. This holistic, patient-centered approach not only benefits the patients but also contributes to a more cohesive and supportive environment for the care team. However, previous studies have only primarily explored the role of music therapy for patients and caregivers within interdisciplinary palliative care teams, there is limited research exploring about their perspectives on the impact of music therapy integrating into palliative care team and how that impact their own work as well as well-being. Therefore, this research aims to explore the impact of music therapy in palliative care from the perspectives of healthcare professionals within the interdisciplinary team. The specific research question is: What are the interdisciplinary team members' perspectives on the impact of music therapy on patient and family care, their own work, and their well-being in an inpatient palliative care setting?

# Chapter III

# Method

## Study Design

This study employs a qualitative research design grounded in interpretivist methodology, utilizing a thematic analysis to address the research question. The epistemological foundation is constructionism, which posits that knowledge is constructed through interpretive processes between researchers and participants (Hiller, 2016). In-depth, 45-minute, semi-structured interviews were conducted with interdisciplinary team members from diverse roles to gather qualitative data. The interviews were recorded, securely stored, and were deleted upon completion of the study to ensure data confidentiality. Through thematic analysis (Braun & Clark, 2006), the researcher aims to identify and analyze patterns within interview data, systematically organizing insights into emerging key themes to provide a comprehensive understanding of the impact of music therapy in palliative care from the perspectives of healthcare professionals within the interdisciplinary team.

This study received ethical approval from the State University of New York at New Paltz's Human Research and Ethics Board (Appendix A). The informed consent statement is provided in Appendix B.

**Participants**

Four participants were recruited for this study from interdisciplinary team members working on an inpatient palliative care team at a palliative care unit of a general medical hospital in New York. Palliative care services are provided across various units, including the Oncology Unit, Cardiac Unit, Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), Transplant Intensive Care Unit (TICU), Neurosciences Intensive Care Unit (NSICU), Coronary Care Unit (CCU), Emergency Room (ER), and Cardiac Intensive Care Unit (CICU), among others. The interdisciplinary palliative care team receives consultations from the primary care team of patients and families and provides services wherever the patients are located.

Recruitment was conducted through purposive sampling to obtain diverse representatives from various roles within the interdisciplinary team, including a physician, a nurse practitioner, a social worker, and a chaplain. The inclusion criteria for participants were as follows: 1) be the members of interdisciplinary palliative care team, 2) provide direct care to patients and families, 3) be 18 years of age or older and able to give consent, 4) speak and understand English, and 5) have a minimum of two years of experience working as a member of an inpatient palliative care team that includes a music therapist. Healthcare professionals who are not part of the interdisciplinary team or do not provide direct clinical care were excluded from the study. Four potential participants were recruited via an email invitation

(Appendix C) sent to their work emails, and their names remain confidential and anonymous in the study.

**Data Collection**

Data for this study was collected through in-depth, semi-structured interviews with each participant. Each interview lasted approximately 45 minutes and was conducted virtually via "Webex", a secure and encrypted video conferencing platform hosted by SUNY New Paltz. All interviews were recorded through Webex and transcribed through Webex's internal software. Recordings were securely stored on Webex's cloud interface until the transcripts were corrected and reviewed by participants. The data collection process was completed within 14 days of each interview. The recordings were deleted after being successfully transcribed and confirmed.

All identifying information about patients and participants from the interviews were removed from the transcripts. Code names were used to identify participant responses in the data analysis (e.g. R1, R2). The transcripts were stored as password protected file, in a password protected folder on the secure SUNY New Paltz One Drive. Access to the data was restricted to research team members (the researcher and faculty advisor). The data were transcribed and analyzed with secured WIFI.

The interview questions were as follows:

1. From your perspective, what is the impact of music therapy on patient care and family support in palliative care?
2. From your perspective, does the provision of music therapy have an impact on your work within the interdisciplinary team in any way? If so, could you describe how?
3. From your perspective, does the provision of music therapy have any impact on your well-being at work? If so, could you describe how?

**Data Analysis**

The study data was analyzed using inductive thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006). These phases include:

1. Familiarizing yourself with your data.
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

An inductive thematic analysis was chosen to capture clinical experiences from clinicians, contributing their practical experience to the research. The researcher employed coding to

identify similarities and differences in participant responses, organizing recurring themes or patterns into meaningful categories. Next, the researcher delved deeper into these themes to examine and discuss the impact of music therapy in palliative care from the perspectives of healthcare professionals within the interdisciplinary team.

The analysis began with transcribing and thoroughly reviewing the data to note initial ideas. Features that stood out were then systematically coded across the entire dataset, and relevant data were collated for each code. These codes were then gathered and combined into potential themes. A thematic map was created when analyzing relationships between coded extracts and emerging themes. The researcher then refined the specifics of each theme and named each one clearly. In the final step, a comprehensive analysis of selected extracts was conducted, resulting in a scholarly report that connected the findings back to the research questions and relevant literature.

# Chapter IV

## Results

Four interdisciplinary team members were recruited and consented to participate in the study. The participants represented diverse professional roles, including a nurse practitioner (R1), a physician (R2), a social worker (R3), and a chaplain (R4). All participants are working as an interdisciplinary team member with several years of experiences in the inpatient palliative care team in metropolitan area in the northeastern of United States.

Four overarching themes emerged from the thematic analysis: (A) music therapy enhances patient and family care in palliative care; (B) music therapy strengthens interdisciplinary team members' practice in palliative care; (C) music therapy as a transformative space in the hospital environment; and (D) conditions that shape the impact of music therapy. Grounded in an inductive, data-driven thematic analysis, the hospital environment emerged as a shared point of reflection across all participants. Therefore, the study results included a theme on the hospital environment in addition to themes on patients, families, and healthcare professionals.

Each theme is further divided into subthemes that illustrate the multidimensional impact of music therapy in palliative care, as outlined in Table 1. These themes and subthemes capture the essence of each participant's perspective within the context of their clinical practice. Each of them is supported by direct quotes from the participants, reflecting their voices and experiences in their own words.

**Table 3.** *Themes & Subthemes*

| Themes | Subthemes |
|---|---|
| **A. Music Therapy Enhances Patient and Family Care in Palliative Care** | A1. Music therapy as a non-pharmacological intervention to provide comfort and reduce medication use |
| | A2. Music therapy as a coping mechanism for patients with serious illness and their families |
| | A3. Music therapy provides psychosocial support beyond terminal illness |
| | A4. Music therapy facilitates non-verbal communication and interpersonal connection |
| **B. Music Therapy Strengthens IDT Members' Practice in Palliative Care** | B1. Enhancing quality of clinical work |
| | B2. Complementing interdisciplinary collaboration |
| | B3. Fostering professional's well-being in the workplace |
| **C. Music Therapy as a Transformative Space in the Hospital Environment** | C1. Humanizing the medical space |
| | C2. Reframing one's sound experience – Healing Before Trauma Happens |
| | C3. Improving work environment |
| **D. Conditions That Shape the Impact of Music Therapy** | D1. Right music at right Time |
| | D2. Trained music therapists make a difference |
| | D3. The different effect from musician and music therapist |
| | D4. Initial challenges and improvements: Music therapy is beneficial |

## A. Music Therapy Enhances Patient and Family Care in Palliative Care

The first overarching theme is *music therapy enhances patient and family care in palliative care.* This theme has four subthemes: 1) music therapy as a non-pharmacological intervention to provide comfort and reduce medication use; 2) music therapy as a coping mechanism for patients with serious illness and their families; 3) music therapy provides psychosocial support beyond terminal illness; 4) music therapy facilitates non-verbal communication and interpersonal connection. The four subthemes illuminate various aspects of how participants highlighted the impact of music therapy in enhancing the quality of care for patients and families in a palliative care context.

### *A1. Music Therapy as a Non-Pharmacological Intervention to Provide Comfort and Reduce Medication Use*

Interdisciplinary teams collaborate to provide holistic care through various disciplines. From the physical aspect, a nurse practitioner (R1) and a physician (R2) shared their experiences of witnessing how music therapy supported symptom management, promoted relaxation and comfort, reduced medication use, and lessened side effects for patients. As patients in palliative care often experience serious illness, their symptoms typically stem from cancer or other chronic diseases. R1 emphasized the physiological impact of music therapy for symptoms such as pain, nausea, and anxiety:

> *I think especially for patients being able to get through a lot of symptoms, like for pain, for things like nausea, for anxiety, I think that there's an actual demonstrated impact on some people. I've seen that. [...] So, physiologically too, it's been super important.* (R1)

R2 shared a vivid clinical example of an elderly patient with dementia who rarely interacted with the medical team but became noticeably responsive with the music therapist. This example demonstrates how music therapy brought comfort and functioned as a non-pharmacological intervention that reduced medication use for patients:

> *I remember one lady [...] with dementia [...] that we round on and barely open our eyes, and barely talk to us. And then when the music therapist came over and talked about Michael Jackson, she woke up and put her hand up and said, 'Ah! I love Michael Jackson!' [...] As soon as the music therapist starts to play, she wakes up and starts to sing. [...] When properly applied, music therapy brings comfort. At times when you want to use a lot of medications for agitations and things, it helps—but it has to be the right music, for the right people, at the right time.* (R2)

R1 further noted that the reduction in medication use not only benefits individual patients but also contributes to the whole healthcare system. This highlights music therapy's practical value:

> *It's also good for the healthcare system too and for the patients [...] so let's say we have a patient, they have a lot of anxiety and pain and we have to use more and more medications. If we're able to offer music therapy [...] and the patient's use of medication goes down a little bit, that's a good thing. There's less side effects, less risk of side effects, less risk of overuse of medication. So that's also a very practical thing too.* (R1)

### *A2. Music therapy as a Coping Mechanism for Patients with Serious Illness and Their Families*

For patients living with serious illness and their families, coping is essential for navigating daily life and medical experiences. Music therapy was recognized as a valuable support for emotional coping, offering patients and families a sense of relief, identity affirming, and connection. R1 noted that music therapy helped patients momentarily escape from their current situation:

> *Music helps people relax, helps people cope, helps them, maybe for some people, escape or disassociate for a little bit from whatever situation they're in.* (R1)

R1 further illustrated that music therapy can serve as a meaningful distraction that affirms personhood, particularly for those who have a musical background or deep appreciation for music:

> *It can also be like a good distraction. [...] For patients who are either musicians themselves or have a big appreciation for music, it can be something meaningful to them as a person. That kind of honors their personhood—especially if they were a pianist or guitarist—to have someone who can share in that with them.* (R1)

A social worker (R3) emphasized that music therapy helps when patients and their families cope differently in palliative care:

> *My impression is that [...] folks who are coping in different ways—maybe the patient is in a different place than the family—and that makes group verbal processing difficult because people are not feeling the same thing at the same time. Music might be a medium where they can all be together, and feel supported without explicitly discussing how they're feeling.* (R3)

R3 added that the value of music therapy is to create an invitation and outlet, allowing individuals to feel present and seen, even without active participation:

> *I think really what music therapy allows is just an invitation for folks who may be coping in different ways to be present and kind of feel seen. Even if they don't want to participate, seeing their loved one receive or engage in music therapy brings a lot of comfort.* (R3)

By offering patients significant music, whether directed toward the patient or the family, music therapy carried emotional significance and served as a source of comfort, even when patients were no longer able to participate actively:

> *There were times when the patient couldn't really participate, but we'd hear from the family that they used to be a jazz pianist, or that they loved Diana Ross or the Beatles. Even if we weren't sure how cognitively intact the patient was, playing that music could be comforting for the family. I do think that's one way music therapy brings comfort, even if the patient can't engage.* (R3)

### *A3. Music Therapy Provides Psychosocial Support Beyond Terminal Illness*

In addition to supporting patients and families in coping with serious illness, music therapy was also described as providing psychosocial support beyond terminal illness. Participants described how music therapy provided both psychosocial and existential support for patients, particularly in moments when illness, hospitalization, or approaching death challenged their sense of identity and well-being. Two participants highlighted how music therapy fosters a deeply human experience that transcends illness, supports inner strength and personhood, and helps maximize the quality of life when medical treatment is no longer viable.

A chaplain (R4) reflected on how serious illness can cause patients to feel disconnected from themselves, as if something is happening to their body, but not to *them* as a person—underscoring the importance of helping individuals connect with themselves:

> *It's a critical part in helping people connect to themselves. I think that so much of what happens when patients have serious illness, when they're in the hospital, they are, in a way—they're othered from themselves. It's like, something's happening to my body, but what's happening to me?* (R4)

Music therapy was described as a space that facilitates human experience, enabling patients to maintain a sense of self despite their illness:

> *I think music therapy [...] levels the human playing ground. It puts everyone in the same place and allows them to show up as they are in that moment. Even if they're not playing or singing, they're still part of the experience. It's kind of impossible to have someone outside of that.* (R4)

R4 emphasized how music therapy connects individuals to key moments in their lives through familiar and personally meaningful music:

> *Music can help someone feel connected—to a moment, to a space, to a person. And really seeing that connection come alive in the midst of music therapy. [...] The music of someone's prime, like in their twenties, really connects people to themselves in a way.* (R4)

By fostering self-connection, music therapy was seen to help patients access a sense of inner strength, even in the midst of physical decline:

> *When a patient feels more connected to themselves, there's a different type of inner strength they can step into the world with. [...] When there's permission for them to show up in that way, it's very lifegiving, regardless of what's happening in their body.* (R4)

R4 further noted that the trauma might happen during hospitalization or in the context of serious illness, and described how music therapy helps to alleviate that impact:

> *It's a traumatic experience to be in the hospital or to have a serious illness. [...] The work of music therapists is to meet people where they are and listen into what the needs are in any given moment—to reduce as much trauma as possible.* (R4)

A physician (R2) highlighted the value of music therapy in situations where medical treatment is limited, emphasizing the importance of living in the present and optimizing quality of life during the time they have remaining:

> *There are situations where medicine cannot help anymore. Terminal illness—no more cure. What else can you offer? That is where for existential distress. That's when music therapy, chaplaincy, and social work become extremely important. [...] No matter what tomorrow brings, at least I can enjoy the now.* (R2)

### *A4. Music Therapy Facilitates Non-Verbal Communication and Interpersonal Connection*

Participants highlighted music therapy's unique ability to support communication and connection without relying on verbal interaction. Through shared musical experiences, music therapy enables engagement beyond language and cultural barriers. It offers a non-verbal outlet for self-expression, fosters cross-cultural understanding, and creates emotionally resonant spaces where presence and creation become the primary forms of connection.

A social worker (R3) emphasized that music therapy offers patients—particularly those who are non-verbal—an alternative means of engaging in therapeutic process:

> *I think having an outlet that is different from verbal processing allows folks to engage in a different way. I think also there's room for more people to be involved in that therapeutic process too, if a patient is non-verbal perhaps. But [...] it gives them an outlet.* (R3)

R3 further shared a clinical example illustrating how music therapy can transcend language and cultural barriers, enhancing connection and communication in care. The example was drawn from a clinical encounter with a Mandarin-speaking patient who had previously toured as a professional musician:

> *I'm thinking of one specific patient who was primarily Mandarin-speaking. [...] The communication obviously would have been better in Mandarin, but we went in and he*

> *played the guitar. He toured as a professional musician in Asia. He was like: 'No, I don't want the interpreter.' It was irrelevant that we didn't have an interpreter cuz we were just jamming. Watching him take the guitar out of the music therapist's hands, he became a totally different person. The way that he embodied his own body felt and looked like physically different. I think that's a great example of how all of that transcends language. We were all able to participate in something together, even though the music therapist and I don't speak Mandarin. We still had a really nice connection, and the patient got a lot out of it.* (R3)

In addition to a clinical example of communication beyond language, a chaplain (R4) reflected on how music therapy fosters connection through shared ritual and presence, especially when words are hard to find. Music therapy was described as creating a space where people can connect and express themselves through music, whether in a group or one-on-one experience. The act of creation itself was highlighted as life-giving:

> *In my world, I think about the idea of ritual, and the use of ritual. Ritual is about marking time and space. And when we mark that time and space, there's a transformative experience that everyone can go through. Can. Not always, but can.*
>
> *[...] music therapy can offer in an experiential way is an opportunity for a group of people to come together and feel connected, but words don't have to be the connector. Sometimes words are hard. Sometimes there are NO words. Sometimes we*

*can't find the words and sometimes it is just being in the space and doing something together. The creation itself is life-giving—the creation of the music, the creation of the experience. There's a real beauty in that, [...] no words. And that's ok. Being able to create a space that can speak to someone's experience through music is a gift.* (R4)

## B. Music Therapy Strengthens IDT Members' Practice in Palliative Care

The impact of music therapy extended beyond patient and family care, revealing significant implications for interdisciplinary team members in their practice in palliative care, including clinical work, team collaboration, and personal well-being. The second overarching theme identified is that *Music Therapy Strengthens IDT Members' Practice in Palliative Care*. This theme has three subthemes: 1) enhancing quality of clinical work, 2) complementing interdisciplinary collaboration, 3) fostering professional's well-being in the workplace. Professionals offer unique perspectives shaped by their distinct roles and areas of practice within the team. Collectively, these subthemes reflect how music therapy strengthens interdisciplinary team members' practice in palliative care.

### *B1. Enhancing Quality of Clinical Work*

Music therapy was described as multi-layer support that enhanced the quality of clinical practice across disciplines. Each healthcare professional reflected on how music therapy improved their ability to support patients and families, either directly or indirectly.

From the nursing perspective, music therapy was described as a complementary tool that aligns with nursing lens' holistic, and person-centered care framework. Music therapy was seen as an additional tool that empowered nurses to provide more individualized care beyond pharmacological interventions. R1 described it as "another tool in the toolbox" that complements medical care and offers patients alternative pathways to comfort and relief:

> *We need to give someone pain medication, but we also need to seek out other things we can do to help their pain, or anxiety, whether that's music therapy or massage therapy or one of the other interdisciplinary teams.* (R1)

R1 articulated that music therapy resonates with their approach for patient care:

> *For nurses, we're trained from a little bit different of a lens compared to a physician who's trained in a medical model. We're trained to see a patient at the center with varying circles of people around them, and to see patients in a very holistic manner—that's something we're trained from very early on. So when I think of music therapy, it really works well with my nursing lens or the way I approach patient care.* (R1)

R1 further emphasized that music therapy supports individualized care, especially when patients identify with music as a meaningful part of their life:

> *From a nursing perspective, it's really important to honor someone's personhood. I want to make sure that we're helping support them. For some patients, that might be*

*religion or their career. For the patients where it's music, it's really nice that we're able to offer that.* (R1)

This individualized care, facilitated by music therapy, not only benefited patients but also responded positively with families. R1 described that family members often recognized and appreciated this offer, demonstrating their holistic care to patients that beyond medications:

*I've seen families say, 'oh it's really nice that you offer this' and it seems to play into the idea that we're providing care to the whole person. So it's affirming the whole person, and that can be like we're leaving for families or affirming for families to say like, 'Ok, they're being taken care of, more than just get like medications, right?'*

R1 further emphasized:

*It's just like another asset we can offer families.*

Similarly, a social worker also views music therapy as an additional support. From social worker's perspective, music therapy was described as an additional support in providing the purely supportive work to patient and families, sharing the responsibility to provide emotional support for patients and families. Given the time constraints and the responsibility of discharge planning that limit their capacity to fully sit with and be present for patients, social workers expressed their appreciation for how music therapy's focus on providing emotional support, especially when it is non-verbal:

> *The beauty of palliative care is that it's so grounded in interdisciplinary work. As social workers or chaplains, we can bring to the table. [...] There are a lot of folks who could use support who maybe don't want to chat about how they're feeling…[...] that is not helpful to them and there's limited bandwidth for many of us to fully sit and be present with people in the way we wish we could—if staffing or our roles allowed for that.* (R3)

From the physician's perspective, music therapy contributed to a more comprehensive understanding of patients and families and improved patient's mood, which addressed barriers to medical care. R2 emphasized that the complexity of patient care requires insights from all disciplines—including music therapy—to form a complete picture of a patient's needs and challenges:

> *The work we do is very complex, and at times it takes a complete team to create a total picture. There are things doctors can find out, but some things we can't—unless the chaplain or music therapist talks to the patient or family. [...] That's why they're part of the interdisciplinary team.* (R2)

As patients' moods often fluctuate in the context of serious illness and impending death, R2 noted that music therapy can help patients become more emotionally available and open to engaging in further care discussions with the medical team:

> *When we are dealing with end of life and serious diseases, the moods can be different. A lot of the interdisciplinary team may face some barriers because people are not in the right mood. [...] But after music therapy, we go back and they're more open to discussion. They're more open to listening.* (R2)

A chaplain echoed that perspective, R4 reflected on how music therapy deepens their clinical work, fostering inner connection and a sense of aliveness in patients. This internal shift also enhances patient's engagement and contributes to other team member's work:

> *[...] Ultimately all of the work that we're trying to do, is to help people feel alive. In whatever is happening for them. Music therapy deepens that internal connection someone has with themselves, which helps sustain other types of work, and supports what other team members are trying to do.* (R4)

***B2. Complementing Interdisciplinary Collaboration***

Music therapy was described as playing a significant role in facilitating interdisciplinary collaboration by broadening the team's collective understanding of patients, complementing professional limitations, and improving communication within the care process. Participants across disciplines emphasized how the presence of music therapy enriched the team's ability to deliver holistic and collaborative care.

From the nursing perspective, music therapy contributed a humanistic and multidimensional perspective that complemented medical viewpoints during team meetings.

Its presence supported more holistic assessments and enhanced the quality of care by deepening the collective understanding of the patients:

> *In the interdisciplinary team meeting in the mornings, we're able to talk about patients from our perspectives. There might be something the music therapist noticed, or that music moved the patient psychologically or spiritually. I've had it where the music therapist said, 'Oh, the patient said X, Y, or Z,' and maybe we hadn't gotten to that point yet. It helps me see the patient from a more holistic lens, which I always appreciate.* (R1)

R1 further emphasized the importance of viewing individuals from different angles, pushing the team to see patients as complex individuals rather than just diagnostic labels:

> *A lot of times in medicine, we just think of people as like, 'Oh, this is a 55-year-old male with prostate cancer' but having music therapy is a way to really humanize people, in a context, the hospital is a very dehumanizing place. It's a good reminder for us to see people as humans, not just medical issues.* (R1)

This broader view was seen as essential to delivering better care:

> *Anything that lets us see a person for who they are is helpful. I think the evidence shows that when people in hospitals see someone as a full person, they get better care.* (R1)

In addition to broadening perspectives, music therapy was also appreciated as part of the team's collective resources. R1 emphasized the value of team diversity in interdisciplinary collaboration, noting how access to various resources directly impacts the team's ability to deliver comprehensive care:

> *It's a lot harder for all of us to do our jobs if we're resource constrained. My job would be really hard if I were trying to do everything—I can't provide social work, music, or chaplaincy support. The same goes for others on the team; a social worker couldn't provide nursing or medical support. [...] It just feels a lot better because we're rich in resources here, in terms of the diversity of team members.* (R1)

This diverse disciplines in the interdisciplinary team translated into greater support for patients as well. R1 noted that music therapy as part of team also allowed access to more resources for patients. This accessibility of multiple disciplines was perceived as a unique strength of the palliative care team:

> *It's funny—when patients meet the palliative team, they're like, 'Oh, there are so many people on your team!' We have therapists, a music therapist, physician, social worker, and chaplain. A lot of places only have a physician and a social worker, so it's really nice that we're able to offer a team with nurse practitioners, music therapists, and chaplains.* (R1)

A social worker (R3) echoed this appreciation and emphasized how music therapy as a form of additional support that helps relieve the role limitations, particularly when providing both emotional support and responsibility in discharge patients are conflicting with each other in the healthcare system:

> *Emotional support is a broad term, and we all provide it differently. But as social workers, we also handle discharge plan, like finance, working to save the hospital money—that sort of financial tie to our role that I think other interdisciplinary team members don't have. [...] We are able to be present, but we also have to ask, 'Where do you want to go?' And sometimes the answer is, 'Nowhere.'* (R3)

R3 further noted the conflict between the confine of healthcare systems and patient-centered care:

> *We are able to do that to a degree and yet we still on the flip side of that coin have to do our job, which is often at odds with maybe what the patient or family want if they don't want to be discharged.*

R3 illustrated the tension between offering purely supportive work as a licensed mental health clinician and fulfilling the time-limited responsibilities of discharge planning:

> *It's a tough roadblock between wanting to truly support people and needing to be realistic about what's possible within the confines of our healthcare system. Most of us*

> *got into this field to offer support, but time constraints and discharge plans don't always allow us to do that the way we wish we could.* (R3)

R3 described music therapy as being less encumbered by discharge-related constraints, allowing for more consistent emotional presence that complements social work:

> *I see music therapy as unencumbered by those same limitations. Not that you don't have boundaries—obviously you do—but your primary role is to be present with somebody and meet them where they are. We say that in social work too: 'meet patients where they're at.' But the hospital says we have to discharge them, even if where they're at is not wanting to leave. So I'm always glad we have other team members who aren't encumbered by that same responsibility.* (R3)

A physician (R2) further emphasized music therapy's critical role in team functioning, especially when curative treatments are no longer viable. In such contexts, music therapy, chaplaincy, and social work became central to addressing patients' existential distress:

> *Terminal illness—no more cure. What else can you offer? That's when music therapy, chaplaincy, and social work become extremely important [...] You cannot measure the importance of having music therapy on the team.* (R2)

R2 also noted that music therapy enhanced patient's engagement and further helped the communication between patients and providers, highlighting this as a vital component of interdisciplinary teamwork:

> *One patient—we weren't getting anywhere. But after a lot of Michael Jackson songs, she started talking and sharing. So, the team really appreciated that component. Being a very important part of the team.* (R2)

***B3. Fostering Professionals' Well-being in the Workplace***

In addition to supporting interdisciplinary collaboration, music therapy was also indicated as fostering the well-being of the professionals in the workplace. The participants highlighted how music therapy enhanced their work satisfaction, alleviated emotional burdens, supported coping, and helped sustain their ability to engage in this palliative care work.

R1 reflected on the value of having colleagues from diverse disciplines, noting that it helps them see things from different perspectives and increases their overall job satisfaction:

> *I appreciate that I work on an interdisciplinary team, and it helps my personal satisfaction with my job because I have other colleagues that I'm able to see things through their lens.*

R1 compared experiences across hospitals and expressed appreciation for having music therapy available, highlighting how having clinical resources contributes to professional fulfillment:

> *I work at another hospital too, and they do not have music therapy. So I definitely appreciate that here we're able to offer that. If I have more resources and more colleagues—from music therapy, massage, or psychological support—it makes me*

> *happier because I have more options for patients. I think it provides more satisfaction... probably more job satisfaction. I have the resources.* (R1)

R1 highlighted how the palliative care team is unique in its integration of diverse professional roles, which provides the holistic care covering both medical and psychosocial aspects:

> *If you went to other teams in the hospital, like a surgical team or inpatient medicine, you'd find a much heavier focus on the medical aspect. As far as patient and family frameworks, they also have social workers in the hospital, but no other team in the hospital is as well differentiated as our team, which is awesome.* (R1)

Beyond the clinical responsibilities, R1 also recognized the challenges and emotional demands of palliative care work, noting the value in sharing difficulties and supporting one another through emotional solidarity within the team:

> *The patient population that our interdisciplinary team works with is challenging—not just for me, but for music therapists, social workers, for everyone because we're seeing a hard situation. So it's nice you can share the difficulty. It's other people that are paying witness to what people are going through.* (R1)

On the other hand, music therapy was seen as a source of relief for social workers. R3 emphasized the sense of relief for having other team members who could step in and support patients when they themselves were unable to:

*It makes me feel relieved because I know we've got additional supports to offer patients and families, so it's not all falling on one team member. [...] Even if I wanted to, if I've got X number of people on the unit who need a plan, I just can't do it that day.* (R3)

From a physician's perspectives, music therapy serves as a respite for healthcare professionals in the palliative care unit, providing a moment of relief and supporting their emotional coping in the workplace:

*When the music therapy team plays around noon, it's like a break for a lot of the nurses. You see them stop by for a few minutes, then go back. Even if it's just 5–10 minutes, you take a moment to pause, reflect, then go back to your job.* (R2)

From the chaplain's perspectives, music therapy was described as providing "life-giving" moments in the workplace, especially for live music. Its improvisational and relational interaction creates a lively and freeing experience in the present:

*I love to sing, [...] and sometimes I just stop and sing with the music therapist in the PCU hallway—it's incredibly life-giving. It takes three minutes, and I get to sing, [...] , so it's really fun to harmonize. (R4)*

*There's nothing like live music. [...] It's all improvisational, not a performance at all. Just being able to step in and be part of something—even for a few minutes—makes a tremendous impact.*

*It's relational. [...] that's really critical. Could I listen to music by myself? Yeah! But it's*

*more fun and more connected to sing or make music with someone else—it begs for a relational experience.*

R3 also shared how fulfilling it is to engage in musical experiences in the workplace, even just a little:

*I was a professional musician earlier in life, so getting to participate—even minimally—with the team feels very fulfilling. Being invited to sing at the patient memorial, [...] we did a recording this year, [...] that was really lovely*. (R3)

R4, who also serves as a supervisor for clinicians, emphasized that this sense of vitality is essential for sustaining palliative care work:

*In this work, all professionals have to figure out for themselves, about what they love about it—what brings joy and passion. That's what makes it sustainable. I think that it's also critical to make sure that we are tapping into lifegiving moments for ourselves, even when we are in the presence of serious illness and death and dying.* (R4)

R4 further noted that this sense of 'aliveness' would also flow from healthcare professionals to patients and families, allowing them to connect themselves even in the context of serious illness or end-of-life care. Music therapy was described as providing life-giving moments to facilitate these 'aliveness' across patients and professionals:

*For me, music is a life-giving experience—it helps me feel alive. [...] The more connected I can feel to my aliveness, it gives me the ability to step into a space where*

*maybe they're not feeling so alive. [...] not to say that it's my job to bring joy or anything into a space. No, it's, if I'm connected to my aliveness, it gives somebody permission to connect to theirs.* (R4)

## C. Music Therapy as a Transformative Space in the Hospital Environment

The third overarching theme is *music therapy as a transformative space in the hospital environment*. Participants reflected on how music therapy improves the clinical atmosphere, changes patients' sensory experiences, and leads to a more supportive and peaceful work environment. This theme has three sub-themes: 1) humanizing the medical space; 2) reframing one's sound experience – healing before trauma happens; 3) improving work environment. Collectively, these insights draw attention to the powerful role that the environment plays in shaping emotional experience and human connection within the hospital context.

### *C1. Humanizing the Medical Space*

Participants consistently acknowledged the dehumanizing nature of the hospital setting and highlighted music therapy as a counterbalance that reintroduces humanity into care. A nurse (R1) noted that music therapy's humanistic lens balances the medical gaze, especially in a dehumanizing hospital context:

*Having music therapy is a way to really humanize people, in a context, the hospital is a very dehumanizing place.* (R1)

A social worker (R3) echoed this, noting the challenges of being 'trapped' in a hospital and the importance of having access to non-verbal, expressive outlets as therapeutic process like music therapy.

> *It's really dehumanizing and challenging for most people to be kind of trapped in the hospital. I think having an outlet that's different from verbal processing allows folks to engage in a different way. [...] If a patient is nonverbal but really likes music, it gives them an outlet.* (R3)

***C2. Reframing One's Sound Experience - Healing Before Trauma Happens***

In the hospital setting, sound is everywhere—monitors beeping, alarms ringing, unfamiliar voices—and these ambient noises can become internalized as distress or even trauma. A chaplain (R4) offered a reflective view on how music therapy helps reframe a patient's sound environment and emphasized the significant impact of sound on our experience in the hospital:

> *When I think about music therapy, I think about sound and experience. There are sounds everywhere—and they can affect our experience. [...] patients in the hospital, [...] our patients who are experiencing serious illness and who are in the hospital day in and day out with sounds that are either foreign sounds, or random sounds. Sound can be such an ingrained part of our psyche, and I think music therapists have an opportunity to reframe the sound narrative of someone's experience and story.* (R4)

R4 further reflected on the idea that music therapy acts as a healing container through sound, offering real-time integration of difficult experiences and supporting emotional processing before trauma fully forms:

> *Being in the hospital can be traumatic. But helping someone integrate what's happening in real time—through a therapeutic experience with sound—is like healing before the trauma even happens. There's something about creating this container of healing, to limit or lessen the intensity of trauma, and I think music therapy does that.* (R4)

***C3. Improving Work Environment***

Beyond clinical care, music therapy was also seen as shaping the overall atmosphere of the unit, benefiting not only patients and families but also staff. Its impact extended beyond individual sessions, as music traveled throughout the unit—shifting energy, offering moments of peace, and creating opportunities for spontaneous connection among staff.

A physician (R2) described how music moved through space, flowing from the patient's room into the broader unit with staff:

> *Music is played in a place that everybody can hear. [...] you go into the rooms and play for them specifically. Sometimes therapists stay in the corridor and play so the whole unit hears. Number one again, it depends on the time and the type of music.* (R2)

Music therapy was appreciated even when experienced through informal, incidental exposure to music therapy sessions, highlighting the importance of music therapy:

> *And the team is also listening to the music when it's playing. I think any place that has the privilege and opportunity should have music therapy as part of the IDT. Very, very important.* (R2)

R2 emphasized how music shifted the energy of the space, especially when played the right music at the right time, evoking memories and emotional ease during intense workdays:

> *The music therapists came and played soft music, some bringing back memories. I came out of my office, stood there, and listened. The nurses were commenting too. [...] They chose the right times—mornings before rounds, sometimes at noon. For very soft music and then changes the atmosphere of the unit.* (R2)

Music therapy sparks conversations and interactions throughout the tough unit, fostering a supportive environment for every individual within it:

> *We have a tough unit. [...] things that happen [...] But those changes the atmosphere, People will come and say, 'Please can you play this?' The staff have that little space in time. That was very applied. We really appreciate the therapists on our unit. [...] I've told the music therapist now that they're here, they can't stop. (laugh)* (R2)

R3 also noted that music therapy creates a peaceful work environment and supports their well-being:

> *Even the times you guys set up outside the conference room on the palliative care unit, 'that's nice' It's just peaceful. It's nice not only to see a familiar face, but just to create like a peaceful ambience. I would say you only enhance my well-being at work, no detriments that that I can think of.* (R3)

These reflections reveal how music therapy extends beyond patient care to positively shape the work environment, offering staff moments of ease, joy, and human connection in the midst of high-intensity care.

**D. Conditions That Shape the Impact of Music Therapy**

While music therapy was broadly described as transforming the hospital environment, a physician (R2), who also serves as the director of the palliative care unit, constantly emphasized that specific conditions shape this impact, particularly the timing, the type of music, and the way of introducing music. Although this theme was explicitly articulated by only one participant, it recurred throughout the interview, highlighting critical conditions that influence how music therapy affects patients, families, and healthcare professionals. Given its depth, unique contribution, and consistent relevance to the research question, this theme was presented independently to offer nuanced insights into the factors shaping music therapy's outcomes and effectiveness in a palliative care setting.

This fourth and final overarching theme is *Conditions that shape the impact of music therapy.* This theme has four subthemes: 1) right music at right time; 2) trained music

therapists make a difference; 3) the different effects from musicians and music therapists; 4) initial challenges and improvements: music therapy is beneficial. This final theme highlights the importance of professional training, patient-centered communication, and contextual sensitivity in shaping its impact of music therapy in palliative care setting.

***D1. Right Music at Right Time***

R2 reflected on how important the right music at the right time is throughout their experiences with different musical experiences, including some that helped circumstances and some that did "not":

> *[...] From my experience that the right music at the right time. [...] to both patients and families. I've had instances where the circumstances are so sad in the environment. The music was very appreciated by the patients and the families and I've had instances where it was "not" because the type of the music and the time it was introduced was not helping the circumstance.* (R2)

R2 articulated and emphasized that preconceived assumptions about people's responses to music may diminish its therapeutic value, highlighting the importance of its way to deliver music:

> *I think that was because there was not a lot of engaging the family and the patients, but about what is about to be offered. This was many years ago that people just felt, 'Oh, everybody would love music. Oh, everybody wants to hear', and they just come*

*and play, when the family did not request for it, when the patient did not request for it, and the music was not even helping the situation. [...] But when the music therapists and interns who understood the protocol started coming to the unit, everything became different. The introduction of the group, the music to the patients, the groundwork that is done before specific type of music is offered. Beautiful!* (R2)

***D2. Trained Music Therapists Make a Difference***

R2 highlighted how the presence of trained professionals made a tangible difference in the quality and outcomes of care:

*Our families found it soothing. Many had positive reactions. I even asked other interns, hospice caregivers, and chaplains about what's their own experience, they were all very positive. But that's because we now have specialist music therapists and interns who started coming about six years ago. That made the difference.* (R2)

***D3. The Different Effects from Musicians and Music Therapists***

R2 shared contrasting past experiences with professional musicians and music therapists, indicating that both the timing and the type of music play a critical role in its impact:

*About ten years ago, a famous city music group that didn't ask what the unit wants, what time to play. They just came and were playing very jarring sheet music that made the whole unit very uncomfortable, and they were playing it when everybody should be resting. So I had to go and practically tell them 'this is not working and*

*stop'. They did not ask what we want, they did not ask when to play, they felt they are famous, let us play music for you. But when music therapists came, they understood. [...] the soft music changed the atmosphere of the unit.* (R2)

***D4. Initial Challenges and Improvements: Music Therapy is Beneficial.***

R2 concluded by reflecting on the growth of music experiences within the unit, emphasizing how meaningful the work of music therapy can be:

*I've seen when we didn't get it right the first time—and now we are. I can compare. When you have the real thing, it's very, very beneficial.* (R2)

These reflections underscore that the effectiveness of music therapy lies not only in its presence, but also in how, when, and what is delivered.

# Chapter V

# Discussion

The purpose of this thematic analysis was to explore how music therapy impacts palliative care practice from the perspectives of the interdisciplinary team members. The interview findings revealed that music therapy has a multifaceted impact across inpatient palliative care practice, including patients and families, healthcare professionals, and the care environment, with specific contextual conditions that shape the impact.

Table 3 in the Results section presents four themes and corresponding sub-themes that capture this multifaceted impact, offering a multidimensional view of music therapy's impact in adult palliative care.

## Theme A: Music Therapy Enhances Patient and Family Care in Palliative Care

The central goals of palliative care are to alleviate suffering and enhance quality of life by addressing the multidimensional needs of patients and families (Gallagher et al., 2018; Hilliard, 2005). Theme A illustrates how music therapy enhances the quality of patient and family care across physical, psychological, emotional, social and existential domains in palliative settings. This finding aligns with palliative care's central goals (Gallagher et al., 2018; Hilliard, 2005).

Findings highlight how music therapy may support symptom management and provide comfort, potentially reducing medication use and associated side effects. McConnell and

Porter (2017) illustrated that music therapy is a non-pharmacological approach to managing distressing symptoms in palliative care patients. Music therapy can play a major role in symptom relief, such as reducing pain, anxiety, and nausea (Clements-Cortés, 2011; Gallagher et al., 2018; Gutgsell et al., 2013). The findings of this study further suggest that music as a non-pharmacological intervention may improve the healthcare service due to its practical value in reducing patients' experience of side effects and lowering the risk of medication overuse.

Music therapy not only addresses the mentioned physical needs but also provides a unique therapeutic outlet that supports psychological resilience as individuals cope with serious illness. Participants noted that music therapy is a coping mechanism for patients and families to navigate serious illness. They described how music provides relief and connection through meaningful distraction that affirms personhood. Music therapy supports patients and families in processing emotions verbally and nonverbally. The shared significant music comforts families in moments when patients are unable to engage. These findings are consistent with the research by Preissler et al. (2016), who identified 'coping with the palliative situation,' 'emotions and feelings,' and 'biography' as the favored subjects in music therapy sessions. They also outlined needs such as 'coping and activation of internal resources,' 'activity and vitality,' 'finding expression,' and 'sense of self and reflection' as areas addressed through music therapy.

McConnell and Porter (2017) further illustrated that music therapy influences pain perception by providing distraction and evoking positive emotional states such as happier memories. Similarly, Mondanaro (2016) emphasized that identity affirmation through music therapy supports coping during hospitalization. Those previous studies support the findings of this research, highlighting the importance of music therapy as a coping mechanism that honors patients' personhood and reconnects them with meaningful aspects of their lives, particularly for those who have a deep appreciation for music.

Enhancing one's connection to oneself appeared crucial for patients' psychological needs in palliative care. Pérez-Eizaguirre and Vergara-Moragues's (2020) argue that music serves as a connection to patients' "healthy part" despite illness and deprivation, especially honoring their preferred music. One participant, a chaplain (R4), emphasized how music therapy can foster self-connection as a source of inner strength, enabling patients to experience a sense of humanity that transcends physical limitation. This participant observed that "*when patients who have serious illness in the hospital, they are in a way othered from themselves*," highlighting the existential disconnection that may accompany serious illness. The participant further noted that personal and familiar music can help patients reconnect with aspects of themselves associated with youth and joyful memories, transcending temporal and spatial limitations. The findings consistent with previous study and further suggest that individuals'

pre-existing relationships with music are important factors in shaping their therapeutic experiences with music therapy.

The non-verbal nature of music therapy was seen as especially meaningful in situations where verbal communication is limited, whether due to language and cultural barriers, differing emotional expression, or cognitive and medical decline. This finding aligns with McConnell and Porter's (2017) claim that music therapy strengthens interpersonal bonds and facilitates emotional communication between patients and their loved ones. Their study noted that communication improved through a renewed connection made possible by the music and the therapist's presence. These findings underscore that the non-verbal nature of music therapy plays a unique and powerful role in palliative care clinical practice.

**Theme B: Music Therapy Strengthens IDT Member's Practice in Palliative Care**

Music therapy supports not only patient and families, but strengthens healthcare provider's practice in palliative care. Interdisciplinary approaches have been highlighted as crucial in providing holistic care (Fernandes & Faria, 2021; Potvin et al., 2021; Thorn et al., 2023). Collaborative approaches can address the complex needs of patients and families from various healthcare disciplines (Ditillo, 2002; Fernando & Hughes, 2019; Kesonen et al., 2022; Krout, 2004). In this study, participants described music therapy as a valuable resource that enhances their ability to provide holistic care, including improving their quality of clinical work, complementing interdisciplinary collaboration, and fostering their well-being

in the workplace. This finding aligns with literature showing that IDT members contribute their expertise to develop comprehensive care plans, work toward common goals, and share responsibility for patient outcomes (Ditillo, 2002).

This study found that music therapy enhances the quality of clinical work across disciplines, identified as the first sub-theme. A nurse (R1) expressed that music therapy aligned with a holistic, patient-centered framework and served as an additional and complementary tool for supporting patients and families. This finding is consistent with Fernando and Hughes (2019) and Franco et al., (2018), noting that music therapy can serve as a complementary option for patients who are hesitant to accept pharmacological treatments. In this context, music therapy appeared to offer nurses an additional means to empower their clinical practice by providing another option for patients and families. It also represented an extension of care beyond medication. As reflected in R1's observation of positive family feedback and their remark, "*It's just like another asset we can offer families,*" this study suggests that the holistic and patient-centered approach supported by music therapy may not only benefit patients and also potentially contribute to enhancing the provider–family relationship.

A social worker (R3) also highlighted music therapy as an additional support for patients and families, especially for non-verbal emotional support. A physician noted that music therapy helps address barriers to medical care by improving the patient's mood and gaining a

more holistic understanding of patients and families. This underscores the need for greater attention to emotional support, which can facilitate smoother medical treatment or follow-up discussions.

Music therapy may play a key role in fostering inner connection, a sense of aliveness, and emotional support, which are critical components of palliative care and may, in turn, benefit the work of other healthcare team members. A chaplain further echoed that music therapy helps to deepen their work, which fosters inner connection and a sense of aliveness in patients. By enhancing this inner connection, music therapy increases patients' engagement and supports other team members' work.

Music therapy complements interdisciplinary collaboration in addition to enhancing the quality of clinical work across disciplines. Previous literature has highlighted the importance of developing interpersonal competencies—particularly understanding one's own role to others—for improving collaboration and delivering more efficient care (Kesonen et al., 2022; Brennan et al., 2016; Mélin et al., 2020; Seow & Bainbridge, 2018). This study revealed how music therapy relates to other disciplines, demonstrating that music therapy's work can contribute to complementing interdisciplinary collaboration from the other disciplines' perspectives.

A nurse emphasized that music therapy provides humanistic insights that complement their medical lens. These perspectives broaden the clinical view and support more holistic

assessments during team meetings, potentially influencing the team's care planning. A nurse noted, "*Anything that lets us see a person for who they are is helpful... they get better care.*" Music therapy was described as expanding resources for interdisciplinary collaboration, allowing team members to access more comprehensive care options for patients.

A social worker (R3) further revealed the challenges of their work in providing emotional support while also fulfilling another job responsibility of discharge planning within healthcare systems. They wanted to support patients but sometimes faced conflicts with healthcare systems, when patients wished NOT to be discharged. Music therapy was also seen as an additional support in relieving these role limitations, enabling the provision of fully being present with patients and meeting them where they are, offering purely emotional support that complements these needs through interdisciplinary collaboration.

A physician (R2) further emphasized the importance of music therapy in supporting patients when medical interventions are limited. Additionally, music therapy was noted to facilitate communication between patients and healthcare providers. The findings of this study suggest that music therapy can serve a preparatory role before medical interventions, helping to stabilize patients' emotional readiness and bridge the way for further treatment discussions. When further medical treatment is no longer viable, music therapy can also provide existential support during the transition at the end of life.

This study illustrates how music therapy explicitly impacts the work of IDT members,

enhancing interdisciplinary collaboration and complementing each other. These findings align with previous literature, which concludes that music therapy is an appropriate therapeutic intervention for meeting the holistic needs of palliative care service users (O'Kelly & Koffman, 2007). Music therapists and other IDT members can create cotreatment protocols for collaboration between music therapy and other disciplines, to provide holistic care by integrative collaboration (Potvin et al., 2021). By supporting team-based assessments, complementing professional limitations, and enabling more integrated and compassionate care delivery, music therapy emerges as a pivotal element in strengthening interdisciplinary palliative care practice.

Beyond the domain of clinical care, participants in this study indicated that music therapy also fosters their well-being, emerging as the third sub-theme. One nurse described that access to a broader range of resources contributed to increased job satisfaction, aligning with Kesonen et al. (2022), who demonstrated that interdisciplinary approaches not only promote holistic care for patients but also enhance professional satisfaction for healthcare providers. Furthermore, a nurse emphasized the value of having more colleagues who can offer different perspectives and share difficulties through emotional solidarity. This finding aligns with previous research highlighting the importance of collegial support through shared experiences and reflective discussions (Srolovitz et al., 2021), specifically highlighting peer support as a crucial resource for geriatric nurses seeking emotional support while managing the complex

challenges of palliative care (Alruwaili et al., 2024).

Music therapy provided additional support in sharing the responsibilities for the IDT member's job challenges. The social worker noted, "*It makes me feel relieved.*" A chaplain emphasized that music therapy brings a sense of aliveness that flows from healthcare professionals to patients, forming a cycle that sustains vitality even in serious illness. Alodhialah et al. (2024) highlighted that support systems, including workplace support, organizational resources, and mentorship, are crucial for fostering resilience. The findings of this study suggest that music therapy fosters healthcare professionals' well-being in the workplace and may also enhance their resilience, supporting their ability to sustain their work in the demanding setting of palliative care.

**Theme C: Music Therapy as a Transformative Space in the Hospital Environment**

Music therapy was identified as a transformative space to humanize the hospital environment and change the atmosphere of inpatient settings. Participants consistently described the hospital as a dehumanizing space, where patients and families often experienced a loss of autonomy, emotional isolation, and even trauma. Music therapy served as a powerful counterbalance to these effects, creating a healing container, providing a therapeutic outlet, and fostering emotional resonance within the clinical space.

This finding is supported by the broader concept of Environmental Music Therapy (EMT), a human-centered, trauma-informed intervention that leverages the metaphorical and

associative qualities of *live music* to mitigate the perceived hostility of clinical settings, benefiting not only patients but also caregivers and staff (Rossetti, 2020). Sonntag et al. (2023) also promoted the use of soundscapes, ambient music, and EMT as holistic way to support healing environment in hospitals. These also touch on community music therapy and ecologically oriented music therapy strategies (Murphy et al., 2023; Bruscia, 2014, p.167), suggesting the need for further research to explore their interrelationships and clinical application within healthcare settings.

Participants in this study observed that music traveled beyond patient rooms, influencing the broader unit by shifting energy, offering moments of peace, and sparking spontaneous interactions among staff, patients, and families. This resonates with findings by Krout (2004), who described the concept of "syner-disciplinary" team, where music therapy can be especially impactful in unity and connection among everyone present within a shared time and space.

The findings further suggest IDT members also value incidental exposure to music therapy sessions, which is supported by O'Kelly and Koffman (2007), who highlighted that the music therapist's involvement had enhanced the effectiveness of each discipline. Similarly, O'Callaghan and Magill (2009) found that incidental exposure to music therapy sessions served as a supportive care modality for healthcare staff, contributing to stress reduction, improved work environments, and enhanced perceptions of patient care.

Altogether, music therapy creates a transformative space within the hospital, contributing to a more humane, relational, and supportive healthcare environment by reshaping the hospital soundscape, facilitating spontaneous human connections, and supporting every individual within a challenging unit.

**Theme D: Conditions That Shape the Impact of Music Therapy**

While music therapy has been widely recognized for its positive impact on patients, families, healthcare professionals, and the hospital environment, the results of the study suggest that its impact is shaped by specific factors. A physician (R2) emphasized that the timing, type of music, and delivery approach critically influenced whether music therapy enhanced or hindered those impacts. Drawing from several years of clinical experience, the participant highlighted that music therapy's therapeutic potential was most fully realized when the right music was offered at the right time, with sensitivity to both the immediate circumstances and the ways of engaging with patients and families. This approach is consistent with principles of patient-centered care, which emphasize responsiveness to individual needs, preferences, and readiness (Pérez-Eizaguirre & Vergara-Moragues, 2020; Warth et al., 2015).

This study also emphasized the importance of a patient-centered approach to deliver music in music therapy, focusing on patients' needs and responses rather than on what is about to be offered and assumptions. When delivered with an understanding of these factors, including

choosing the right music at the right time, introducing music to patients before offering it, and having it provided by trained therapists who can assess circumstances in the moment, music therapy fosters emotional relief and connection. This patient-centered care approaches also aligns with Kitwood and Bredin's model on person-centered care (Kelly et al., 2023; Kitwood, 2011; Kitwood & Bredin, 1992). In contrast, poorly timed or imposed musical interventions, even when well-intentioned, could intensify distress rather than alleviate it. The participant described the different effects between musicians and trained music therapists and emphasized the importance of having trained music therapists, who truly understand the protocol and allow music to become a truly therapeutic and integrated part of the care process.

Overall, these findings highlight that music therapy's impact depends not simply on the presence of music in the hospital, but on how thoughtfully it is implemented. Contextual sensitivity, professional training, and patient-centered practices are essential in maximizing the therapeutic benefits of music therapy in palliative care.

**Limitations and Future Research**

This study explored the impact of music therapy in adult palliative care from the perspectives of four interdisciplinary team members within a single hospital setting in metropolitan area in the northeastern United States. The findings are limited to the specific context of one hospital and one particular palliative care team. Future research may explore

various palliative care inpatient settings across different regions, including urban or different countries.

Although this study provided an overview of interdisciplinary experiences through representatives from diverse disciplines, the small sample size limited the breadth of perspectives captured. Each discipline was represented by only one participant. Additionally, due to the limited interview time, participants provided condensed accounts of their experiences. The limited time available to conduct and complete this study also restricted the depth of data collection and analysis. Researcher's bias may also limit the result and data analysis. Future studies may recruit a larger number of participants from each discipline to further explore this topic, gaining a broader range of perspectives within the interdisciplinary team. Further research could also examine in greater depth how music therapy supports interdisciplinary teams, and informs additional strategies to strengthen interdisciplinary collaboration and enhance clinical practice in palliative care.

## Conclusion

The purpose of this thematic analysis was to explore the impact of music therapy in adult palliative care from the perspectives of interdisciplinary team members, aiming to gain a holistic understanding of its influence not only on patients and families, but also on healthcare professionals. The findings of suggest that music therapy has a multifaceted impact in palliative care. Music therapy enhances patient and family care by providing

comfort, reducing medication use, facilitating coping strategies, and supporting non-verbal communication and connection. It strengthens interdisciplinary team members' practice in palliative care, including enhancing the quality of clinical work, complementing interdisciplinary collaboration, and fostering professionals' well-being in the workplace. Music therapy also transforms the hospital environment into a more therapeutic and supportive space, improving the work environment for healthcare professionals while enhancing the hospital experiences of patients and families.

Given the wide-ranging impact of music therapy in adult palliative care as identified in this study, an important implication for future practice is to include music therapy as an integral part of interdisciplinary teams, in order to promote high-quality, holistic care for patients and families, support sustainable teams, and foster a more supportive healthcare environment.

## References

American Music Therapy Association. (2005). What Is Music Therapy? AMTA Official Definition of Music Therapy. American Music Therapy Association. https://www.musictherapy.org/about/musictherapy/

Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). Exploring nurses' emotional resilience and coping strategies in palliative and end-of-life care settings in Saudi Arabia: a qualitative study. *Healthcare*, *12*(16), 1647. https://doi.org/10.3390/healthcare12161647

Alruwaili, A. N., Alruwaili, M., Ramadan, O. M. E., Elsharkawy, N. B., Abdelaziz, E. M., Ali, S. I., & Shaban, M. (2024). Compassion fatigue in palliative care: Exploring Its comprehensive impact on geriatric nursing well-being and care quality in end-of-life. *Geriatric Nursing*, *58*, 274–281. https://doi.org/10.1016/j.gerinurse.2024.05.024

Alshehri, H. H., Olausson, S., Öhlén, J., & Wolf, A. (2020). Factors influencing the integration of a palliative approach in intensive care units: A systematic mixed-methods review. *BMC Palliative Care*, *19*(1). https://doi.org/10.1186/s12904-020-00616-y

Antoine, C. (2016). *Perceptions of music therapy among hospice health care clinicians :*

*implications for effective interdisciplinary collaboration*. Montclair State University Digital Commons. https://digitalcommons.montclair.edu/etd/345

Binns-Emerick, L., Patel, P., Deol, B. B., & Kang, M. (2024). Multidisciplinary palliative care of the older adult: a narrative review. *Annals of Palliative Medicine*, *13*(4), 1002–1011. https://doi.org/10.21037/apm-23-541

Blanc, P. M. L., Hox, J. J., Schaufeli, W. B., Taris, T. W., & Peeters, M. C. W. (2007). Take care! The evaluation of a team-based burnout intervention program for oncology care providers. *Journal of Applied Psychology*, *92*(1), 213–227. https://doi.org/10.1037/0021-9010.92.1.213

Bradt, J. (2010). The effects of music entrainment on postoperative pain perception in pediatric patients. *Music and Medicine*, *2*(3), 150–157. https://doi.org/10.47513/mmd.v2i3.248

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brennan, C. W., Kelly, B., Skarf, L. M., Tellem, R., Dunn, K. M., & Poswolsky, S. (2016). Improving palliative care team meetings. *American Journal of Hospice and Palliative*

*Medicine*®, *33*(6), 585–593. https://doi.org/10.1177/1049909115577049

Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.

Cadrin, M. L. (2006). Music therapy legacy work in palliative care: Creating meaning at end of life. *Canadian Journal of Music Therapy*, *12*(1), 109. https://www.questia.com/library/journal/1P3-1254203041/music-therapy-legacy-work-in-palliative-care-creating

Certification Board for Music Therapists (2025). *Certification.* Retrieved from: https://www.cbmt.org/candidates/certification/

Center to Advance Palliative Care. (2019). *Palliative Care Definition | What is Palliative Care | Center to Advance Palliative Care*. Capc.org. https://www.capc.org/about/palliative-care/

Clark, M., Isaacks-Downton, G., Wells, N., Redlin-Frazier, S., Eck, C., Hepworth, J. T., & Chakravarthy, B. (2006). Use of preferred music to reduce emotional distress and symptom activity during radiation therapy. *Journal of Music Therapy*, *43*(3), 247–265. https://doi.org/10.1093/jmt/43.3.247

Clements-Cortés, A. (2004). The use of music in facilitating emotional expression in the

terminally ill. *American Journal of Hospice and Palliative Medicine®*, *21*(4), 255–260. https://doi.org/10.1177/104990910402100406

Clements-Cortés, A. (2011). The effect of live music vs. taped music on pain and comfort in palliative care. *Korean Journal of Music Therapy*, *13*(1), 105–121. https://doi.org/10.21330/kjmt.2011.13.1.105

Clements-Cortés, A. (2015). Development and efficacy of music therapy techniques within palliative care. *Complementary Therapies in Clinical Practice*, *23*, 125–129. https://doi.org/10.1016/j.ctcp.2015.04.004

Clements-Cortés, A. (2016). An overview of the bonny method & its use in palliative care settings. *Music and Medicine*, *8*(2), 26. https://doi.org/10.47513/mmd.v8i2.486

Colin, C., Prince, V., Bensoussan, J., & Picot, M. (2023). Music therapy for health workers to reduce stress, mental workload and anxiety: A systematic review. *Journal of Public Health*, *45*(3), e532–e541. https://doi.org/10.1093/pubmed/fdad059

Crawford, G. B., & Price, S. D. (2003). Team working: Palliative care as a model of interdisciplinary practice. *The Medical Journal of Australia*, *179*(S6). https://doi.org/10.5694/j.1326-5377.2003.tb05575.x

Dietrich, C., Teut, M., Samwel, K., Narayanasamy, S., Rathapillil, T., & Thathews, G. (2015).

Treating palliative care patients with pain with the body tambura: A prospective case study at St. Joseph′s hospice for dying destitute in Dindigul South India. *Indian Journal of Palliative Care*, *21*(2), 236. https://doi.org/10.4103/0973-1075.156509

Ditillo, B. A. (2002). The emergence of palliative care: A new specialized field of medicine requiring an interdisciplinary approach. *Critical Care Nursing Clinics of North America*, *14*(2), 127–132. https://doi.org/10.1016/s0899-5885(01)00002-8

Fernandes, P. M. P., & Faria, G. F. (2021). The importance of multiprofessional care. *Sao Paulo Medical Journal*, *139*(2), 89–90. https://doi.org/10.1590/1516-3180.2021.139223022021

Fernando, G., & Hughes, S. (2019). Team approaches in palliative care: A review of the literature. *International Journal of Palliative Nursing*, *25*(9), 444–451. https://doi.org/10.12968/ijpn.2019.25.9.444

Ferrer, A. J. (2007). The effect of live music on decreasing anxiety in patients undergoing chemotherapy treatment. *Journal of Music Therapy*, *44*(3), 242–255.

https://doi.org/10.1093/jmt/44.3.242

Fiore, J., Ridgway, K., & Buttermore, A. (2023). A seat at the table for music therapy: Perceptions of music therapy within the Hospice Interdisciplinary team. *Music Therapy Perspectives*, *41*(2), 123–134. https://doi.org/10.1093/mtp/miad011

Franco, P. F., DeLuca, D. A., Cahill, T. F., & Cabell, L. (2018). Why practitioners should care about music therapy: Understanding its clinical relevance and practical implications through an evidence-based study. *Alternative and Complementary Therapies*, *24*(2), 63-77.

Galiana, L., Sansó, N., Muñoz-Martínez, I., Vidal-Blanco, G., Oliver, A., & Larkin, P. J. (2021). Palliative care professionals' inner life: Exploring the mediating role of self compassion in the prediction of compassion satisfaction, compassion fatigue, burnout and wellbeing. *Journal of Pain and Symptom Management*, *63*(1), 112–123. https://doi.org/10.1016/j.jpainsymman.2021.07.004

Gallagher, L. M. (2011). The role of music therapy in palliative medicine and supportive care.

*Seminars in Oncology*, *38*(3), 403–406. https://doi.org/10.1053/j.seminoncol.2011.03.010

Gallagher, L. M., Lagman, R., & Rybicki, L. (2018). Outcomes of music therapy interventions on symptom management in palliative medicine patients. *American Journal of Hospice and Palliative Medicine®*, *35*(2), 250–257. https://doi.org/10.1177/1049909117696723

Gallagher, L. M., Lagman, R., Walsh, D., Davis, M. P., & LeGrand, S. B. (2006). The clinical effects of music therapy in palliative medicine. *Supportive Care in Cancer*, *14*(8), 859 866. https://doi.org/10.1007/s00520-005-0013-6

Gao, Y., Wei, Y., Yang, W., Jiang, L., Li, X., Ding, J., & Ding, G. (2019). The effectiveness of music therapy for terminally ill patients: A meta-analysis and systematic review. *Journal of Pain and Symptom Management*, *57*(2), 319–329. https://doi.org/10.1016/j.jpainsymman.2018.10.504

Goel, A. R., Elhassan, H., Patterson, M., & Reid, M. C. (2021). Characteristics of provider-focused research on complementary and integrative medicine in palliative care: A scoping review. *American Journal of Hospice and Palliative Medicine®*, *39*(3), 370–387. https://doi.org/10.1177/10499091211011708

Groen, K. M. (2007). Pain assessment and management in end of life care: A survey of assessment and treatment practices of hospice music therapy and nursing professionals. *Journal of Music Therapy*, *44*(2), 90–112. https://doi.org/10.1093/jmt/44.2.90

Gutgsell, K. J., Schluchter, M., Margevicius, S., DeGolia, P. A., McLaughlin, B., Harris, M., Mecklenburg, J., & Wiencek, C. (2013). Music therapy reduces pain in palliative care patients: a randomized controlled trial. *Journal of Pain and Symptom Management*, *45*(5), 822–831. https://doi.org/10.1016/j.jpainsymman.2012.05.008

Hiller, J. (2016). Epistemological foundations of objectivist and interpretivist research. In B. L. Wheeler & K. M. Murphy (Eds.), *Music therapy research* (3rd ed., p. 250). Barcelona Publishers.

Hilliard, R. E. (2005). Music therapy in hospice and palliative care: A review of the empirical data. *Evidence-based complementary and alternative medicine*, *2*(2), 173–178. https://doi.org/10.1093/ecam/neh076

Hilliard, R. E. (2006). The effect of music therapy sessions on compassion fatigue and team building of professional hospice caregivers. *The Arts in Psychotherapy*, *33*(5), 395–401. https://doi.org/10.1016/j.aip.2006.06.002

Huang, E., & Huang, J. (2023). Music therapy: A noninvasive treatment to reduce anxiety and pain of colorectal cancer patients—A systemic literature review. *Medicina*, *59*(3), 482. https://doi.org/10.3390/medicina59030482

Kash, K. M., Holland, J. C., Breitbart, W., Berenson, S., Dougherty, J., Ouellette-Kobasa, S., & Lesko, L. (2000). Stress and burnout in oncology. *PubMed*, *14*(11), 1621–1627. https://pubmed.ncbi.nlm.nih.gov/11125944

Kesonen, P., Salminen, L., Kero, J., Aappola, J., & Haavisto, E. (2022). An integrative review of interprofessional teamwork and required competence in specialized palliative care. *OMEGA - Journal of Death and Dying*, *89*(3), 1047–1073. https://doi.org/10.1177/00302228221085468

Kelly, L., Ahessy, B., Richardson, I., & Moss, H. (2023). Aligning Kitwood's Model of Person-Centered Dementia Care with Music Therapy Practice. Music Therapy Perspectives, 41(2). https://doi.org/10.1093/mtp/miad015

Kitwood, T., & Bredin, K. (1992). Towards a Theory of Dementia Care: Personhood and Well-being. *Ageing and Society*, *12*(3), 269–287. doi:10.1017/S0144686X0000502X

Kitwood, T. (2011). 9 Dementia reconsidered: the person comes first. *Policy Press EBooks*, 89–99. https://doi.org/10.56687/9781447300458-013

Koh, M. Y., Hum, A. Y., Khoo, H. S., Ho, A. H., Chong, P. H., Ong, W. Y., Ong, J., Neo, P. S., & Yong, W. C. (2019). Burnout and resilience after a decade in palliative care: What survivors have to teach us. A qualitative study of palliative care clinicians with more than 10 years of experience. *Journal of Pain and Symptom Management*, *59*(1), 105–115. https://doi.org/10.1016/j.jpainsymman.2019.08.008

Köhler, F., Martin, Z., Hertrampf, R., Gäbel, C., Kessler, J., Ditzen, B., & Warth, M. (2020). Music therapy in the psychosocial treatment of adult cancer patients: A systematic review and meta-analysis. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.00651

Kordovan, S., Preissler, P., Kamphausen, A., Bokemeyer, C., & Oechsle, K. (2016). Prospective study on music therapy in terminally ill cancer patients during specialized inpatient palliative care. *Journal of Palliative Medicine*, *19*(4), 394–399. https://doi.org/10.1089/jpm.2015.0384

Krout, R. (2004). A synerdisciplinary music therapy treatment team approach for hospice and

palliative care. *The Australian Journal of Music Therapy*, *15*(2004), 33. http://search.informit.com.au/fullText;dn=409969301427071;res=IELHEA

Krout, R. E. (2003). Music therapy with imminently dying hospice patients and their families: Facilitating release near the time of death. *American Journal of Hospice and Palliative Medicine®*, *20*(2), 129–134. https://doi.org/10.1177/104990910302000211

Kwekkeboom, K. L. (2003). Music versus distraction for procedural pain and anxiety in patients with cancer. *Oncology Nursing Forum*, *30*(3), 433–440. https://doi.org/10.1188/03.onf.433-440

Lemieux-Charles, L., & McGuire, W. L. (2006). What do we know about health care team effectiveness? A review of the literature. *Medical Care Research and Review*, *63*(3), 263–300. https://doi.org/10.1177/1077558706287003

Lewis, A. E. (1999). Reducing burnout: development of an oncology staff bereavement program. *PubMed*, *26*(6), 1065–1069. https://pubmed.ncbi.nlm.nih.gov/10420424

Loewy, J. V. (2013). Music Sedation and Pain. In Mondanaro, J. F., & Sara, G. A. (Ed.), *Music and medicine : integrative models in the treatment of pain.* (pp. 95–111). Satchnote Press.

Magill, L. (2008). The Meaning of the music: The role of music in palliative care music therapy as perceived by bereaved caregivers of advanced cancer patients. *American Journal of Hospice and Palliative Medicine®*, *26*(1), 33–39. https://doi.org/10.1177/1049909108327024

Masko, M. K. (2016). Music therapy and spiritual care in end-of-life: A qualitative inquiry into ethics and training issues identified by chaplains and music therapists. *Journal of Music Therapy*, *53*(4), 309–335. https://doi.org/10.1093/jmt/thw009

McConnell, T., & Porter, S. (2017). Music therapy for palliative care: A realist review. *Palliative & Supportive Care*, *15*(4), 454–464. https://doi.org/10.1017/s1478951516000663

Mehta, D. H., Perez, G. K., Traeger, L., Park, E. R., Goldman, R. E., Haime, V., Chittenden, E. H., Denninger, J. W., & Jackson, V. A. (2015). Building resiliency in a palliative care team: a pilot study. *Journal of Pain and Symptom Management*, *51*(3), 604–608.

https://doi.org/10.1016/j.jpainsymman.2015.10.013

Meier, D. E., & Beresford, L. (2008). The palliative care team. *Journal of Palliative Medicine*, *11*(5), 677–681. https://doi.org/10.1089/jpm.2008.9907

Mélin, M., Amieva, H., Frasca, M., Ouvrard, C., Berger, V., Hoarau, H., Roumiguière, C., Paternostre, B., Stadelmaier, N., Raoux, N., Bergua, V., & Burucoa, B. (2020). Support practices by an interdisciplinary team in a palliative-care unit for relatives of patients in agonal phase. *BMC Palliative Care*, *19*(1). https://doi.org/10.1186/s12904-020-00680-4

Mondanaro, J. F. (2016). Multiculturally focused medical music psychotherapy in affirming identity to facilitate optimal coping during hospitalization. *Music Therapy Perspectives*, *34*(2), 154–160. https://doi.org/10.1093/mtp/miw019

Mondanaro, J. F., Sara, G. A., Thachil, R., Pranjić, M., Rossetti, A., Sim, G. E., Canga, B., Harrison, I. B., & Loewy, J. V. (2020). The effects of clinical music therapy on resiliency in adults undergoing infusion: a randomized, controlled trial. *Journal of Pain and Symptom Management*, *61*(6), 1099–1108. https://doi.org/10.1016/j.jpainsymman.2020.10.032

Munro, S. (1984). *Music therapy in palliative/hospice care*. MMB Music.

Murphy, K. M., KrügerV., Pomerselig, N., Stige, B., & Washington-Guillemet, R. (2023). Community Music Therapy in the United States: A Thematic Analysis. *Voices: A World Forum for Music Therapy*, *23*(1). https://doi.org/10.15845/voices.v23i1.3615

Nakayama, H., Kikuta, F., & Takeda, H. (2009). A pilot study on effectiveness of music therapy in hospice in Japan. *Journal of Music Therapy*, *46*(2), 160–172. https://doi.org/10.1093/jmt/46.2.160

O'Callaghan, C., & Barry, P. (2010). Music therapists' practice-based research in cancer and palliative care: Creative methods and situated findings. *Voices a World Forum for Music Therapy*, *9*(3). https://doi.org/10.15845/voices.v9i3.53

O'Callaghan, C., & Magill, L. (2009). Effect of music therapy on oncologic staff bystanders: A substantive grounded theory. *Palliative & Supportive Care*, *7*(2), 219–228. https://doi.org/10.1017/s1478951509000285

O'Connor, M., Fisher, C., & Guilfoyle, A. (2006). Interdisciplinary teams in palliative care: a critical reflection. *International Journal of Palliative Nursing*, *12*(3), 132–137. https://doi.org/10.12968/ijpn.2006.12.3.20698

O'Kelly, J., & Koffman, J. (2007). Multidisciplinary perspectives of music therapy in adult

palliative care. *Palliative Medicine*, *21*(3), 235–241. https://doi.org/10.1177/0269216307077207

Pattison, N., Droney, J., & Gruber, P. (2019). Burnout: Caring for critically ill and end-of-life patients with cancer. *Nursing in Critical Care*, *25*(2), 93–101. https://doi.org/10.1111/nicc.12460

Pérez-Eizaguirre, M., & Vergara-Moragues, E. (2020). Music therapy interventions in palliative care: A systematic review. *Journal of Palliative Care*, *36*(3), 194–205. https://doi.org/10.1177/0825859720957803

Popa, M. V., Mîndru, D. E., Hizanu, M., Gurzu, I. L., Anton-Păduraru, D. T., Ștreangă, V., Gurzu, B., Guțu, C., Elkan, E. M., & Duceac, L. D. (2024). Stress factors for the paediatric and adult palliative care multidisciplinary team and workplace wellbeing solutions. *Healthcare*, *12*(9), 868. https://doi.org/10.3390/healthcare12090868

Potvin, N., Hicks, M., & Kronk, R. (2021). Music therapy and nursing cotreatment in integrative hospice and palliative care. *Journal of Hospice and Palliative Nursing*, *23*(4), 309–315. https://doi.org/10.1097/njh.0000000000000747

Preissler, P., Kordovan, S., Ullrich, A., Bokemeyer, C., & Oechsle, K. (2016). Favored

subjects and psychosocial needs in music therapy in terminally ill cancer patients: a content analysis. *BMC Palliative Care*, *15*(1). https://doi.org/10.1186/s12904-016-0122-7

Ramesh, B. (2024). Role of music therapy in palliative care—Methods and techniques. *Journal of Palliative Care*. https://doi.org/10.1177/08258597241235110

Reed, K., Cochran, K. L., Edelblute, A., Manzanares, D., Sinn, H., Henry, M., & Moss, M. (2020). Creative arts therapy as a potential intervention to prevent burnout and build resilience in health care professionals. *AACN Advanced Critical Care*, *31*(2), 179–190. https://doi.org/10.4037/aacnacc2020619

Rodgers-Melnick, S. N., Rivard, R. L., Block, S., & Dusek, J. A. (2022). Clinical delivery and effectiveness of music therapy in hematology and Oncology: An empire retrospective study. *Integrative Cancer Therapies*, *21*. https://doi.org/10.1177/15347354221142538

Rossetti, A. (2020). Environmental music therapy (EMT): Music's contribution to changing hospital atmospheres and perceptions of environments. *Music and Medicine*, *12*(2), 130–141. https://doi.org/10.47513/mmd.v12i2.742

Rossetti, A., Loewy, J., Chang-Lit, W., Van Dokkum, N. H., Baumann, E., Bouissou, G., Mondanaro, J., O'Connor, T., Asch-Ortiz, G., & Mitaka, H. (2023). Effects of live music

on the perception of noise in the SICU/PICU: A patient, caregiver, and medical staff environmental study. *International Journal of Environmental Research and Public Health*, *20*(4), 3499. https://doi.org/10.3390/ijerph20043499

Sansó, N., Galiana, L., Oliver, A., Pascual, A., Sinclair, S., & Benito, E. (2015). Palliative care professionals' inner life: exploring the relationships among awareness, Self-care, and compassion satisfaction and fatigue, burnout, and coping with death. *Journal of Pain and Symptom Management*, *50*(2), 200–207. https://doi.org/10.1016/j.jpainsymman.2015.02.013

Schmid, W., Rosland, J. H., Von Hofacker, S., Hunskår, I., & Bruvik, F. (2018). Patient's and health care provider's perspectives on music therapy in palliative care – an integrative review. *BMC Palliative Care*, *17*(1). https://doi.org/10.1186/s12904-018-0286-4

Schneider, C., Bristol, A., Ford, A., Lin, S., Brody, A. A., & Stimpfel, A. W. (2022). A pilot observational exploratory study of well-being in hospice interdisciplinary team members. *American Journal of Hospice and Palliative Medicine®*, *39*(3), 264–269. https://doi.org/10.1177/10499091211023480

Seow, H., & Bainbridge, D. (2018). The development of specialized palliative care in the

community: A qualitative study of the evolution of 15 teams. *Palliative Medicine*, *32*(7), 1255–1266. https://doi.org/10.1177/0269216318773912

Sonntag, J., Preißler, P., Johannes Treß, & Eckhard Weymann. (2023). Establishing healing soundscapes through musical soundscape interventions in hospitals. *Music and Medicine*, *15*(4). https://doi.org/10.47513/mmd.v15i4.928

Srolovitz, M., Borgwardt, J., Burkart, M., Clements-Cortes, A., Czamanski-Cohen, J., Guzman, M. O., Hicks, M. G., Kaimal, G., Lederman, L., Potash, J. S., Rubin, S. Y., Stafford, D., Wibben, A., Wood, M., Youngwerth, J., Jones, C. A., & Kwok, I. B. (2021). Top ten tips palliative care clinicians should know about music therapy and art therapy. *Journal of Palliative Medicine*, *25*(1), 135–144. https://doi.org/10.1089/jpm.2021.0481

Stewart K, Silberman J, Loewy J, et al.: The role of music therapy in the care for the caregivers of the terminally ill. In: Dileo C, Loewy J (eds): *Music Therapy in End of Life Care*. Cherry Hill, NJ: Jeffrey Books, 2005, pp. 239–250.

Thorn, A. C., Brown, K., Tolland, M., & Read, J. (2023). Pediatric staff and their perceptions of music therapy services. *Journal of Pediatric Nursing*, *73*, e138–e145. https://doi.org/10.1016/j.pedn.2023.08.001

Warth, M., Keßler, J., Hillecke, T. K., & Bardenheuer, H. J. (2015). Music therapy in

palliative care. *Deutsches Ärzteblatt International*.

https://doi.org/10.3238/arztebl.2015.0788

Warth, M., Kessler, J., Hillecke, T. K., & Bardenheuer, H. J. (2016). Trajectories of terminally ill patients' cardiovascular response to receptive music therapy in palliative care. *Journal of Pain and Symptom Management*, *52*(2), 196–204. https://doi.org/10.1016/j.jpainsymman.2016.01.008

World Health Organization. (2020, August 5). *Palliative Care*. World Health Organisation. https://www.who.int/news-room/fact-sheets/detail/palliative-care

# Appendix

## Appendix A: Human Research and Ethics Board Approval Letter

New Paltz
STATE UNIVERSITY OF NEW YORK

**Human Research Ethics Board**
Sponsored Programs & Research Compliance
1 Hawk Drive, New Paltz, NY 12561
Faculty Office Building, Office N2

**STUDY EXEMPTION**

December 19, 2024

Tzu-Yao Min
8456680061
mint2@newpaltz.edu

Dear Tzu-Yao Min:

On 12/17/2024, the Human Research Ethics Board (HREB) approved the following submission:

| | |
|---|---|
| Type of Review: | Initial Study |
| Title of Study: | The Impact of Music Therapy in Adult Palliative Care: A Thematic Analysis of Perspectives held by Interdisciplinary Team Members Working on an Inpatient Palliative Care Team |
| Investigator: | Tzu-Yao Min |
| IRB ID: | STUDY00005449 |
| Funding: | None |
| Grant ID: | None |
| Documents Reviewed: | • Dr. Zhang's Citi Training , Category: Other;<br>• Recruitment Email.pdf, Category: Recruitment Materials;<br>• Tzu-Yao HREB Proposal .docx, Category: IRB Protocol;<br>• Tzu-Yao Informed Consent Statement.pdf, Category: Consent Form; |
| Exemption | 104 (d)(2)(ii) Tests, surveys, interviews, or observation (low risk) |

The Human Research Ethics Board (HREB) has considered the submission for the project referenced above and determined it to be Exempt under one of the categories specifically waived under Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46).

IRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used, if applicable. If modifications are needed, those changes may not be initiated until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.

2. Ensuring that the HREB is notified via PACS IRB module of:
- All Reportable Information in accordance with the "Reportable New Information" Smart Form.
- Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form in PACS.

3. Ensuring that the protocol is followed as approved by the HREB unless minor changes that do not impact the exempt determination are made.

4. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.

5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.

6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu
HREB Coordinator: hrebcoordinator@newpaltz.edu

## Appendix B. Informed Consent Statement

**Title of Research Study:** The Impact of Music Therapy in Adult Palliative Care: A Thematic Analysis of Perspectives held by Interdisciplinary Team Members Working on an Inpatient Palliative Care Team

**Principal Investigator:** Tzu-Yao Min, Graduate Music Therapy Student,
State University of New York at New Paltz, mint2@newpaltz.edu

**Faculty Advisor:** Jingwen Zhang, PhD, LCAT, MT-BC,
Assistant Professor, Music Therapy Graduate Studies,
State University of New York at New Paltz, zhangj@newpaltz.edu

You are being invited to participate in a research study conducted by Tzu-Yao Min for the purpose of gaining a holistic understanding of the impact of music therapy in palliative care from the perspective of interdisciplinary team members working on an inpatient palliative care team.

You are eligible to participate if you: 1) are 18 years of age or older, 2) are interdisciplinary team members and provide direct care to patients and families, 3) have a minimum of 2 years of experience working in an inpatient palliative care team that includes music therapist. 4) able to give consent and speak and understand English. Participation in this research study is voluntary and you can withdraw your participation at any time prior to data analysis. There will not be any compensation for participation in this study.

Participants who meet inclusion criteria and agree to participate in the study will be asked to 1) review this consent statement 2) participate in a one-time, 45-minute interview conducted either in person or virtually via Webex, based on your choice and preference. 3) review the written transcript of the interview within 14 days of our meeting for accuracy prior to data analysis. During the interview, you will be asked about your perspectives of music therapy in palliative care regarding its impact on not only patients and families, but yourself as part of healthcare professionals within the interdisciplinary team.

You will be audio/video recorded over Webex. You have the option of turning your camera off if that will help you feel more comfortable. The recording will be used for the researcher's transcription purposes only. If you do not want to be audio/video recorded, please inform the researcher. If you agree to participate in the study, you are consenting to be audio/video recorded.

**Confidentiality and Privacy**

1. All interviews will be recorded using a secure Webex. The recordings will be stored on Webex's secure cloud interface until the transcripts are corrected and reviewed by participants within 14 days of the interview. Once the transcript is confirmed, the audio-video file will be deleted.
2. All identifying information will be removed from the transcript. Code names will be used to identify participant responses in the data analysis (e.g. Participant 1, Participant 2).
3. The transcript will be stored as password protected file, in a password protected folder on the secure SUNY New Paltz One Drive. Only research team members (principal investigator and faculty advisor) will have access to the transcripts.
4. The data will be transcribed and analyzed in this study with secured WIFI.

**Use of Data Gathered in this Study**

The transcripts will only be reviewed by members of the research team. Excerpts from the transcript may be included in the presentation/publication of this study's results. Excerpts will not have any explicitly identifiable information. Transcripts will not be uploaded into a data sharing repository, even if requested by a journal editor.

**Risks to Participation**

We do not anticipate you will experience any risks or discomfort due to your participation in this study other than that which would be expected when discussing your perspectives regarding music therapy and clinical work with a colleague.

**Potential Benefits**

You will not benefit directly from participation, but we hope to learn more about the impact of music therapy in the care of patients and families receiving palliative care in the hospital, and to support the interdisciplinary team in providing high-quality, holistic care to patients and families in a sustainable manner. Your participation will help to provide valuable insights from healthcare professionals' perspectives, advancing the development of music therapy in palliative care and ultimately contributing to overall healthcare system in the future.

**Contact Information for Questions and Concerns about the Study**

If you have any questions about this research or your participation, please feel free to contact the principle investigator Tzu-Yao Min (mint2@newpaltz.edu) or her faculty advisor Jingwen Zhang, PhD, LCAT, MT-BC (zhangj@newpaltz.edu) at any time.

The SUNY New Paltz Human Research Ethics Board has determined that this study is minimal risk and is exempt from full HREB oversight.

## Appendix C. Invitation Email

Hello, my name is Tzu-Yao Min. I was music therapy intern at Mount Sinai Hospital within the Brookdale Department of Geriatrics and Palliative Medicine from Sep 2023- May 2024. I am interested in learning more about your perspectives of the impact of music therapy within palliative care, including not only on patients and families, but on members of the IDT for my master's thesis project. Your name and email address were given to me by John Mondanaro, Director of Expressive Arts Therapy.

To participate in this study, you must be at least 18 years old, able to give consent, and able to speak and understand English. In addition, you are also an interdisciplinary team member with a minimum of 2 years of experience working in an inpatient palliative care team that includes a music therapist and you provide direct care to patients and families.

I would like to invite you to participate in this research to gain your insights into music therapy's impact on patients, families, and healthcare professionals as an interdisciplinary team member. Your perspective would help build a deeper, holistic understanding of music therapy's influence in palliative care.

Your participation will involve a one-time, 45-minute interview, which will be recorded. You will receive a written copy of the transcript within 14 days of the interview. You will be asked to review the transcript and confirm that it is accurate. You will be asked about your perspectives on the impact of music therapy in palliative care, including on patient and family care, your own work and well-being at work.

This study is conducted under the supervision of Dr. Jingwen Zhang, PhD, LCAT, MT-BC, Assistant Professor in the Music Therapy Graduate Studies program at the State University of New York at New Paltz (SUNY New Paltz).

The interview can be conducted in person or virtually, based on your preference and convenience. If you are interested in participating, please feel free to email me at your earliest convenience.

Thank you for your time and consideration.

Sincerely,
Tzu-Yao Min, Music Therapy Graduate Student at SUNY New Paltz