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Professional entanglements: A qualitative systematic review of healthcare musicians' work in somatic hospital wards

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ABSTRACT

Introduction: The purpose of this review is to explore research literature beyond music therapy and music medicine studies that addresses healthcare musicians' work in hospitals. Music-related and intersectoral collaboration in contemporary healthcare may appear as if all music practitioners, including music therapists and healthcare musicians, maintain the same professional stance, harmonized goals, and orientations in their work. We argue that this is not the case, either in practice or in research, and therefore this complex field is in need of conceptual clarification as well as educational guidance.

Method: A systematic search of peer-reviewed literature with PRISMA yielded 16 studies relating to healthcare musicians' work in somatic hospital settings. These studies were analysed with the quality appraisal tool CASP, utilizing the descriptive statistics and thematic approach, and assessed with the ROBIS tool.

Results: Within the scope of the review, the quality of the studies, as well as the reporting of methods and analysis, were very diverse. The review indicates that the hybrid professional work of healthcare musicians in hospitals does not stem from the practices of music therapy. Instead, the healthcare musicians' work draws from different historical, societal, and philosophical contexts, developed mainly in the twenty-first century.

Discussion: Despite the rich descriptions of the healthcare musicians' practice and work presented in this review, it remains questionable whether the profession of healthcare musician is already internationally established. However, the emerging movement of expanding professionalism, which healthcare musicians are a part of, needs to be addressed more clearly in practice, research, and education.

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KEYWORDS Healthcare; hospitals; musicians; music profession; systematic review

Introduction

In today's working world, professionals – including art professionals – perform their duties by navigating an ever-changing web of politics, values, and societal structures. In these turbulent contexts, the healthcare sector is also characterized by uncertainty and continual change. In the field of music and health, music practitioners who are not music therapists are navigating both their own shifting and transforming identities and

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those of others who share the field with them. Within hospital environments, this means that music educators, musicians, and other music professionals – referred to in this study according to their professional roles as healthcare musicians – are contributing to interprofessional work with their music practice. Essentially, healthcare musicians encounter situations where they have to take a stance on building intersectoral work; that is, they must practice individual and organisational collaboration through various societal sectors in order to solve broader societal challenges. This work requires new kinds of interprofessional explorations, responsibilities, and efforts targeting novel goals (Evetts, 2009, 2013; Sugrue & Solbrekke, 2014), which are shared and achieved with intersectoral and interprofessional collaboration. This claim is founded on the perspective of modern occupational restructuring (Evetts, 2009, 2013; Sugrue & Solbrekke, 2014; in music education see Väkevä et al., 2017), and through the argument that global as well as local societal changes in developed countries are changing working life to a significant degree (Bauman, 1999; Evetts, 2003).

Similarly, the roles and identities of arts practitioners in Western societies are in a turbulent state (Gielen, 2009; Gielen & Bruyne, 2009), as occupational as well as academic boundaries and structures become increasingly blurred (Christiansen et al., 2017; Faulconbridge & Muzio, 2011) and intersectoral work is being promoted as a means of inclusion and equal opportunities for all citizens (ArtsEqual, 2019; Creative Health, 2017; Fancourt & Finn, 2019). For policy makers, medical doctors, and other healthcare professionals considering intersectoral collaborations with healthcare musicians, it may appear as if all the various music practitioners in the field would maintain the same professional stance, harmonized goals, and orientations in their work. To clarify this complex field, consisting of many overlapping musical contexts and music practitioners, a classification developed by Bonde (2019) divides music agency in healthcare into five different areas, each of them having their own agents: music therapy, music medicine, health musicians, music as a health promotion, and music as a diversion/entertainment. However, many music practitioners may not see themselves as contributing to people's health status as such, but merely their wellbeing, understood in a wider, holistic sense. Therefore, in place of the concept of *health musician* (see Bonde, 2011; Ruud, 2012; Stige, 2012), the less-contested concept of *healthcare musician* (see Musique Santé, 2019) has been adopted as the focus of our research.

It can be assumed that there are professional tensions between music therapists and other music practitioners that need to be revealed in order to understand the novel professional spaces, and need for interprofessional collaboration, that healthcare musicians are creating in healthcare environments. Music therapists are here understood as one of a broad range of healthcare professionals, whose work is legitimized and directed by current legislation and regulations when providing healthcare services. Healthcare musicians in general are assumed to be professionals who have an education in music and may have had in-service training in the fields we call, for example: music, health, and wellbeing; community music; or music education and wellbeing. In the context of healthcare musicians' work in hospitals, their contribution is not only to "create joy, engagement and improved quality of life for patients in hospitals and care centres through specially organized and personalized live performances" (Bonde, 2019, p. 11349), but also to engage with more relational, sensitive, and situational music practices (see Allsup & Westerlund, 2012). The underlying hypothesis of this study presumes that the education of professional healthcare musicians, as well as their professional approaches, incorporates an understanding of socially responsible and

accountable work (Englund, 2016; Sugrue & Solbrekke, 2014; see Westerlund & Gaunt, in press). This entails the notion that the populations that the healthcare musicians are working with, as well as the professional spaces they create in different kinds of healthcare environments, are expanding and diversifying healthcare musicians' professional approaches. Consequently, healthcare musicians' practices may consider larger societal frames, such as cultural wellbeing, public services, or social justice issues. When invited into a collaboration within these networks, both the healthcare musicians, and the institutions and organizations they are associated with, need to have the appropriate knowledge and professional strategies (Alvesson & Willmott, 2002; Pekkola et al., 2018) to respond to and facilitate these demands.

Within this dynamic professional view (see Freidson, 1994, 2001; Noordegraaf, 2015; Saks, 2016; Siljander et al., 2012), music-making has different meanings in different places, and the primary goal of the services offered is often not as straightforward as demonstrating learning, performing, or a presentation of skilful practice. Rather, the goals of healthcare musicians' work can be that of working in interrelation with others, as well as understanding that they can be part of interprofessional teams offering solutions to manifold social problems (Pekkola et al., 2018). In order to identify and analyse these complex practices and professional insights, the professional frame explored here includes the following elements: describing healthcare musicians' musical skills, competences, and relevant practitioner knowledge in healthcare settings; conceptualizing music practices and professional spaces; and exploring the professional identities of healthcare musicians.

Research questions

The aim of this qualitative systematic review is to explore the research literature addressing healthcare musicians' work and professional space in somatic healthcare wards in hospitals. After identifying the PICO(T) elements (see Systematic Review Protocol, 2019), the research questions guiding this review were constructed as follows:

1. What kind of professional practices and professional space are represented in the reviewed literature concerning healthcare musicians' work in somatic hospital wards?
2. According to the reviewed literature, in what ways can the work and professional space of healthcare musicians be conceptualized?

A professional space for healthcare musicians in hospitals

Somatic healthcare in hospital wards refers especially to bodily diseases, such as oncological, paediatric, dementia, emergency, palliative, or intensive care wards, where people are spending their days and nights in full-time inpatient care. In this review, professional space is an unfixed and ever-changing area, which is socially constructed and understood differently by different people in different environments (Cribb & Gewirtz, 2015; Dent et al., 2016). The concept of hybrid artists and their manifold professional working spaces has been introduced in recent literature (Gielen, 2009; Gielen & Bruyne, 2009). However, in-depth research considering healthcare musicians` work and practices in healthcare beyond the spheres of music medicine and music therapy (e.g. Edwards, 2015; Horden, 2017; Killian et al., 2013) has remained surprisingly scarce. Some researchers have explored

music-making and music education, but more generally in care settings and regarding overall health promotion (e.g. Creech et al., 2013; Hallam et al., 2016).

In this study, music practice is understood as engaging in a music activity for the purpose of utilizing it in occupational, conceptual, and organizational contexts. The quality of the music practice is not judged only by skilful playing, careful planning of repertoire, and joint musical activities, or the aesthetic qualities of the music-making, but also by the quality of the relationships, collaborative efforts, and innovative ways of creating that these practices promote within a community (see Clift & Camic, 2015; MacDonald et al., 2012). A healthcare musician engages not only with practitioner knowledge, but also joint interprofessional knowledge that is able to be shared with the broader hospital community. Music practices in healthcare are described as sensitive, highly reflexive action (see Clift & Camic, 2015; Stickley & Clift, 2017) that reach beyond more conventional, positional music making and musicianship. Similarly, professional space refers to any place or situation – in a hall, ward, single room, or personnel facilities – that healthcare musicians enter into, in a hospital or other healthcare environment; the difference being significant when compared to working within a fixed space and place in a dedicated music institution (e.g. an event in a classroom, a concert hall, or a community house). In many circumstances, the professional space is not even an actual place or space (see Jorgensen, 2011), or strictly defined as such, but is a relative concept that is constructed in the minds, attitudes, and reflections of the people engaged.

The diversified context of the study, itself a professional space, is delineated by many concepts that have been introduced and/or are overlapping with the healthcare fields wherein healthcare musicians operate. For example, the rather new and expanding field of community music, which may be understood as an umbrella term for healthcare musicians, aims to increase access to music activities outside of conventional educational settings (Bartleet & Higgins, 2018; Hallam & MacDonald, 2008). Moreover, the term music and health covers concepts such as health musicking/musicing (Bratt-Rawden et al., 2009; Ruud, 2012; Stige, 2012; see also Bonde & Theorell, 2018), an area including professionals from various fields, and volunteers engaged in health promoting music practices in social and health care. Also deriving from the field of health musicking, care music is music-making mainly in care environments, such as in eldercare facilities (Foster, 2014). Moreover, as music education offers a growing field of special music education literature (see McPherson & Welch, 2012), the concept of special music education is included in the systematic review of this study only when it refers to the professional music practices that are implemented within healthcare or hospital wards. Educational action here refers to being in a relationship with others, asking questions about life together with them, thinking and exploring together the aims and means to facilitate their growth (Biesta, 2006). Although all of the above-mentioned concepts are included in the literature review in this article, none of them are emphasized; rather, there is a wish to address the conceptual diversity of the professional music practices in healthcare. In order to more specifically focus on expanding knowledge in the field of healthcare musicians' work, and to support and reveal different kinds of agency in the field of the arts and health, music therapy was excluded from the scope and concepts of the review (Table 1).

Method

The systematic review was conducted by following the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA, 2018) guidelines, where applicable for a qualitative review (Moher et al., 2009). Systematic review procedures were employed to identify, screen, and include the articles that met the eligibility criteria of the study. The first author created the study design of the systematic search procedures. Next, a Systematic Review Protocol (PRISMA-P) was created (Shamseer et al., 2015), and an independent review group was established, with the two main authors and an advisory group of three people. Systematic searches were conducted during February 2019 by the first author, and double-checked independently by the second author. At every stage of the review process the authors sought to work independently to increase the reliability of the review, but at the same time held discussions to find a consensus, and also consulted the supervisors when necessary (see Systematic Review Protocol of the study, 2019).

Eligibility criteria and search procedures

Peer-reviewed articles in scholarly journals that described to the professional work of healthcare musicians were included in the review. Book chapters, project outcome publications, and grey literature (reports, working papers, white papers etc.) overall were excluded to ensure a sufficient quality and consistency. Articles that had a title or abstract referring exclusively to music therapy, music medicine, or areas outside the healthcare or hospital environments, e.g. music practices in elderly care homes or other social care environments, were excluded. Articles dealing with mental health or psychiatric settings other than somatic healthcare, as well as articles considering arts practitioners on a general level, were also excluded. Due to the development of the knowledge in the recent decades in this field, the timeframe of the search was limited to the years 2008–2018, and only articles that were written in English were included.

Four electronic databases and/or search engines, consisting of multiple databases (Dimensions, ProQuest, Google Scholar, and EBSCO), were searched with different Boolean phrase variations to identify eligible articles (for the comprehensive search strategy see the Systematic Review Protocol of the study, 2019). Additionally, seven peer-reviewed articles that appeared within the research time-frame (Bonde, 2011; Guillermo & García, 2016; Huhtinen-Hildén, 2014; Longhi & Pickett, 2008; MacDonald, 2013; Moss & O'Neill, 2009; Preti & Welch, 2011) were extracted manually by the first author.

Study selection and data extraction

The selection of eligible articles went through a process of identification of relevant titles and abstracts, through database searches and additional manual records searches. After identification, the articles were screened, duplicates removed and, based on the eligibility criteria and included conceptual contexts, irrelevant articles were excluded (Table 1). At this stage the titles and abstracts, as well as the inclusion and exclusion criteria, were screened and discussed, and problematic issues were resolved between the authors, where necessary by consulting the advisory group. After screening, the full-text articles were assessed for eligibility, and at this final stage articles that did not

meet the inclusion criteria were excluded. A modified version of Critical Appraisal Skills Programme (Critical appraisal skills programme [CASP], 2018) qualitative checklist was employed in assessing the quality of the included articles (see Hadgraft et al., 2018, pp. 3–4).

Analytic procedures

The included articles were analysed descriptively for the purposes of reporting. As a first stage analytic tool, descriptive statistical data relevant to the specifically thin data set was presented as follows: (a) General publication characteristics of articles; (b) Descriptive characteristics of studies with empirical data; and (c) Studies with no empirical data. Next, a deeper qualitative analysis was undertaken in the form of a deductive thematic analysis with sub-themes as follows: (a) Musical skills and competence; (b) Other relevant skills and competences; (c) Professional practices; (d) Professional concepts; (e) Professional identity features; and (f) Alternative professional themes. In addition to the top-down deductive coding, novel professional views and conceptualizations were sought out inductively, bottom-up. After that, with the notion of coherence, the meaningfulness and relevancy of the data was assessed in relation to the entire search results, in order to identify and synthesize the potential codes as nuanced themes following specific key themes (Braun & Clarke, 2006): i.e. as related to professional practices and spaces in somatic healthcare. The synthesis of the identified themes was narrated on the basis of the second stage analysis. Finally, the risk of bias was assessed with the ROBIS tool (Whiting et al., 2016).

Results

Search results

Altogether 205 articles were collected for review: the search strategy utilizing databases retrieved 198 search results for screening, and seven additional peer-reviewed journal articles were identified by manual searches. First, duplicates (35) were removed and titles and abstracts screened; based on this process, 186 articles of the 205 were excluded. Articles excluded at this stage, except the duplicates, were those considering music medicine (22), music therapy (or other therapies) (16), and music professionals' health (32), or were published in other forms than peer-reviewed articles (e.g. book reviews, commentaries, reports, abstract reviews) (20). Also excluded were articles that did not include healthcare or hospitals (18), interviews of cultural personalities (8), medical articles not relating to music (8), or otherwise irrelevant articles, for example considering other professionals in healthcare, written in other languages than English, or spiritual articles missing the key concepts of this study (27). Finally, 19 full-text articles considering healthcare musicians' work in somatic hospital wards were assessed for eligibility; in this final stage, three articles that did not meet the inclusion criteria (a project report, an evaluation report, a study that did not include hospital environment) were also excluded.

The 16 studies meeting the inclusion criteria were organized and coded using descriptive statistical data analysis. Next, the final level of analysis was conducted, combining both top-down and bottom-up (i.e. deductive and inductive reasoning, see Braun & Clarke, 2006) thematic analysis procedures. Figure 1 depicts the flow chart of this process.

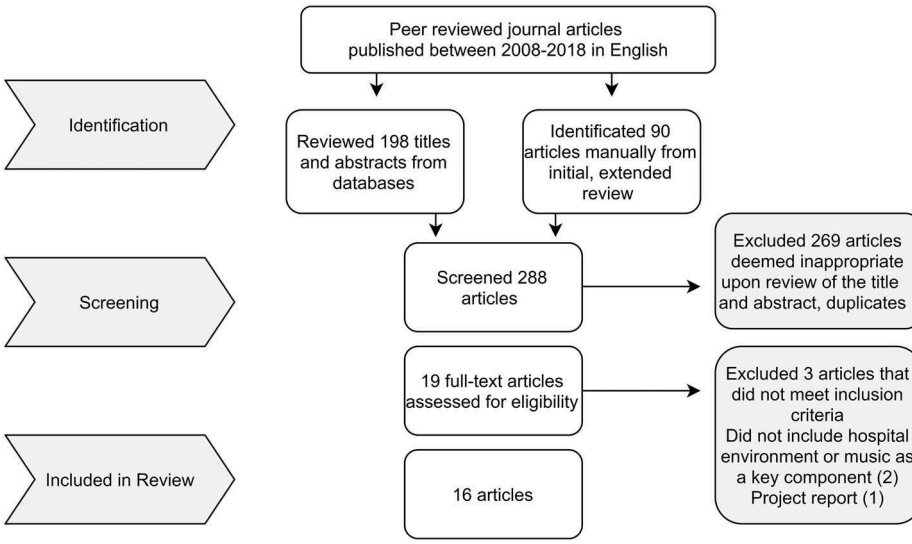

Figure 1. PRISMA flow chart of the study search and selection process

The CASP analysis revealed that the majority of articles (14) favoured a clear statement of aims in line with a clear statement of findings (13). All 16 articles represented the value of the research to a significantly high level, but only 5 of the articles discussed the limitations and credibility of the studies. Qualitative methodology was favoured, and was appropriate for the study design in all qualitative studies (15); only one of the studies used quantitative methodology. A high-moderate level of the studies (7) did not report data analysis in a sufficiently rigorous way, and four (4) of the total eleven (11) empirical studies did not report whether ethical issues had been taken into consideration. Overall, the CASP assessment revealed a great heterogeneity within the reviewed articles, identifying a fragmented research field with variable methodological standards overall. The criteria of the assessment and rating summaries are presented in Table 2.

General publication characteristics of the included studies

Twelve of the reviewed articles had different authors, and in the remaining four articles from the years 2011 through 2013, the authors were Preti and Welch. The articles were published in various scientific journals; two were published in Music and Medicine, and two in Psychology of Music. The empirical data was collected in the United Kingdom, Australia, Italy, Spain, Sweden, and the USA. Two of the studies entailed cross-cultural

Table 1. Included and excluded contexts of the review

Included conceptual contexts	Excluded conceptual contexts
Community music	Music for self-care
Care music/music care	Music in non-professional (voluntary) use
Health musicking/musicing	Music medicine
Music education	Music therapy
Musicianship	Transprofessional learning in medicine through music*

*E.g. doctors learning teamwork from jazz-musicians (Penny, 2017).

Table 2. Summary of quality appraisals across studies (k = 16) (CASP Critical appraisal skills programme, 2018; see Hadgraft et al., 2018)

Items assessed	YES (k*)	NO (k)	CAN'T TELL (k)
Section A: Are the results of the study valid?			
1. Was there a clear statement of the aims of the research?	87.50% (14)	12.50% (2)	-
2. Is a qualitative methodology appropriate?	93.75% (15)	-	6.25% (1)**
3. Was the research design appropriate to address the aims of the research?	68.75% (11)	31.25% (5)	-
4. Was the recruitment strategy appropriate to the aims of the research?	50.00% (8)	18.75% (3)	31.25% (5)***
5. Was the data collected in a way that addressed the research issue?	68.75% (11)	6.25% (1)	25.00% (4)***
6. Has the relationship between researcher and participants been adequately considered?	25.00% (4)	43.75% (7)	31.25% (5)***
Section B: What are the results?			
7. Have ethical issues been taken into consideration?	43.75% (7)	25.00% (4)	31.25% (5)***
8. Was the data analysis sufficiently rigorous?	56.25% (9)	43.75% (7)	-
9. Is there a clear statement of findings?	81.25% (13)	18.75% (3)	-
Section C: Will the results help locally?			
10. How valuable is the research?	100% (16)	-	-
11. Limitations discussed/credibility of the findings	31.25% (5)	62.50% (10)	6.25% (1)

*Number of studies, ** Quantitative study, ***Non empirical studies.

data, with the empirical work being conducted in two different countries. Studies with empirical data were also recorded, if they were reported to be an impact study (I = 4), effect study (Ef = 1), or evaluation study (E = 1). The difference between an impact study and effect study refers here to an "effect" dealing with somewhat moderately complex phenomena, and entailing features of some kind of causal relationship between the assessed items, with "impact" dealing with greater and more complex phenomena, and requiring assessment, for example, of social, societal, or economic factors.

JUFO Classification (2018), a Publication Forum by the Finnish scientific community for journals, series, conferences, and book publishers has four levels, which were recorded (0 = not received rating yet, 1 = basic, 2 = leading, 3 = top). Hence, the JUFO rating has some bias, as do other rating systems (e.g. Impact Factor), and the quality of the articles was assessed by other means. Also, the majority of the articles (10) were published in JUFO 1 journals, two articles in JUFO 2 journals, two articles in JUFO 3 journals, one of them possessed a JUFO 0 rating, and one of the journals did not have a rating. The Google Scholar citation rates were also included in the general characteristics, showing that the articles have not been highly cited. The included articles and their characteristics are presented in Table 3. The SHERPA/RoMEO (2018) database rating was also included in order to give some additional information considering the rating characteristics. The majority of the articles (9) were graded as green in the SHERPA/RoMEO rating, possessing the highest level of open access by publisher policies. Six of the article publishers were ungraded (journal or publisher is not rated), and one had a yellow rating (pre-prints are allowed to archive).

Descriptive characteristics of the included studies

The majority of the studies were conducted in paediatric hospitals or paediatric wards in hospitals; other identified environments were elderly care wards, acute wards for people with dementia, adult wards, hospital schools, hospital lobbies, and intensive

Table 3. General publication characteristics of individual articles

Author(s)	Journal	Country where empirical data were collected	JUFO 2018, SHERPA/RoMEO	Google Scholar citation rate of the article
Bonde (2011)	Music and Arts in Action	Denmark	1, Ungraded	89
Daykin et al. (2017)	Dementia	UK (I*)	1, Green	-
Edwards (2008)	Voices: A World Forum of Music Therapy	-	1, Green	18
Hawley (2018)	International Journal of Community Music	UK (E*)	1, Ungraded	-
Issaka and Hopkins (2017)	International Journal of Educational Research	Australia (E*)	2, Green	-
Longhi and Pickett (2008)	Psychology of Music	UK (I*)	3**, Green	33
MacDonald (2013)	International Journal of Qualitative Studies in Health and Well-Being	-	1, Green	103
Moss and O'Neill (2009)	Medical Humanities	-	1, Green	23
Preti and Welch (2011)	Music and Medicine	Italy (I*)	1, Ungraded	22
Preti and Welch (2012)	Arts and Health	Italy (I*)	1, Green	15
Preti and Welch (2013a)	Psychology of Music	Italy	3**, Green	6
Preti and Welch (2013b)	Musicae Scientiae	UK, Italy	2, Green	5
Richardson et al. (2015)	Journal of Applied Arts and Health	UK (Ef*)	0***, Yellow	-
Ruiz and Álvarez (2016)	European Education	Spain, Sweden	1, Green	-
Wagner (2016)	Approaches: An Interdisciplinary Journal of Music Therapy	-	1, Ungraded	-
Zhang et al. (2018)	Music and Medicine	USA	1, Ungraded	-

* I = Impact study, E = evaluation study, Ef = Effect study ** In Denmark and Norway 2; *** In Denmark and Norway 1 (Note: in these countries JUFO has only 2 grades).

care units. It is notable that none of the non-empirical studies (5) identified the specific area or environment in which the inquiry was conducted, but focused generally on healthcare settings. Only two studies were clearly addressed as music education studies: Ruiz and Álvarez (2016) studied hospital schools in Spain and Sweden, and Issaka and Hopkins (2017) studied special music education that took place as a project with chronically ill children in a paediatric hospital.

The studies were mixed and diverse, in the sense that many data collection and analysis methods were used, and were furthermore conducted in a range of environments. The studies utilizing empirical data all used qualitative methodology, except for one of the studies that reported using mixed methods, and one study did not report the methodological approach utilized, and was interpreted here as a quantitative study. The studies were rich, but at the same time inconsistent as a group methodologically; a majority of the studies used a multi-method approach for research methods, where data collection consisted of a literature review, interviews, observation, audio and video recordings, and field notes. The majority of the studies also utilized some unique, interdisciplinary applied data collection methods that other studies did not.

When it comes to the larger methodological frameworks, in the empirical studies one study reported that an ethnographic approach had been used, another reported being exploratory in nature, another being an initial service or pilot study, and two studies were identified as case studies. Two of the non-empirical articles solely used literature as data and literature review as a research method, with neither one of them being systematic reviews. Two of the non-empirical articles were theoretical, descriptive, and conceptual inquiries in nature, one review was historical, and one review used a broadly multi-method data collection system. The ratio or relation between the analysis stage (or the "story line" between theoretical framework and results section) and the resulting synthesis in the included review studies were discovered to be fairly thin. The descriptive characteristics of the studies with empirical data and the studies without empirical data are presented in Table 4.

Next, the qualitative themes relating to healthcare musicians' professional practices and spaces in somatic healthcare are narrated through deductive thematic analysis.

The emerging professional space of healthcare musicians in hospitals

The degrees and educational backgrounds of the healthcare musicians in the reviewed studies displayed a great variety. One article (Preti & Welch, 2013a) mentions the basic education of the healthcare musicians, for example having a conservatory diploma or being graduates of music colleges. In six of the articles the musicians were described as having some further training, in which they had specialized in the arts and health fields. Such further training or courses are described very broadly, and in some articles the training is merely mentioned in a subordinate clause. There is a vast spectrum of training reported, with different lengths and contents, depending on the organization or project organizing the training.

Musical skills and competences beyond formal training

The described musical skills and competences seemed to go beyond formal and conventional training, and novel, relevant, and reflexive skills that determined the course of the music-making were represented. The ability to alter the intensity of the sound in the ward environments, the ability to choose relevant instruments that could produce a high quality

Table 4. Descriptive characteristics of the included articles (k = 16)

Descriptive characteristics of studies with empirical data (k = 11)			
*Data collection methods**	*Data analysis methods**	*Healthcare environment the study was conducted in**	*Nature of music interventions and approaches**
Interviews 37.5% Observation 37.5% Self-reflection or reporting 18.75%	Thematic analysis 37.5% Grounded theory 31.25% Content analysis 12.5% Analytical method not presented 12.5%	Pediatric ward 37.5% Elderly care ward 12.5% Acute ward for people with dementia 12.5%	Participatory music sessions 25% Performing musicians 25% Professional inquiry 12.5%
*Other reported data collection methods***	*Other reported data analysis methods***	*Other reported healthcare environments the study was conducted in***	*Other reported interventions and approaches***
Questionnaire, literature review, audio and video recordings, DCM dementia care mapping, document analysis, measuring physiological responses, discussions, focus groups, flow experience model	Descriptive statistics, WIB well-being/ill-being score	Adult ward, hospital school, hospital lobby, intensive care unit	Impact of musicians` playing on the hospital staff, music education in hospital schooling
Descriptive characteristics of studies with no empirical data (k = 5)			
*Methodology **		*Nature of approaches**	
Literature review 18.75% Conceptual and theoretical review 12.5% Empirical vignettes 18.75%		Presenting models and programs 25% Professional inquiry 6.25%	

* % of the reviewed studies (k = 16) **only 1 of each.

music session, utilizing musically responsive techniques, using facial and bodily expressions, playing with different sounds, exploring the musical vocabulary of vocal sounds, and paying attention to translating an emotional situation into music were all introduced. Distinguishing and understanding the relevance of the repertoire, being flexible in what kind of repertoire one uses, and musicing from memory were all valued as musical competences; on the other hand, the range of musical modalities, improvisation techniques, having a flexible repertoire, and placing musical activity within the sphere of broader perception by employing methods that were relatable for the participants were prioritized. This contextualization of music within ward life was an approach that was emphasized in many of the studies: *"I always have a plan, but it's never a rule, for I drop things as the moment dictates, pick up something else, take on extra music, and encourage requests"* (Preti & Welch, 2013b, p. 369).

Skills and competence(s) beyond music practices

The studies revealed skills and competence(s) that can be understood as non-musical. The skills were: " – *partly learned in a period of professional preparation, prior to employment, and partly identified and elaborated by musicians themselves through their developing craft knowledge acquired during their long-term experience in a variety of healthcare settings*" (Preti & Welch, 2013b, pp. 371–372). The identified skills were relative to the healthcare musicians themselves: the ability to comprehend the way one feels on that day; the musicians' self-determination and self-confidence; individual

abilities to react to a situation in real time; the interpretation of participants' needs at that moment in time to select the music; and a sense of humour.

Specific skills in healthcare settings

Specific skills in social interaction, that in many cases have non-verbal and tacit elements, were also identified, e.g. empathy; intuition; special sensitiveness; establishing, creating, and carrying on a relationship with the participants and their families. The studies also emphasized skills and competencies at the institutional and organizational level. An institutional understanding of the hospital environment was emphasized: understanding how participants' health conditions are monitored in the ward; an awareness of the medical stability and instability of the participant; observing reductions in high heart rate readings and increased oxygen saturation rates. An organizational level understanding of a hospital as a system was also highlighted: knowledge of the healthcare settings' rules and regulations; the ability to be aware and be sensitive to the reactions and processes of the hospital staff; the ability to organize a timetable in a relevant manner.

Professional entanglements

In the selected studies, the required professional practices were described as being highly flexible and relating to the time and space at hand, and the studies did not develop or present fixed practices as such. However, there were some consistent features throughout multiple studies that were emphasized as practical approaches: observing the practices of other professionals in the hospital wards; facilitating in music-making in such a way that both the participants (e.g. parents of a child) and the healthcare musicians can act; combining musical exploration with other professional practices in healthcare, e.g. combining reminiscences and music-making in a dementia ward; and sensitively negotiating relationships (of any kind) in a complex multidisciplinary environment. The studies also revealed the need to flexibly fit music-making around the acoustic 'norm' of the healthcare environment, e.g. the machinery alarms that are tuned to a distinctive pitch in order to be easily heard; communicating intentionally through music; and construing a situation in the hospital ward in a short time. This was thought to require that the healthcare musicians are "*extremely open to feedback on their interactions with people – and use it to inform their interactions in future sessions*" (Richardson et al., 2015, p. 314).

Novel conceptualizations in healthcare musicians' work

Many of the studies described practical ways and means to work in hospitals in general, but conceptualizations regarding professional methods were more infrequent. However, some concepts regarding professionalism were emphasized. Daykin et al., 2017, p. 12) use the concept of "mediated affordances" to study how the impacts of music making on wellbeing and on the ward environment were strongly mediated by staff responses and hospital organization. This concept is linked to the notion of musical affordance (DeNora, 2000). "Decoding" was a concept introduced by Preti and Welch (2013b). Decoding could be described as something that the healthcare musician processes immediately when entering a room, or when encountering a situation in a hospital ward. Decoding is about reading the reality of people, and the clear or not-so-clear clues they give off, and reproducing them musically (Preti & Welch, 2013b, p. 12). "Tangible musical space" (Hawley, 2018)

is a concept describing how hospital wards, which in principle are not necessarily musical spaces, are transformed and conceptualized by the healthcare musicians to become musical spaces. According to the studies, it is also important to notice silence as a counterpoint to musical space in a hospital ward.

Emerging identity struggles

The reviewed articles represented the identity of healthcare musicians as complex and transformative, and as being in a struggle with the expectations and demands that they experienced, or that they interpreted as coming from various stakeholders. The studies were illustrated with images of juggling, and depicted the struggling, emotionally and physically draining and stressing, and demanding nature of the work. These features, along with the overall workload, became entangled with the healthcare musicians' professional identities, and in some cases were also tied to a relatively tight monthly personal income, "*conveying the impression of a rather 'out of breath' routine*" (Preti & Welch, 2013a, pp. 652–653). In addition to these demands and struggles, the articles stated that healthcare musicians also had self-centred reasons and motivations for working in health settings: moral ideas of making a positive impact on peoples' lives through music, a sense of being in the world and being in harmony with it, or spiritual motivations – and the work was also seen as emotionally rewarding and attractive.

Conceptualizing the professional space of healthcare musicians in hospital wards

The following themes regarding the hybrid professional space of healthcare musicians were identified in the synthesis of the review.

The professional space of healthcare musicians is hybrid in various ways:

- *Relational* – depending on the context, music-making in the hospital wards may involve performing as an artist, participatory music-making, socially engaged music education practices, or more conventional learning and teaching.
- *Polarized* – the contemporary practices are non-systematized, unsettled, and unfixed in a troubling way; but, on the other hand, they are reflexive, sensitive, rewarding, and made to fit the existing healthcare framework.
- *Reflexive* – through shared music-making, healthcare musicians are decoding, combining, negotiating, responding, and facilitating the variety of relationships and situations within the healthcare environment.
- *Struggling* – previous professional identities, as well as ethical and moral ideals, are becoming fragmented or are under the strain of transition and transformation.

Discussion

In this study, the work and professional space of healthcare musicians in somatic hospital wards was explored. Literature focused on music therapy or music medicine was excluded, in favour of addressing the state of this highly fragmented field of music professionals beyond music therapists. Music practitioners, referred to in this study through their working context as healthcare musicians, are operating within their own professional

frameworks, having for example a pedagogical, societal, or performative emphasis. However, the challenges and possibilities of the research and development of the emerging profession of healthcare musicians, as well as the interprofessional work in hospitals between music therapists, healthcare personnel, and healthcare musicians, were critically analysed. The findings revealed the heterogeneous state of the field, as well as the diverse quality of the studies. The methods used for analysis and reporting within the reviewed studies were also very diverse. Although the literature search also identified evaluation studies regarding healthcare musicians' work and music projects in hospitals, only one quantitative study was found.

In sum, healthcare musicians' practices and music work in somatic hospital wards are manifold in nature, as are their research methodologies, and the ward contexts they are working in. Our analysis determined that healthcare musicians should acquire hybrid knowledge and orientations (see Gielen, 2009) beyond their 'formal' practices in societies; for example as musicians, music educators, or other music practitioners. The agency of music as such, and the arts generally, is increasing (e.g. Creative Health, 2017; Fancourt & Finn, 2019) in our societies, and there is robust evidence of how music can affect our health and wellbeing, as well as serve our needs for cultural experiences and facilitate equality (ArtsEqual, 2019). However, the findings from this review affirm that the agency of music practitioners, in this case healthcare musicians under the umbrella of health musicians (Bonde, 2019), needs to be clarified and supported in order to implement music work and (inter)professional music practices in hospitals and healthcare in a relevant, sustainable manner. Furthermore, the quality of the research could be increased by sharing knowledge, practices, and educational curriculums internationally in culturally sensitive ways.

The findings from this review emphasise the importance of reporting on research in as conceptually and contextually clear and rigorous a manner as possible, as well as better recognizing publication bias such as emphasizing the positive findings (see Fancourt & Finn, 2019) of studies, or not reporting possible risks and challenges in practices. Furthermore, in order to engage with socially responsible work (Allsup & Westerlund, 2012; Sugrue & Solbrekke, 2014) in the future, the themes have demonstrated that there are many unclear issues in the work of healthcare musicians that should be addressed and developed. These problematic topics concern issues such as how healthcare musicians' work could be better supported economically, structurally/institutionally, and emotionally; how different kinds of music agency could be better articulated at the policy level; and how the specific goals and objectives of the music work of different kinds of practitioners could be better addressed.

In the following, some reflections and suggestions are presented on developing healthcare musicians' work, as well as interprofessional work between music therapists, healthcare musicians, and healthcare professionals in somatic hospital wards and other healthcare environments.

Conceptualizing healthcare musicians' work

As the previous enquiries into the field of health musicians suggest (e.g. Bonde, 2011; MacDonald, 2013; Ruud, 2012; Stige, 2012), it is challenging to conceptualize the overlapping and complex contexts of these types of activities. Nevertheless, it is important to articulate and conceptualize different practices and professional spaces in the field of music and healthcare, in order to better collaborate with other professionals, such as

medical doctors, nurses, or administrative personnel. In this research, the concept of *healthcare musician* was built on the contextual premises, rather than through the aims and goals of healthcare musicians' work. The findings from this review indicate that healthcare musicians in hospitals have their own kinds of practices, drawing mainly from non-medical underpinnings and goals, which may help in balancing professional roles and tasks between them and music therapists. Furthermore, the hybrid identity of these music professionals, who in this research are called healthcare musicians, does not appear to stem from the profession of music therapy, but draws from different historical, societal, and philosophical contexts, developed mainly in the twenty-first century (see Musique Santé, 2019) and answering to the needs of our contemporary and transforming society (see ArtsEqual, 2019; Väkevä et al., 2017; Westerlund & Gaunt, in press).

Hybrid and expanding professionalism

It is important to understand that there may be music practitioners in this complex field who do not regard themselves as healthcare musicians, although their work nevertheless falls within the scope of this review. Many art practitioners, in addition to healthcare musicians, may embed a hybrid professional identity (a term introduced to the arts by Gielen, 2009, in sociology e.g. Noordegraaf, 2015), as well as hybrid practices and even hybrid relationships with people, within the healthcare system. This complexity means that their work is highly reflexive and relative in nature, and instead of creating rigid professional silos, hybrid music practitioners adopt situational, more generalist-types of professional identities in the different contexts within which they work. This approach is part of a movement of expanding professionalism (e.g. Westerlund & Gaunt, in press) that should in the future be acknowledged in our education systems, so that music practitioners, including healthcare musicians, could undertake further education.

The education and training of healthcare musicians

An underpinning of this study was that healthcare musicians have an education in music and may possess in-service training in the fields of the arts, health, and wellbeing. However, only one of the reviewed articles stated the exact education of the healthcare musicians. Other studies referred to professional degrees or titles, such as musician, music educator, or special music educator, which may include a variety of educational backgrounds, the content of which remains unknown. Zhang et al. (2018) point out that long-term formal musical training and experience in public performance were common backgrounds to all healthcare musicians in their projects and were cited as being important to their work.

After conducting our analysis of this study, it seemed to us as researchers that it is still a common perspective in care and healthcare that the role of musicians is to bring joy and energy to patients, while their broader connections to rehabilitation, social justice, and cultural rights are not yet widely recognized. However, nowadays there is a growing perception that the professions of musician and artist are more socially responsible and accountable (Englund, 2016; Sugrue & Solbrekke, 2014) so that the influence of musicians' educational background is also becoming more significant. In some of the articles studied here, tension appeared between different music practitioners working in the field of the arts and health with different educational and

professional backgrounds. When defining education for healthcare music professionals, it is extremely important to develop the kinds of educational solutions that support interprofessional work and guide students to appreciate the expertise of other music practitioners in the field.

On the basis of this review, it can be suggested that there could be two ways to enhance the education of healthcare musicians: (a) create a separate in-service training or (b) embed the education within other curricula, for example, within a higher education degree. Of course, an individual education programme for healthcare musicians could also be built, but at the moment, based on the premises reviewed in this article, it would require a large amount of intersectoral, integrative policies and collaboration. In any case, a great concern would be how ethical or sustainable it would be to establish a new course of professional education in such a fragmented and unsettled field.

Developing interprofessional work

A dynamic view of professions (see Freidson, 1994, 2001; Noordegraaf, 2015; Saks, 2016) includes an understanding that manifold problems can be revealed and solved through interprofessional collaboration when diverse professional views are acknowledged and co-developed (see Pekkola et al., 2018; Siljander et al., 2012). In hospital organisations, interprofessional work typically means working in collaboration with healthcare personnel, but it may also mean work conducted between different music professionals. As reported in this review, in music-based collaborations that take place in hospitals, a healthcare musician's work may often be constructed through the lens of the projects they work on, or in developing music interventions that are relevant not just to people in hospitals, but also to people in a broader societal context.

When invited to take part in a collaboration within these networks, both the individual healthcare musicians and the institutions or organizations they are associated with need to have the appropriate educational and professional strategies (Alvesson & Willmott, 2002; Pekkola et al., 2018) to respond to and facilitate the demands of the work. The fragmented nature of the work, the challenges involved in handling the workload, and the sometimes overwhelming emotional burdens require reorientations from the art institutions and organisations they work in or with, or by which they are funded. Healthcare musicians are often forced to make short-sighted choices because the existing financing instruments may offer short-term funding for inventing new ways of bringing music into hospitals or other healthcare institutions. More stable financing, agreed upon and implemented through intersectoral collaboration, would offer steadier and possibly full-time opportunities to healthcare musicians and would alleviate the unpredictability of the profession. Healthcare musicians could also use the support of a community of practice since they often work alone. In addition, based on the reviewed studies, there are concerns about the wellbeing of the healthcare musicians themselves, and art institutions could take better care of their local freelance healthcare musicians by constructing networks and offering peer support and professional guidance.

Limitations of the study and risk of bias

The review of literature was strictly limited to studies published in English, and it seems that this may have excluded potentially relevant studies in countries which have

a local research branch within the field of music, health, and wellbeing, and wherein the English language is in minority use, such as France and other French-speaking countries. In addition, grey literature, book chapters (of which many may also be peer-reviewed), project evaluation reports, and other potentially relevant literature were excluded, and may have narrowed the data extraction. However, by including only peer-reviewed journal articles a more consistent and systemized review process was presumably created. The empirical data were all conducted in Europe (except for one study in Australia), and may indicate that these kinds of approaches are mostly western practices. The fact that four of the articles were produced by the same authors, Preti and Welch, may have also affected the results.

The risk of bias was assessed with the ROBIS (2018) tool and considered low for the eligibility of the studies, identification and selection, and data collection and study appraisal sections. However, the between-study variation, that is, the heterogeneity of the reviewed articles, was high overall. Despite this concern, the authors decided to include all of the articles, which were already somewhat few (16). Additionally, bias in the primary studies was addressed and assessed, when relevant, but could not be minimized. Despite the concerns in the synthesis and findings stage, the risk of bias in the whole review is assessed as low: the study addressed all of the concerns that the risk of bias domains presented, the relevance of identified studies to the research question was appropriately considered, and the authors did not emphasize results on the basis of their statistical significance.

Conclusions

Despite the rich descriptions of the healthcare musicians' practices and work overall, this review cannot conclude whether such a profession as a healthcare musician, health musician, or hospital musician already exists internationally. However, on the basis of this review, there is a group of professionals in the field of music who occupy a professional space in hospitals where they engage with people and practice music in various, dynamic, and reflexive ways. Their work could be conceptualized as a type of hybrid professionalism, as they implement their highly situational, sensitive, and contextual music practices in hospitals, as well as in a transforming web of societal politics, values, and structures.

At the moment, the work of healthcare musicians mostly occurs in projects or small-scale interventions and is temporary in nature. It seems that, although their work is appreciated by the healthcare system(s) and healthcare personnel, and many times they work in collaboration with music therapists, the overall picture of healthcare musicians' work is one of being non-systematized, unsustainable, and economically vulnerable in nature. There are many ways to practice music with and for people in hospitals beyond music therapy practices, and more knowledge should be gained on how the practices of healthcare musicians could be more systematically supported; likewise, research should examine what kinds of relevant educational programs already exist internationally.

In conclusion, the emerging hybridity and expanding professionalism in the field of the arts, a movement that healthcare musicians are a part of, should be better addressed and included in the studies of transformative professional research, practice, and policy in our societies. By recognizing, granting, and narrating different kinds of agency in the field of the arts, such as the agency of music therapists and healthcare musicians, the wider field of the arts, health, and wellbeing can become a legitimate and acknowledged resource in our societies.

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