

Research Article

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Finding a Shared Identity: Music Therapists and Musicians Collaborating on a Hospital Ward

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Introduction

Music therapists and musicians collaborating on a hospital ward. How can they find a shared identity as an ensemble to make live music for patients and staff on a cancer ward?

We will take you on a research journey, where music therapists and musicians are finding themselves in a new setting and in a new collaboration. On their journey together they are reflecting on their different professional identities, negotiating the joint artistic approach and learning from each other in order to complete the task of making person-centred music for patients and staff.

MiMiC

We will start the journey with a research project from the Netherlands called MiMiC - Meaningful Music in Healthcare - that focused on the question of what live music can move in a hospital context. In this pioneering study that took place in Groningen from 2015 to 2018, the idea of musicians playing person-centred live music for patients and nursing staff in hospitals was examined. In that first study there were no music therapists involved. The project was conducted by the research group Lifelong Learning in Music at Hanze University Groningen in collaboration with the surgical ward of the University Medical Centre Groningen. The starting point of the research was to develop an innovative artistic practice for patients and nursing staff in the hospital. A training programme was to be created that imparts the knowledge and skills that musicians need to be able to work in a hospital setting.

Furthermore, new insights were to be gained on the effects of music as a non-drug treatment during the recovery of elderly patients after surgery and on the interaction between musicians, patients and carers in person-centred forms of music making and the learning from each other that takes place.

The research results showed among other things that the practice had a positive effect on patients, shown through physiological evaluations and measurements of experienced pain, stress, anxiety and general well-being.

ProMiMiC

In the follow-up study ProMiMiC - which stands for Professional Excellence in Meaningful Music in Healthcare - the existing MiMiC practice was further developed. This time

the interprofessional collaboration and interprofessional learning between different disciplines was the main focus of the research and also music therapists were involved. The interprofessionality between musicians and nursing staff as well as between musicians and music therapists was now the centre of the research. The research was conducted from 2019 to 2023 in four different cities - in Groningen and The Hague (both in the Netherlands), in Vienna (Austria) and in London (UK). In each location there was a different research focus and a different medical context.

The aim of the ProMiMiC research was to enable person-centred live music as a high-quality standard intervention in hospitals and to train musicians and music therapists so that they can expand their skills in interprofessional cooperation. The individual project partners pursued the goal of establishing the practice as

- An innovative way for carers to improve empathy and patient contact;
- An innovative intervention for patients to promote wellbeing and recovery without potential side effects;
- A new professional practice for musicians and music therapists in a hospital context.

In Vienna the research was conducted by the University of Music and Performing Arts in cooperation with the radio-oncological ward of the General Hospital Vienna. The research focus was on the interprofessional collaboration and the interprofessional learning between musicians and music therapists. And this is where we will take a closer look now [1].

How was the Research Project Realized in Vienna?

As part of the research in Vienna, 5 project weeks took place on a radio-oncological ward. In each project week, a trio of musicians along with music therapists and a mediator visit the ward on four consecutive days and plays music for about one hour for patients and staff. The mediator informs patients and staff about the project in advance and asks who would like to take part. The encounters take place directly at the patient's bedside and take about 10-15 minutes; in resource-oriented conversations, the trio asks about memories, landscapes and feelings that serve as inspiration for the music; in person-centred improvisations, the trio takes up the desired impulses of the patients. Requests of the patients can relate to a certain topic, a specific genre or style. If somebody asks for a specific song that cannot be played right away, the trio offers

to prepare it for the next day. After the music is played, there is a short subsequent conversation, where the shared experience is discussed and emerging emotions are accompanied.

For staff and mobile patients, there is also a small concert in the ward corridor. The music played there can range from person-centred improvisations to repertoire pieces of Pop, classical, jazz, world- or folk-music. Also, the staff of the ward has a chance to make a wish for the music and be part of a shared experience with patients. The concert offers a community experience for both - staff and patients.

Video

To get some vivid impressions on the project, we are now showing you a part of a video that was made during the project, when also students participated in the research. You will see the musicians and music therapists playing on the radio-oncological ward in the General Hospital in Vienna. Due to data protection there are no patients in the video.

Enjoy!

<https://www.youtube.com/watch?v=qufrV3NTZ7M&t=1s>

Results

As already mentioned the research focus in Vienna was on the interprofessional collaboration between musicians and music therapists with the questions what it takes for both professions to use effective personalized music in the hospital context, how the two professions can complement each other and how this form of interprofessionality can increase the artistic and situational competence of musicians and music therapists in this context [2-5].

To answer these questions, interviews, participant observation, reflection reports and group discussions were conducted.

First of all, both professions had to get to know the situation on the hospital ward and the setting in which the musical interventions took place. New for the musicians was the clinical environment and, in most cases, the closeness to the patients. Particularly new for the music therapists was that most of the encounters with patients were one-offs and therefore required a different approach than, for example, building relationships with patients in the context of music therapy. Unfamiliar to the music therapists was also the barely existing knowledge about the patients.

An important topic in the preparation for patient contacts was the development of an ensemble identity. Part of the rehearsal time was spent negotiating the common artistic approach to person-centered music making. The focus was to find a shared intention to encounter the patients and to practice how to create music from the moment, the patient's input and the togetherness of all participants.

As the ensemble responds spontaneously to musical requests, it is essential that all ensemble members have a high level of instrumental and artistic excellence. The music that the Viennese ensemble defined as the most appropriate in this context was person-centered free improvisation. In music therapy, free improvisation is part of the basic craft, for the musician's involved improvisation is also familiar and often associated with a high level of musicality. In this collaboration between musicians and music therapists the mastery of improvisation was one of the decisive prerequisites for the excellence of the ProMiMiC offer.

In addition to the musical skills, mutual trust, lively exchange and the joint development of rituals, empathy and the so-called "social

antenna" were identified as an important personal requirement, as well as a high level of personal reflexivity. Musicians and music therapists reflect with each other before and after the encounter with the patients, but also in group discussions or in the exchange as a whole team. (So, reflecting is another crucial factor that contributes to the excellence of a ProMiMiC ensemble.)

For the fundamentally unpredictable character of person-centred improvisation, the ensemble members need above all the ability to reflect on the spot, in action, to evaluate the situation immediately and to adapt one's actions to it.

That Leads us to the Next Topic: The Shared Leadership

A significant component was role flexibility. Although it was usually decided before the encounter with the patient who would take the role of speaker first, and sometimes also who would take the lead for the beginning of an improvisation, it was important in the actual process to be very flexible, to complement each other and to always be awake for what the overall situation needed at the moment. It is crucial that the ensemble members can rely on each other to be able to react flexibly and appropriately to the situation at any given moment.

Challenges

Of course we also had to face challenges during our journey. At the beginning the staff of the ward was worried that their daily routine might be disturbed and they were skeptical if their patients would be open for our offer. Due to language barriers it was sometimes hard to understand patients, some patients were not able to speak at all because of their illness. From time to time, it was very busy on the ward, there was not a lot of space in the rooms or in the corridor and the music was interrupted suddenly. Patients who wanted to receive music at the beginning of the day, were asleep later on or changed their mind, when the ensemble was ready for them. Situations like these required flexibility of the ensemble and openness of the staff.

Conclusion

To conclude, we would like to summarize the benefits of the ProMiMiC practice for musicians and music therapists and also for the situation on the hospital ward.

The Practice Offers a New Field of Work for Both Professions

A field where music therapists contribute their therapeutic expertise and deepen their own musical identity and where musicians have the opportunity to engage with new audiences and experience meaningful artistic and personal encounters. Beyond that the interprofessional collaboration strengthens art for social purposes.

In our project weeks on the hospital ward, we experienced in many situations the increase of well-being of the patients. The musical interventions are a creative and sensual change for the daily routine in the clinic for patients, their relatives and nursing and medical staff. The whole project had a positive impact on the overall atmosphere of the ward. To refer to the title of the congress - "Bridges" - we can say, that many bridges have been built within the context of the ProMiMiC practice: between the two professions of musicians and music therapists, between patients and the ensemble, between patients and nursing staff, also between the ensemble and the medical staff and bridges from everyday hospital life to life outside, to memories, visions and personal resources.

Outlook

The research project is already finished, but the ProMiMiC-journey

continues. In Austria at the Universities of Music and Performing Arts in Graz and Vienna there is now an elective course for students of music therapy and instrumental studies with integration in hospital wards in both cities. We have also founded an association “Musicare” in Vienna to continue the ProMiMiC practice. Just a few weeks ago we received the first confirmations of financial support, so that we will be able to conduct more projects and to enable a transfer of the practice to other hospitals and wards [6-8].

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