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Wellness Through the Lens of a Medical Orchestra

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Abstract

Stress and burnout afflict medical students and professionals at alarming rates, which has led institutions to invest in counseling services and other traditional wellness programming. However, the stigma of utilizing these services permeates the medical community. This narrative explores the founding of the Nebraska Medical Orchestra—an orchestra created as a nontraditional antidote to reduce stress and burnout among health care students and professionals—and also examines the concept of wellness through interactions between the orchestra’s director and health care-related musicians.

Fostering Wellness

When the Nebraska Medical Orchestra was created in the summer of 2018, it was through a collaboration between the University of Nebraska at Omaha School of Music and the University of Nebraska Medical Center, facilitated by the assistant vice chancellor for campus wellness at both institutions. An amateur musician himself, the assistant vice chancellor was armed with research that showed how exposure to and participation in **arts and humanities**, such as **creative writing**, visual art, music, and dance, help to reduce symptoms of stress and burnout among medical students and professionals. Coping with a recent suicide on campus, he was focused on implementing new wellness initiatives, and the other partners at the University of Nebraska at Omaha School of Music and the University of Nebraska Medical Center were ready to make this new orchestra a reality.

As an academic conductor, I had never approached building an orchestra as a wellness initiative. My focus was always on building the finest ensemble by audition, careful repertoire selection, and high standards at each rehearsal. Yet I understood that the organization of this orchestra would prioritize accessibility and enjoyment. Therefore, I endeavored to include in the orchestra as many applicant musicians as possible without diminishing the experience of others by having too many musicians who played the same instrument, for example. I also strove to foster an environment that encouraged musical betterment instead of perfection.

In the early days of the orchestra, I spoke a lot about wellness, insofar as the orchestra was meant to benefit the musicians by giving them a creative, musical outlet that also enhanced community in a place where departmental silos and institutional ivory towers

exist. However, the musicians' eyes would roll, or their demeanor would shift, just at the mention of the word *wellness*. It made me wonder what is so taboo about wellness. I was aware of the stigma in the health care community about seeking help; could my referring to the orchestra as a "wellness activity" be triggering this concern among the musicians? I continued to ponder these questions as I rehearsed the group week after week.

Rewards

I soon realized that the reward of this orchestra was threefold. First, the musicians would come to rehearsal after a long day of being in the laboratory, in the classroom, or at a clinical rotation or of providing patient care, teaching, or writing grants, among other activities. Many were racing in just at the 7:00 PM start time, others had a chance to go home and change out of scrubs, while some arrived late because that day's experiments, patient notes, or meetings took longer than expected. When the rehearsal started, though, their focus was on making music. Those tired, frazzled, and sometimes grumpy individuals were transformed into engaged, smiling instrumentalists, striving to shape the musical phrase together and working to make the swell of the crescendo just right. The hierarchies of the operating room were gone, as the respected surgeon gave way and followed the first-year medical student playing the principal part. The powerful department chair showed vulnerability by admitting that he did not know how to perform a passage and asked for help from those others around him. They were all there for music. They were, at least for the next 2 hours of rehearsal, not focusing on school or work; they were doing something that brought them joy and satisfaction.

The second rewarding aspect was something I noticed inside me, the conductor of the orchestra. Although I was working long hours outside of my regular work week to make this orchestra a possibility, I was finding great joy and satisfaction in it, even though the musical output was not equivalent to that of a highly refined orchestra. These musicians wanted to be there—there were no external forces requiring them to be there—and, in fact, it would probably be easier on their schedules for them *not* to be there. Seeing the transformation of these stressed and overworked individuals, seeing the hospital hierarchies disappear, and hearing the resulting music was a greater reward than I ever expected.

The third rewarding aspect was something organic that happens with all orchestras but was likely unique because we exist within a medical center. The community both on and off campus received the reward of live musical performance in the medical center. Our music was touching other staff, faculty, students, and even patients and families, and it brought enjoyment, artistic expression, and a unique sense of community to the medical campus. Those in academic and hospital administration were overwhelmingly present, which really demonstrated that support for this activity was sincere and the impact tangible.

Support

While regular funding and support for arts and humanities initiatives on medical campuses may be slightly more common today than in the past, they are still likely an exception. However, from the initial organization of the medical orchestra, I received strong support from the highest office at both partner institutions. The chancellor—similar to a president at other universities—is an avid supporter of the arts. His support of this endeavor was unmatched. It is clear that strong leadership and institutional support are necessary for such endeavors to grow and succeed quickly. For instance,

when no rehearsal spaces were found on the medical campus, one email from the chancellor opened up spaces I never knew existed. When we needed funding for music stands and percussion equipment, he allocated the money. That said, it is important to note that gathering a small group of chamber musicians or a small, self-run orchestra can be accomplished creatively with limited or no funding. Folding music stands; free, public domain music; and empty lecture halls could make for a humble beginning to all of the positive benefits described herein.

Very quickly, I sensed that the campus community—including other administrators, faculty and staff, donors, and community arts leaders—recognized the rewards of this orchestra. While they may not have seen the individual transformations of the musicians at each rehearsal, they certainly saw the musicians' joy, felt the music's impact, and experienced a sense of community on campus while regularly attending our performances. I cannot remember any other artistic organization on either campus garnering such visible support at each performance. After one successful year of the orchestra, we received a significant operating budget from the university, which included funding for a graduate assistant in the School of Music to support the orchestra. At the end of the second year, we earned funding to create a tenure-track faculty position specifically to lead the medical orchestra, among other duties in music and medicine.

Reframing Wellness

Having heard from some musicians about the stigma associated with wellness activities and the constant pressure they feel from the hospital administration to see more patients and bring in more revenue, there seems to be no simple fix for stress and burnout in the field of health care. One-size-fits-all initiatives, such as stress management training, presentations by employer counseling services, or other traditional mental health activities, might not resonate with all individuals and might carry stigma. A few musicians seemed to think that classifying the medical orchestra as a wellness initiative devalued it; "art for art's sake," they'd say.

I wonder if it is time to reframe the narrative of what is wellness and what activities can improve one's personal well-being. Exercise, knitting, journaling, painting, making music, and so many other activities can add happiness and positivity to one's life. The musicians' observed joy in rehearsals, the mental attention they needed to master new music on an instrument, and the sense of community they derived from the shared goal of ensemble music making all seem to enhance the participants' **state of well-being**. Some musicians understand this. They have shared that they enjoy the escape from routine that the orchestra brings, even if only for a few hours a week. Others simply express pure and sincere gratitude for the orchestra and the opportunity to make music each week. Even the critics of the orchestra as a wellness initiative express thanks for being able to have a musical outlet.

So, can wellness activities be things we already enjoy, which have intrinsic value of their own? Yes, they can. As we shift from the traditional narrative of wellness and learn from musicians in the Nebraska Medical Orchestra, we can see that an investment in more nontraditional arts- and humanities-based wellness activities can be integral to serving the health care community.

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