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Feasibility of Developing a Music Therapy Program for Radiation Oncology Outpatients at a Large Canadian Cancer Center: A Cross-Sectional Survey

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Abstract

Introduction

Music therapy (MT) is increasingly recognized as a supportive care intervention in oncology. The 2023 Society for Integrative Oncology-American Society of Clinical Oncology (SIO-ASCO) guideline states that MT or music-based interventions may be offered to adults with cancer during active treatment to improve symptoms of anxiety and depression. However, access to formal MT services remains limited in many cancer centers. We assessed radiation oncology staff awareness, perceptions, and support for developing an outpatient MT program at a large Canadian cancer center.

Methods

Following Research Ethics Board approval and with guidance from the Canadian Association of Music Therapists (CAMT), we conducted a 19-item anonymous cross-sectional survey of radiation oncology staff. Paper questionnaires were distributed to all staff members and returned in sealed envelopes. Completion and submission of the questionnaire implied consent. No identifying information was collected. Descriptive statistics were used to summarize participant characteristics, awareness and perceptions of MT, perceived clinical relevance, and support for and concerns regarding program implementation.

Results

Of 85 questionnaires distributed, 80 valid responses were received (94.1%). Respondents represented multiple professional groups within radiation oncology. Sixty-six respondents (82.5%) identified as female, and 50 of 79 respondents (63.3%) reported current or previous exposure to music. Although 64 respondents (80.0%) had heard of MT, only five (6.3%) were aware of the CAMT, seven (8.7%) had previously worked in a department offering MT, and one (1.3%) reported being very familiar with the role of a music therapist. Only four respondents (5.0%) were aware of the SIO-ASCO guideline addressing MT. Seventeen respondents (21.3%) characterized MT as an evidence-based clinical therapy delivered by a trained professional, whereas 51 (63.7%) primarily viewed it as the use of music to promote relaxation. Seventy-six respondents (95.0%) considered MT relevant to radiation oncology patients, most commonly for anxiety and emotional distress (91.3%). Seventy respondents (87.5%) believed MT could improve the overall patient experience and supported a pilot MT program. Forty-five respondents (56.3%) reported no concerns regarding implementation; the most common concerns were staffing and space (27.5%), cost and funding (25.0%), and workflow (16.3%).

Conclusions

Radiation oncology staff demonstrated strong support for MT despite limited awareness of MT as a professional clinical discipline and limited knowledge of relevant professional and clinical guidelines. Staff education may be an important component of implementation. The high response rate and strong staff support provide preliminary evidence supporting development of a pilot outpatient MT program, although prospective evaluation of operational feasibility, resource requirements, patient uptake, and clinical outcomes is needed.

Categories: Integrative/Complementary Medicine, Radiation Oncology, Oncology
Keywords: canada, feasibility, integrative oncology, music therapy, radiation oncology, staff perceptions, supportive cancer care

Introduction

Music therapy (MT) developed from experimental applications of music with inpatients during the 1940s and has evolved into an international profession with established education, certification, and professional organizations [1-5]. MT is a structured clinical intervention delivered by trained professionals and is

increasingly being incorporated into supportive and integrative cancer care. Evidence suggests that music-based interventions may improve psychological and physical outcomes among patients with cancer [6,7]. In 2023, the Society for Integrative Oncology-American Society of Clinical Oncology (SIO-ASCO) guideline recommended that MT or music-based interventions may be offered to adults with cancer during active treatment to improve symptoms of anxiety and depression. The guideline emphasized both the potential benefit and the limitations of the existing evidence base [8].

The potential role of MT is particularly relevant in radiation oncology. Patients undergoing radiation therapy may experience anxiety related to diagnosis, treatment planning, immobilization, simulation, and repeated treatment sessions. Studies have reported reductions in anxiety among patients undergoing radiation therapy or radiation-planning procedures [9,10]. Recent studies have also evaluated receptive MT during radiotherapy in patients with gynecologic and breast cancers [11].

Despite increasing evidence and guideline recognition, access to formal MT services remains variable. The Canadian Association of Music Therapists (CAMT), established in 1974, has contributed to professional education, certification, advocacy, and development of MT in Canada [5]. However, awareness of MT among healthcare professionals remains limited. Previous studies have identified challenges related to professional recognition and integration of MT within healthcare settings [12-14].

Our institution serves a population of about 650,000 in Southwestern Ontario, operating four linear accelerators, an Orthovoltage X-ray unit, and an HDR remote afterloader for brachytherapy. We treat approximately 1,800 new patients with cancer annually. Formal MT services were not available within the radiation oncology department. Before developing a pilot program, we sought to understand the department's baseline awareness of MT, perceptions of its potential clinical role, and willingness to support implementation. These factors are particularly relevant because radiation oncology staff are positioned to identify patients who may benefit from supportive care and to facilitate referral to available services.

The primary objective of this study was to assess awareness, perceptions, and support for MT among radiation oncology staff at a large Canadian cancer center. Secondary objectives were to identify perceived clinical benefits and potential barriers to implementation.

We hypothesized that staff would demonstrate variable knowledge of MT but would perceive it as relevant to radiation oncology care. The findings were intended to identify educational needs and inform development of a potential outpatient MT pilot program.

Materials And Methods

Summary

This study was a cross-sectional, department-wise census carried out at the Department of Radiation Oncology at Windsor Regional Cancer Centre from March 1 to March 31, 2026. Survey forms were distributed to all 85 staff during the month of March 2026.

Sampling Technique

The sampling technique used was non-probability convenience sampling, i.e., all current staff working in the Department of Radiation Oncology were invited to participate, as this is an easily accessible group. We used the list of staff from the hospital registry as the sampling frame.

Inclusion/Exclusion Criteria

All current staff and trainees working in the Department of Radiation Oncology at our local cancer center were eligible to participate. Staff who were on personal leave, including vacation, sick leave, maternity leave, or long-term disability leave, were excluded. Consultants or visitors from other departments or hospitals were excluded. Security or housekeeping staff whose duties cover the entire hospital, not specific to the Department of Radiation Oncology, were also excluded.

Recruitment Process

Email invitations were sent to all staff. The survey questionnaires and empty envelopes were delivered to all staff's workstations when they came to work.

Confounders

Confounders were demographics including age, gender, music exposure, and primary job roles.

Study design and participants

We conducted a cross-sectional descriptive survey of radiation oncology staff at a large regional cancer center in Canada. All radiation oncology staff were eligible to participate. A 19-item questionnaire was developed following a review of the relevant literature and with guidance from CAMT. Paper questionnaires were distributed in person to all eligible staff. Paper administration was selected to facilitate participation and reduce concerns regarding unsupervised online responses.

Survey administration

Participation was voluntary. Staff were informed that they could decline participation or omit individual questions. Missing answers would be excluded from the calculation of percentages. Respondents were also allowed to select multiple options. No personally identifying information was collected. Completion and submission of the questionnaire in a sealed envelope constituted implied consent. All distributed envelopes were collected by our secretary, who was not part of the research team, even if the survey forms inside might not have been filled out.

Participants were offered a gift card valued at $2 or $5 as an incentive for participation. Every staff member could randomly draw one gift card from a box monitored by the department secretary. Staff who returned an empty questionnaire in a sealed envelope were allowed to draw the gift card as well. There were no penalties since the survey forms did not collect any personal identification to be linked to the participants. Completed questionnaires were manually entered into REDCap for data management and analysis [15].

The questionnaire consisted of 19 questions addressing four domains: 1) demographic characteristics; 2) awareness of MT; 3) perceptions of MT; and 4) support for and concerns regarding implementation of an MT program.

Several questions allowed respondents to provide written responses in addition to selecting predefined response options.

REB details

The study protocol was submitted to the institutional Research Ethics Board (REB). Although quality-improvement projects of this nature may generally be exempt from formal REB review at the institution, the REB reviewed the protocol, and full approval was obtained before study initiation.

Statistical analysis

All completed questionnaires were manually entered into REDCap and included in the statistical analysis [15]. Descriptive statistics were used to summarize participant demographics, awareness and perceptions of MT, perceived clinical relevance, support for program development, and potential implementation concerns. Categorical variables were reported as frequencies and percentages. We used the chi-square test of independence in Excel to find the relationship between MT project support and variables such as gender, age group, job roles, or music exposure. A p-value of <0.05 was considered statistically significant. We did not use multivariable regression models due to the small sample size.

Results

Participant demographics

Of the 85 questionnaires distributed, 80 valid responses were received, corresponding to a response rate of 94.1%. No sealed envelope was returned with an empty survey form inside. However, five participants declined to draw the incentive gift cards after submitting the completed survey. Respondents represented multiple professional groups within the radiation oncology department, including radiation therapists, clerical staff, nurses, radiation oncologists, medical physicists, dosimetrists, administrative staff, trainees, and other personnel. Radiation therapists (n=23, 28.75%) and clerical staff (n=18, 22.5%) constituted the largest respondent groups.

Sixty-six participants (82.5%) identified as female. Participants represented a range of age groups, with 10 (12.5%) aged 30 years or younger, 25 (31.25%) aged 31-40 years, 21 (26.25%) aged 41-50 years, 19 (23.75%) aged 51-60 years, and 2 (2.5%) older than 60. The other three participants (3.75%) preferred not to disclose their age. Fifty of 79 respondents (63.3%) reported current or previous exposure to music (Table *1*). One participant chose not to answer this question and was excluded from the calculation of percentage.

Characteristic	n	%
Total respondents	80	100
Sex		
Female	66	82.50
Male	13	16.25
Non-binary/prefer not to say	1	1.25
Age, y		
≤30	10	12.50
31–40	25	31.25
41–50	21	26.25
51–60	19	23.75
>60	2	2.50
Prefer not to say	3	3.75
Professional role		
Radiation therapist	23	28.75
Clerk	18	22.50
Nurse	10	12.50
Radiation oncologist	7	8.75
Medical physicist	6	7.50
Dosimetrist	5	6.25
Administrative staff	3	3.75
Trainee	1	1.25
MD (other than radiation oncologist)	1	1.25
Service technician	1	1.25
Accelerator technologist	1	1.25
SLP	1	1.25
CSRT	1	1.25
Student nurse	1	1.25
Other	1	1.25
Music exposure	79	
Yes	50	63.29
No	29	36.71

TABLE 1: Demographic characteristics

SLP: speech language pathologist; CSRT: clinical specialist radiation therapist

Awareness and perceptions of music therapy

Awareness of MT as a professional clinical discipline was limited. Although 64 respondents (80.0%) reported having heard of MT, only five participants (6.3%) were aware of CAMT and seven participants (8.7%) had previously worked in a department offering MT. Only one respondent (1.3%) reported being very familiar

with the role of a music therapist. Four respondents (5.0%) were aware of the SIO-ASCO guideline addressing MT.

Only 17 respondents (21.3%) characterized MT as an evidence-based clinical therapy delivered by a trained professional. In contrast, 51 respondents (63.7%) primarily characterized MT as the use of music to help patients relax, while seven respondents (8.8%) considered it primarily a recreational or entertainment activity (Figure *1*).

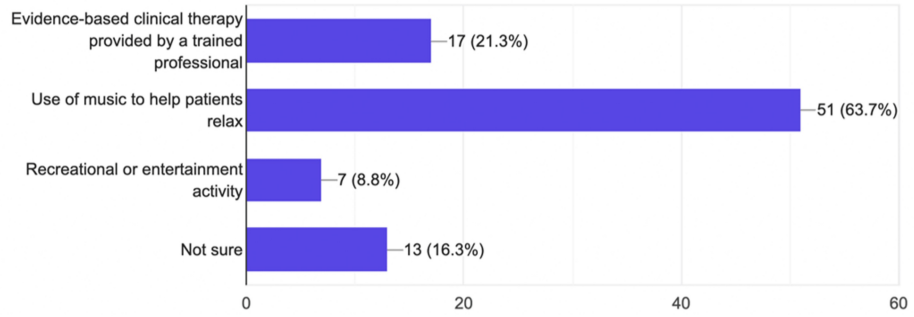


FIGURE 1: Respondents' understanding of music therapy

Perceived relevance to radiation oncology and support of the pilot MT program

Seventy-six respondents (95.0%) considered MT relevant to patients receiving radiation oncology care. The most identified potential benefit was reduction of anxiety and emotional distress (n=73, 91.3%). Other perceived benefits included improvement in patient satisfaction and experience (n=39, 48.8%), reduction of pain and physical discomfort (n=31, 38.8%), and promotion of treatment cooperation or adherence (n=22, 27.5%) (Figure *2*).

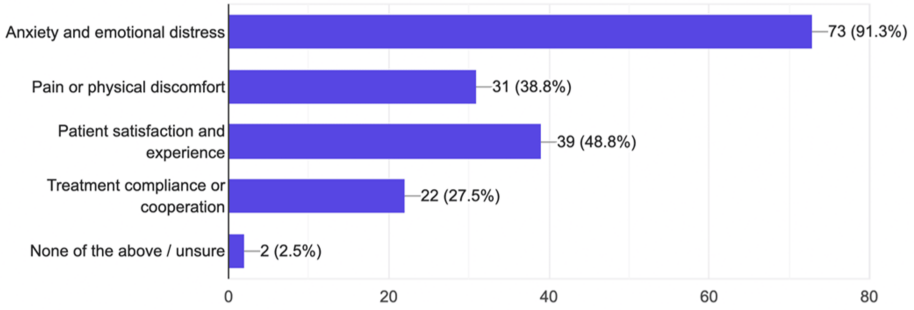


FIGURE 2: Perception of music therapy impact on patient outcomes

Seventy respondents (87.5%) agreed that MT could improve the overall patient experience and indicated support for a pilot MT program (Figure *3*).

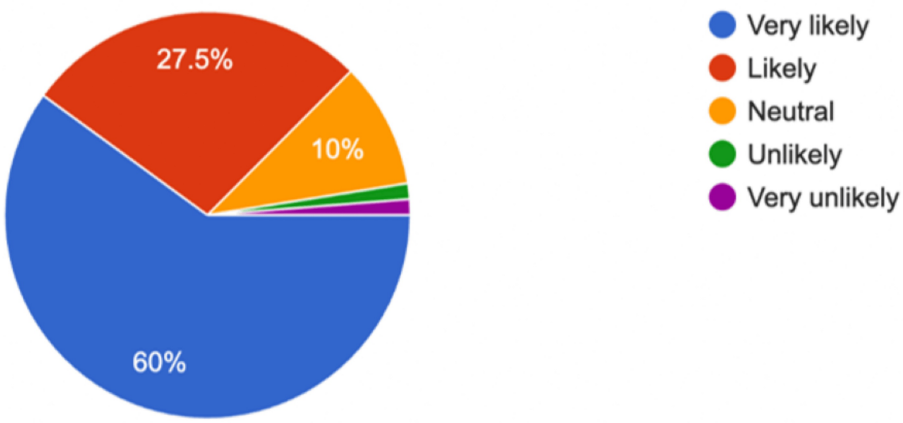


FIGURE 3: Respondent support of a pilot music therapy program

We used the chi-square test of independence in Excel to find the relationship between MT project support and variables such as gender, age group, job roles, or music exposure. While an initial analysis showed a significant relationship between primary job roles and MT proposal support ($p = 0.025$), the majority of the 15 job roles contained only a single respondent. Because these counts were too small to meet the assumptions of a chi-square test, this result should be interpreted with extreme caution. Gender ($p = 0.096$), age ($p = 0.981$), and current or previous music exposure ($p = 0.10$) did not significantly impact staff's decisions to support or not support the MT program in our department.

Concerns regarding implementation

Forty-five respondents (56.3%) reported no concerns regarding implementation of an MT program. Among respondents identifying potential concerns, the most common were staffing and space limitations (n=22, 27.5%), cost and funding (n=20, 25.0%), and potential effects on workflow (n=13, 16.3%). Only one respondent (1.3%) identified insufficient evidence as a concern (Figure *4*).

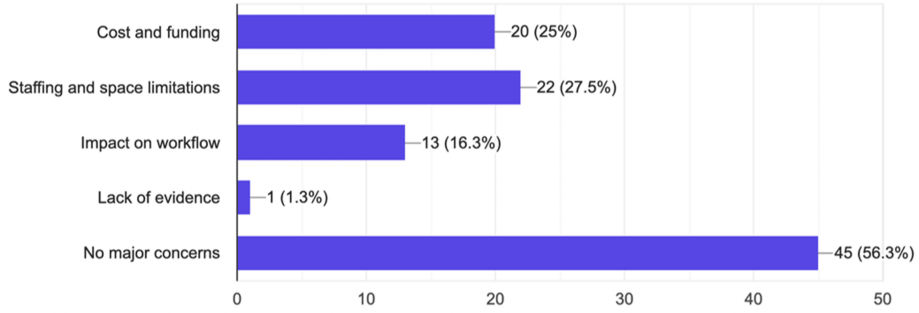


FIGURE 4: Respondent concerns about implementing a music therapy program

Discussion

This study found strong support for the potential integration of MT into radiation oncology despite limited staff awareness of MT as a professional clinical discipline. Although 64 (80.0%) of respondents had heard of MT, only 17 (21.3%) correctly characterized it as an evidence-based clinical therapy delivered by a trained professional. Awareness of CAMT and the SIO-ASCO guideline was also low. This is similar to previously published literature [12-14]. In contrast, 76 (95.0%) considered MT relevant to radiation oncology patients, and 70 (87.5%) supported development of a pilot program.

These findings have several implications for implementation.

Knowledge gap despite positive attitudes

The discrepancy between familiarity with MT and understanding of its professional role is notable. Most respondents had heard of MT, yet relatively few recognized the discipline as a clinical service delivered by trained professionals. This suggests that simply increasing awareness of the term "music therapy" may be

insufficient. Education should clarify the distinction between professional MT and informal music listening or recreational music activities [1-5].

Previous research has similarly demonstrated incomplete understanding of MT among the public and healthcare professionals [12-14]. In the present study, this knowledge gap occurred within a specialized oncology workforce that routinely interacts with patients receiving active cancer treatment.

This finding may have practical implications. Radiation oncology staff frequently identify patient distress and coordinate supportive care [9-11]. Limited knowledge of MT could therefore reduce the likelihood that patients are considered for referral when an MT service is available [6-8].

Clinical relevance in radiation oncology

The high proportion of respondents who considered MT relevant to radiation oncology is encouraging. Anxiety and emotional distress were the most frequently identified potential indications, consistent with the current oncology literature and the SIO-ASCO guideline [8-11]. Importantly, however, the present study assessed staff perceptions of potential benefit rather than patient outcomes. These findings should therefore not be interpreted as evidence that MT improves anxiety, pain, treatment adherence, or patient satisfaction in this setting [7,8].

The distinction between MT and music-based interventions is also important. The SIO-ASCO guideline used the combined terminology “music therapy or music-based interventions” and noted that the evidence base was limited by methodological considerations, including heterogeneity and low-quality evidence [8]. Future implementation studies should clearly define the intervention, including the qualifications of the provider, treatment format, duration, frequency, and therapeutic goals.

Implications for program development

The strong support identified in our study provides an encouraging foundation for development of a pilot program. More than 4 of 5 respondents believed that MT could improve the overall patient experience and supported a pilot program, despite the unawareness of the ASCO guideline [8].

At the same time, more than one-quarter of respondents identified staffing and space limitations, and one-quarter identified cost and funding as potential barriers. Workflow considerations were also identified. These concerns are important because successful implementation of MT requires more than staff acceptance. A sustainable program would require access to qualified music therapists, appropriate clinical space, funding, scheduling processes, referral pathways, and integration with existing multidisciplinary workflows [12,13].

A pilot program could therefore be structured as an implementation study rather than solely as a therapeutic intervention. Key outcomes could include the number and characteristics of referrals, patient uptake, session completion, patient-reported anxiety or distress, staff satisfaction, workflow impact, resource utilization, and cost. Such data would provide a stronger basis for determining whether MT should be incorporated into routine radiation oncology supportive care [6-8].

Educational opportunities

Only four (5.0%) respondents were aware of the SIO-ASCO guideline addressing MT, despite 76 (95.0%) considering MT relevant to radiation oncology [8]. This represents a potentially modifiable knowledge gap.

Educational sessions should introduce the professional role and training of music therapists, distinguish MT from general music listening, summarize the evidence base, and review relevant clinical guidelines [8]. Education could also clarify appropriate referral criteria and the role of MT within the multidisciplinary cancer care team [6].

Because the evidence supporting MT remains limited in some clinical contexts, education should emphasize both potential benefits and limitations rather than presenting MT as an established treatment for all patients or symptoms [6-11]. This balanced approach may be particularly important for maintaining credibility within an oncology environment [8].

Limitations

This study has several limitations. First, it was conducted at a single cancer center, limiting representability to other Canadian institutions [12]. Although all radiation oncology staff were invited to participate, respondents with greater interest in music or supportive care may have been more likely to participate, introducing potential selection bias.

Second, the sample size was relatively small, although the response rate was high and the survey included the entire department. The study was designed to describe staff awareness and perceptions rather than to

test associations between demographic or professional characteristics and support for MT. Inferential statistical analyses were therefore not reliable.

Third, the survey relied on self-reported responses, and participants may have interpreted terms such as "music exposure," "familiarity," or "MT" differently [14]. The questionnaire was developed specifically for this study and was not a previously validated instrument. Future studies should consider using a validated questionnaire or formally validating a study-specific instrument [12,13].

Fourth, the study measured staff perceptions before implementation of an MT program. Support may change once staff experience the practical effects of a pilot program on workflow, scheduling, and patient care [9-11].

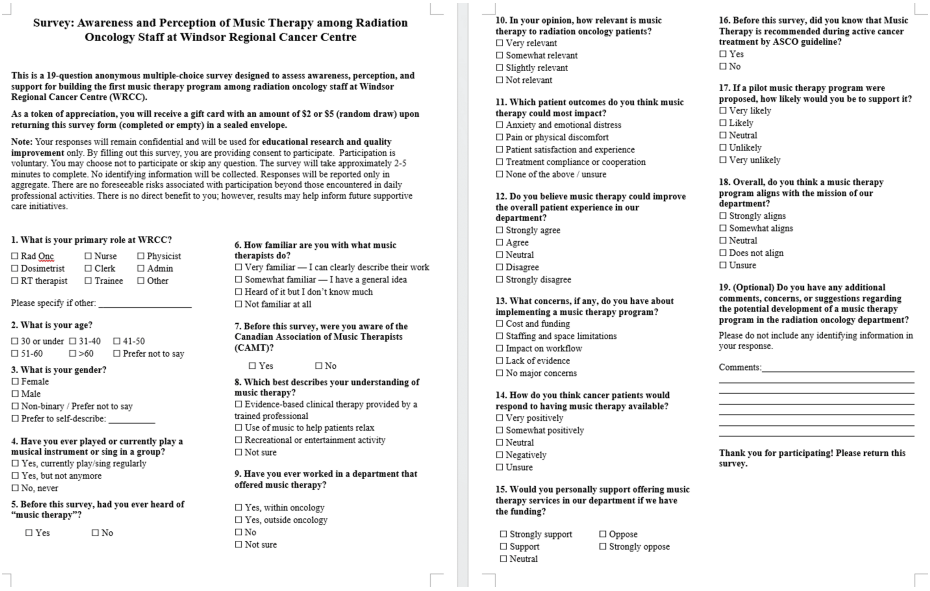
Finally, this study assessed perceived acceptability and anticipated barriers rather than implementation feasibility in the broader sense. Actual feasibility will depend on factors such as availability of qualified music therapists, funding, clinical space, referral processes, patient uptake, workflow integration, and sustainability. These factors should be evaluated prospectively during pilot implementation.

Conclusions

Radiation oncology staff at this Canadian cancer center demonstrated strong support for integrating MT into outpatient cancer care. However, awareness of MT as a professional clinical discipline and knowledge of CAMT and the SIO-ASCO guideline were limited. This gap may represent an opportunity for targeted staff education before or during implementation of an MT service.

The high response rate, strong perceived clinical relevance, and substantial support for a pilot program provide preliminary evidence that an outpatient MT program is acceptable to radiation oncology staff at this institution. Prospective evaluation is needed to determine operational feasibility, resource requirements, patient uptake, workflow effects, and clinical outcomes. A pilot MT program may therefore be a reasonable next step in evaluating the role of MT as a component of supportive care in radiation oncology.

Appendices



Survey: Awareness and Perception of Music Therapy among Radiation Oncology Staff at Windsor Regional Cancer Centre

This is a 19-question anonymous multiple-choice survey designed to assess awareness, perception, and support for building the first music therapy program among radiation oncology staff at Windsor Regional Cancer Centre (WRCC).

As a token of appreciation, you will receive a gift card with an amount of $2 or $5 (random draw) upon returning this survey form (completed or empty) in a sealed envelope.

Note: Your responses will remain confidential and will be used for **educational research and quality improvement** only. By filling out this survey, you are providing consent to participate. Participation is voluntary. You may choose not to participate or skip any question. The survey will take approximately 2-5 minutes to complete. No identifying information will be collected. Responses will be reported only in aggregate. There are no foreseeable risks associated with participation beyond those encountered in daily professional activities. There is no direct benefit to you; however, results may help inform future supportive care initiatives.

1. What is your primary role at WRCC?
☐ Rad Onc ☐ Nurse ☐ Physicist
☐ Dosimetrist ☐ Clerk ☐ Admin
☐ RT therapist ☐ Trainee ☐ Other
Please specify if other: _____

2. What is your age?
☐ 30 or under ☐ 31-40 ☐ 41-50
☐ 51-60 ☐ >60 ☐ Prefer not to say

3. What is your gender?
☐ Female
☐ Male
☐ Non-binary / Prefer not to say
☐ Prefer to self-describe: _____

4. Have you ever played or currently play a musical instrument or sing in a group?
☐ Yes, currently play/sing regularly
☐ Yes, but not anymore
☐ No, never

5. Before this survey, had you ever heard of "music therapy"?
☐ Yes ☐ No

6. How familiar are you with what music therapists do?
☐ Very familiar — I can clearly describe their work
☐ Somewhat familiar — I have a general idea
☐ Heard of it but I don't know much
☐ Not familiar at all

7. Before this survey, were you aware of the Canadian Association of Music Therapists (CAMT)?
☐ Yes ☐ No

8. Which best describes your understanding of music therapy?
☐ Evidence-based clinical therapy provided by a trained professional
☐ Use of music to help patients relax
☐ Recreational or entertainment activity
☐ Not sure

9. Have you ever worked in a department that offered music therapy?
☐ Yes, within oncology
☐ Yes, outside oncology
☐ No
☐ Not sure

10. In your opinion, how relevant is music therapy to radiation oncology patients?
☐ Very relevant
☐ Somewhat relevant
☐ Slightly relevant
☐ Not relevant

11. Which patient outcomes do you think music therapy could most impact?
☐ Anxiety and emotional distress
☐ Pain or physical discomfort
☐ Patient satisfaction and experience
☐ Treatment compliance or cooperation
☐ None of the above / unsure

12. Do you believe music therapy could improve the overall patient experience in our department?
☐ Strongly agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly disagree

13. What concerns, if any, do you have about implementing a music therapy program?
☐ Cost and funding
☐ Staffing and space limitations
☐ Impact on workflow
☐ Lack of evidence
☐ No major concerns

14. How do you think cancer patients would respond to having music therapy available?
☐ Very positively
☐ Somewhat positively
☐ Neutral
☐ Negatively
☐ Unsure

15. Would you personally support offering music therapy services in our department if we have the funding?
☐ Strongly support ☐ Oppose
☐ Support ☐ Strongly oppose
☐ Neutral

16. Before this survey, did you know that Music Therapy is recommended during active cancer treatment by ASCO guideline?
☐ Yes
☐ No

17. If a pilot music therapy program were proposed, how likely would you be to support it?
☐ Very likely
☐ Likely
☐ Neutral
☐ Unlikely
☐ Very unlikely

18. Overall, do you think a music therapy program aligns with the mission of our department?
☐ Strongly aligns
☐ Somewhat aligns
☐ Neutral
☐ Does not align
☐ Unsure

19. (Optional) Do you have any additional comments, concerns, or suggestions regarding the potential development of a music therapy program in the radiation oncology department?
Please do not include any identifying information in your response.
Comments:_____

Thank you for participating! Please return this survey.

FIGURE 5: Music therapy survey questionnaire

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Concept and design: Victoria Pan, Ken Schneider, Khalid Hirmiz

Acquisition, analysis, or interpretation of data: Victoria Pan, Ken Schneider, Khalid Hirmiz

Drafting of the manuscript: Victoria Pan

Critical review of the manuscript for important intellectual content: Victoria Pan, Ken Schneider, Khalid Hirmiz

Supervision: Ken Schneider, Khalid Hirmiz

Disclosures

Human subjects: Informed consent for treatment and open access publication was obtained or waived by all participants in this study. Windsor Regional Hospital Research Ethics Board issued approval 26-544. **Animal subjects:** All authors have confirmed that this study did not involve animal subjects or tissue. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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