

Collaborating With Music Therapists to Improve Patient Care



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ABSTRACT

Collaboration between perioperative nurses and music therapists can be beneficial in providing a safe, cost-effective means of managing patients' anxiety and pain and reducing the need for pharmacologic intervention in the perioperative setting. The use of a board-certified music therapist may help to improve patient outcomes, ease nurse workload, and serve as an adjunct therapeutic modality that is enjoyable for both patients and staff members. We conducted a two-year, randomized controlled trial to determine how to best implement a music therapy program, navigate its challenges, and collaborate with nurse colleagues to bring its benefits to surgical patients. This article offers suggestions for alliances between perioperative nursing and music therapy staff members and describes the potential of music therapists to help provide optimal patient care. *AORN J* 104 (September 2016) 192-197.

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Key words: *music therapy, music therapist, patient anxiety.*

Music is known to affect mood¹ and activity, including shopping,² driving,³ and sleep⁴ behaviors. Music is also used in hospitals, where it helps to relax patients, relieve anxiety, reduce pain, and improve surgeons' performance.^{5,6}

The patient awaiting surgery may experience intense anxiety as a result of the unfamiliar perioperative setting and may fear pain, anesthesia, and the surgical outcome.⁷ These patient concerns and anxieties can result in delayed or canceled procedures, increased pharmacologic interventions, and extended hospital stays.^{8,9} Music therapy may serve adult and pediatric patients before, during, and after their procedures through interventions (eg, listening, songwriting, associating music and imagery, singing, playing an instrument) that are based on the specific needs and preferences of the patient as determined via an assessment by a trained music therapist (ie, Music Therapist-Board Certified, MT-BC).^{10,11} Patients do

not need musical aptitude nor education to participate in a music therapy session because music therapists are able to create and tailor an experience to the individual needs and abilities of the patient. For instance, although a patient may not have songwriting or instrument-playing skills, a professional music therapist can fashion an experience in which such things are easily executed. During assessment in the preoperative area, music therapists may explore music preferences, discuss feelings, review the patient's medical history, and consider time restraints to create a treatment plan that best serves the specific needs of the patient in the time frame available. Goals may range from coping, communication, and expression to anxiety, pain, and stress management.

Research recognizes that the addition of music is a safe and cost-effective means of reducing anxiety during the surgical experience.¹² Music has been shown to reduce heart rate, blood pressure, and anxiety.¹³ Music may also help a surgical patient

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balance unfamiliarity and lack of control by offering preferred, familiar music, thus providing autonomy in a setting lacking much choice. In addition, perioperative music therapy may help mask adverse sound stimuli,¹⁴ reduce pain perception,¹⁵ and decrease the need for pharmacologic intervention.¹⁶ To create successful surgical music therapy programs, however, collaboration between music therapists and perioperative nursing staff members is vital.

THE BENEFITS OF PARTNERSHIP

The surgical arena is often busy, and staff members may question whether there is time for integrating music in such a demanding setting. It is often nurses or other non—music therapy staff members who handle surgical music research and facilitation.¹⁵ The tasks of creating and implementing music therapy programs may be overwhelming to an often overworked or understaffed nursing workforce. Adding another task to an already demanding workload may promote stress, which can be detrimental to nurses' productivity and efficiency and can be instrumental in burnout.¹⁷ Furthermore, nurses often lack formal education in music facilitation and selection, and they may not have time to engage in the process of determining a music-listening experience. A patient may prefer a song or genre of music that may induce tears or memories that, without a therapist's processing, could lead to additional anxiety. Nursing staff members do not need to handle surgical music therapy alone, however, and they can partner with board-certified music therapists to bring the benefits of music to surgical patients.

Music therapy, the clinical and evidence-based use of music interventions to accomplish individualized goals in a therapeutic relationship with a credentialed professional,¹⁸ is an occupation with goals that integrate with perioperative nursing practices and objectives. A recent study, facilitated by music therapists, found that a brief, five-minute preoperative music therapy session could significantly reduce patient anxiety.¹⁹ By working with board-certified music therapists, nurses may find allies in the quest to improve patient care.

Not all staff members are confident of the benefits of music in their work environment. Although music can improve performance for surgeons, other perioperative staff members may find music distracting.²⁰ A recent study found that music played for staff members during surgery may create tension by impeding proper communication.²¹ Other studies have found that music has a positive effect on surgical memory consolidation²² and may actually improve surgeon performance and speed.⁶ Music therapy programs, designed by professional music therapists who consider all involved parties, may be a beneficial adjunct

practice for patients and for staff members who overhear it.²³ Therefore, informed collaboration between nurses and music therapists in the surgical realm may be a worthwhile endeavor.²⁴

EFFECTS OF MUSIC THERAPY

During a recent randomized controlled trial at University Hospitals Case Medical Center in Cleveland, Ohio, the authors collaborated with nursing colleagues to introduce music therapy practices into the surgical area. The investigators studied the effect of both live and recorded music, facilitated by a board-certified music therapist, on the anxiety of 207 women 18 years or older undergoing ambulatory surgery for breast cancer diagnosis and treatment. In this institutional review board—approved study, researchers randomized participants into a control group, a live music group, or a recorded music group. Time before surgery is limited, so the researchers presented patients in the experimental groups with only one live or recorded preferred song at their bedside in the preoperative area. Recorded songs were played via iPod through headphones, and live songs were sung and played by the music therapist. The investigators assessed patient-rated anxiety using a visual analog scale, which consists of a simple horizontal line with the words “not at all anxious” and “highly anxious” written on either side. Patients provided a self-rating by marking a vertical line on the portion of the scale that corresponded with their anxiety level. Researchers administered the test to patients before and after the five-minute music therapy session or after a preoperative waiting period without music. Investigators found that, compared with the control group, participants in both live and recorded-music therapy groups experienced a significant reduction in preoperative anxiety ($P < .001$) and experienced point (percentage) anxiety reductions of 27.5 (42.5%) and 26.7 (41.2%), respectively.²⁴ In this trial, researchers determined that the intervention of one five-minute music therapy session (consisting of one preferred song, plus processing of emotion) significantly reduced anxiety. Such a brief, yet effective, addition to patient care is a worthwhile consideration in a busy clinical setting.

During and after our investigation, we collected subjective data about overall positive reactions to music therapy from patients, family members, and nursing staff members. Patients stated:

- “I loved the music. It really helped to give you something else to concentrate on other than feeling helpless.”
- “In a place where everyone has control over you and everything is a question mark, this gave me the power.”
- “If I didn't have the music, I'm sure I would've been very anxious. I felt very special, like a celebrity.”

Anecdotal reports such as these, representative of the overall positive response to surgical music therapy during the study, led investigators to conclude that music therapy can be an enjoyable experience for patients, providing autonomy and support while simultaneously reducing anxiety and ultimately allowing patients to feel important and safe during a crucial period.

Nursing staff members reported positive experiences as well. Perioperative nurses who had worked with music therapists and patients throughout the trial stated:

- “I love music therapy. We are always so excited when you are here, especially if someone is having live music. We wish you could be here all the time. It really boosts morale. I am so impressed with the difference it makes to patients. It is truly amazing!”
- “The beautiful music not only puts a smile on the patient’s face, but lights up the entire preoperative area. The music touches all staff and family members. Hearing the music always makes me smile.”
- “I cannot tell you how wonderful it has been. Our patients that are waiting for surgery are very stressed. I think that, for a patient, the fact that someone is concentrating on them gives them a sense of importance, and they feel as though they are receiving special care.”

Not only did patients and staff members express satisfaction, but it appeared that the jointly shared music experience promoted patient-staff unity. Guadagnino²⁵ noted that health care facilities that strive to enhance the relationship between patients and staff members retain current patients and appeal to new ones, and music therapists may help facilitate the building of such relationships.

In addition to patients and staff members, family members also can be positively affected by surgical music therapy, as evidenced by this comment:

My mom is sure you were part of her miracle. It’s really remarkable, as she has not had any pain. You would never even know she had surgery. We are thankful. You not only eliminated stress but brought joy to her and all of us.

Such feedback shows that music therapy can be an enjoyable intervention for health care providers, patients, and family members.

COSTS

The addition of a music therapist is a cost-effective treatment modality.²⁶ Music therapists’ salaries average \$48,066 per year.²⁷ In collaboration with nurses, one music therapist

may touch thousands of lives annually and positively affect the outcomes of the associated surgeries.

When evaluating the cost:benefit ratio of music therapy, it is vital to contemplate the assistance in cognitive functioning that music therapy may provide a patient who is experiencing high levels of anxiety. Patients with raised stress levels may not fully comprehend information presented to them. Patient understanding is crucial during education. A patient with an anxiety-affected mental state may have problems following instructions provided at discharge concerning home care, medications, and physical-limitation guidelines, ultimately putting the patient at risk for readmission.²⁸ Thus, the return on investment of employing a music therapist to help patients manage such anxiety may be substantial.

In addition, incorporating a music therapist into the surgical staff roster can provide nurses with a reduction in their workload. Most current surgical music practices rely on nurses to design, distribute, collect, set, and monitor iPod or CD player use. Music therapists who tailor music experiences to patient symptoms, emotions, preferences, and needs may relieve nurses from being responsible for all music facilitation tasks and help the anxious patient be more cooperative for the busy nurse.

IMPLEMENTING A MUSIC THERAPY PROGRAM

During our two-year trial, we gained information on potential benefits, challenges, and methods of facilitating a surgical music therapy program. In addition, we learned approaches to integrating the program with perioperative nursing staff members. When beginning a new program, inservice sessions, meetings, and the opportunity for music therapists to observe during surgery may prove beneficial to ensure that the actions of surgeons, nurses, and music therapists are in alignment with established practices, and that music therapists understand procedures, safety regulations, dress requirements, and sanitation in each phase of the surgical process. Music therapists use instruments and electronic devices that can be disinfected, and education on specific surgical infection prevention policies and wardrobe requirements should be discussed so that music therapy practitioners can participate in making the unit a safe environment.

Preoperative Music Therapy

The preoperative unit can be a busy, crowded area where many tasks must be accomplished quickly. The addition of a music therapist may initially seem disruptive to staff routine. However, Hyde et al²⁹ showed that music was a valuable and preferred

modality for patients; more than half of their surveyed participants claimed that they would rather listen to music before surgery than perform any other preoperative waiting activity. Many patients experience long waits resulting from surgery delays, and a full-length music therapy session of 30 to 60 minutes may be warranted to help allay mounting tension, anxiety, and impatience. Other patients may experience swift preparations for surgery. In these instances, staff members may wish to identify, amid the succession of preoperative tasks, a five-minute period when the music therapist can provide patients with one preferred song selection to help manage their anxiety before being transferred to the OR. This arrangement can be negotiated with staff members to determine what works best for their care area and team. Nurses and surgeons can refer patients experiencing or at risk for anxiety, pain, or distress to music therapists who can assess the patient on arrival to determine whether they are appropriate for music therapy treatment.

Although research suggests that live preoperative music therapy is beneficial, there may be objections to its facilitation.²⁴ Preoperative staff members may not be accustomed to live music in their environment, and nurses may be concerned with music therapy disturbing other patients, overcrowding the area, and delaying schedules. Many people have preconceived notions about live music therapy because of their own experiences with bands and choirs at concerts and performances. However, a music therapist brings therapeutic expertise to the surgical environment and is trained to respect and integrate into an established surgical program. Unlike recorded music, the human element of live music facilitated by a music therapist brings educated flexibility to the clinical environment. Music type, song selection, volume levels, the patient's medical history, neighboring patients, time frame, and emotion can all be considered when developing a presurgical treatment plan.

During our two-year trial, nonstudy patients did not verbalize being disturbed by music therapy practices and often expressed enjoyment in overhearing a session. In the surgical arena, live music volume levels should always be kept at a minimum, and if disturbance becomes an issue, recorded music can be used.

Intraoperative Music Therapy

During surgery that does not require general anesthesia, recorded music may be offered to surgical patients. Patients can choose from a variety of playlists (ie, jazz, gospel, classical, soft rock), which have been carefully chosen and compiled by a music therapist for the songs' use of stable rhythms, smooth melodic lines, and consistent volumes.¹⁴ Therapists can present menus

of songs in the playlist to patients in the preoperative area when they are making playlist selections so that patients can be assured they are choosing a category filled with songs they enjoy. If there is time before surgery, the patient and therapist can create a personalized intraoperative playlist from the iPod library. Patients also can wear noise-blocking headphones to block staff-selected music, which is played in many ORs,²⁴ if the genre is not relaxing or pleasant to the patient. These headphones also may block out other OR-related, anxiety-provoking noise (eg, equipment noise, instrument set up noise).

A challenge that may arise for staff members is whether headphone equipment is appropriate for the surgical location. Music players often can be placed in an area that does not interfere with care; however, wireless headphones may be considered if needed. The patient's preferred music may be played through speakers in the OR; however, the music may be distracting or conflict with staff member music preferences. Staff members also may have concerns about music interfering with communication in the OR. Low to moderate volume levels should be chosen so that patients can still hear staff members when they are spoken to and staff members can communicate with one another without interference. If communication becomes an issue, headphones can be removed. Ultimately, it must be the surgical team's decision whether intraoperative music listening and headphones are appropriate. Music therapists should respect staff member preferences and decisions.

Postoperative Music Therapy

Postoperatively, the therapist can play live or recorded music to help the patient manage pain¹⁵ or reorient himself or herself or to establish a peaceful milieu during recovery. To reduce postoperative pain, music therapists may facilitate interventions of music and imagery or listening to instrumental music that incorporates slow tempos and soft volume levels. A barrier to practicing live music therapy in the postoperative care unit is that there often are many patients in the unit. Live music therapy may be contraindicated for neighboring patients; however, it may also be beneficial to all. In this environment, confusion and agitation may be present in some patients; therefore, therapist-selected, quiet, peaceful music is suggested. A 2005 study by Thorgaard²³ found that music played in the postoperative care unit was enjoyable for 83% of participants and appreciated by staff members as well. Such a peaceful environment may be achieved with live music. Gutgsell³⁰ found that a single 20-minute session of live, therapist-selected music significantly reduced pain in hospitalized patients. Additional research is needed to determine whether live music

therapy would translate well to postoperative surgical patients. When considering live music, volume levels should always be kept at a minimum and simplicity and peacefulness is important.

NURSING CONTRIBUTIONS

There are many ways in which nursing staff members may provide assistance in implementing music therapy programs. Although one music therapist may be able to offer tailored preoperative music interventions to all patients in a small facility, a single music therapist cannot assist every patient in a larger facility. In these situations, nurses can refer the music therapist to patients with high baseline anxiety, pain, or dissatisfaction. Nurses are aware of patients' histories, have close contact with them, and may be an excellent source of referrals to music therapy. Additionally, a staff music therapist can create an evidence-based, recorded-music therapy program and coach nurses on its implementation. Music therapists can select playlists and create menus and educate nurses on how to offer the treatment by simply setting the iPod to the therapist's preselected, patient-preferred playlists. With the help of nursing colleagues, every interested surgical patient may receive preoperative music therapy in highly populated surgery centers.

Music therapists can assist nurses by helping to calm and distract patients during anxiety-ridden waiting periods. In addition, music therapists can provide preoperative procedural support during difficult IV insertions or painful needle localization procedures. Furthermore, for a patient with dementia, a developmental disability, or extreme fear or distress, a music therapist may serve as a nursing ally in making the patient most comfortable during the process by normalizing an unfamiliar environment with familiar and enjoyable music. Music therapists and nurses both work to provide optimal patient care and can participate in research regarding the use of music during the patient's surgical experience.

CONCLUSION

A music therapist may be highly beneficial in the surgical setting, and music therapy may be a means of enhancing the quality of patient care in collaboration with perioperative nurses. As an interdisciplinary surgical staff member, the music therapist may help perioperative nurses to achieve patient-related goals of anxiety reduction, pain management, effective education, and satisfaction. By having professional music therapists facilitate surgical music therapy programs, nursing workloads also may be reduced. Additional research should continue to investigate whether perioperative music therapy programs, facilitated by a board-certified music therapist, have a positive effect on patient outcomes. ●

Editor's note: iPod is a registered trademark of Apple, Inc, Cupertino, CA.

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