

Short Communication

Live music therapy in waiting area of intensive care units: a novel concept for betterment of close relatives of ICU patients

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ABSTRACT

Family members of ICU patients experience high levels of stress and anxiety. We explored a novel concept of live music therapy for relatives of ICU patients. Weekly 1-hour sessions of live music therapy consisting of devotional songs and prayers were performed in waiting area of ICU in a tertiary care hospital. Responses of 100 first degree relatives of ICU patients were documented using an 8-item questionnaire. 69% of the subjects rated live music therapy sessions as “excellent”; 50% of the subjects reported that they felt “excellent” after a single session. Such sessions were reported as a felt need by 77% of the subjects; 92% of the subjects reported that there were high chances that they would recommend such sessions in the hospital in future. In our study, we found our concept to be feasible, acceptable and highly appreciated as well as encouraged by first degree relatives of ICU patients.

Keywords: Music therapy, Intensive care units, Health facilities, Family nursing

INTRODUCTION

Being a close relative of a critical patient admitted in an intensive care unit (ICU) is a highly stressful condition. Approximately 75-80% of family members of ICU patients experience anxiety or depression.¹ Even post-traumatic stress symptoms consistent with a moderate to major risk of post-traumatic stress disorders have been found in approximately one third of the family members.² Factors contributing to stress-related symptoms among family members are many: uncertainty, lack of control over condition, possibility of losing a loved one, worry about future, and economic burden are obvious; compounded by factors such as lack of or improper communication from health care providers, feeling of being provided with incomplete information, longer stay in ICU, involvement in end-of-life decision making, death of the patient, female sex, younger age, etc.²⁻⁴

Family-centred care in ICU has been highly encouraged by various clinical practice guidelines and consensus documents recently.^{5,6} As music therapy is known to reduce stress and also has been explored in anxiety and depressive disorders, we planned this study to explore feasibility of live music therapy in waiting area outside ICU and to know how first degree relatives of ICU patients perceive, accept and respond to the novel concept in such setting.⁷

METHODS

The study was done at waiting area of the intensive care unit of Mahatma Gandhi Medical College & Research Centre (MGMCR), Pondicherry. Live music therapy in form of singing supported by instrument playing was performed for one hour session every week. Consent was obtained from all the participants. The songs consisted of popular devotional songs and prayers. After each session,

an 8-question questionnaire (Annexure 1) was given to first degree relatives of ICU patients who were present during the whole session in the waiting area. The subjects were asked to choose and tick mark the most appropriate response from the given choices for each question. The questions and the options were simple to understand; yet non-judgmental help was offered to the subjects who required such assistance. Responses were recorded for 100 subjects. Repeated inclusion of subjects was strictly avoided to ensure 100 neutral and new responses. The responses were analysed using simple biostatistics analysis techniques.

RESULTS

The live music therapy was performed in waiting area of the ICU for 10 weekly sessions. No difficulty or adversity was reported from any of the patients, relatives, doctors and hospital staff.

100 first degree relatives of the ICU patients participated in the study.

69% (n=69) and 24% (n=24) of the subjects rated the live music session as “excellent” and “very good” respectively. Only 1% (n=1) of the subjects considered it to be “average” and none considered it to be “poor”.

All the 100% (n=100) of the subjects reported that they enjoyed the music session. 73% (n=73) of them enjoyed the live music very much.

50% (n=50) and 35% (n=35) of the subjects reported that they felt “excellent” and “very good” respectively at the end of session. There was no subject who did not feel good after music session.

All the subjects felt that they needed such event at that time. 77% (n=77) of them felt that such even was “very much needed” for them. No subject considered the event to be of less need or no need.

59% (n=59) of the subjects reported the live music event appropriate to the place as it was relaxing; 26% (n=26) of the subjects reported that they had anxious thoughts as a result of the event. 9% (n=9) and 6% (n=6) of the subjects felt that the session was appropriate because it masked environmental sounds and improved their mood respectively.

All the subjects agreed that such participative music therapy program is positive in ICU waiting area; 85% (n=85) of them “strongly agreed”. Also, all the subjects disagreed that such music session was negative in ICU waiting area; 77% (n=77) of them “strongly disagreed”.

72% (n=72) and 20% (n=20) of the subjects responded with “excellent” and “very good” chances, respectively, that they would recommend future implementation of such live music therapy sessions in the hospital. Only 1%

(n=1) of the subjects found “poor” chances of such recommendation.

DISCUSSION

Music therapy is used in ICUs, neonatal ICUs, pediatric ICUs, and coronary care units for various benefits, including but not limited to, relaxation, stress reduction, pain reduction, emotional well-being, masking of sounds, growth enhancement in preterm neonates, etc. However, use of music therapy for relatives of ICU patients in waiting area of an ICU a novel concept.

Among various techniques of music therapy, we selected live music therapy for our study because live music administered by a music therapist has a great effect than recorded music and also it was possible for us to adapt to the subjects' real time needs with live music with their musical preferences and also different types of music unlike recorded music.^{8,9} A study in cancer patients has found that live music therapy is more effective in reducing tension-anxiety and in enhancing vigour as compared to use of tape-recorded music.¹⁰ We preferred devotional songs and prayers because not only spiritual support plays a buffering role in high-stress situations¹¹ but also it would be more culturally appropriate.

In our study, almost all the subjects enjoyed the live music in the waiting area; 85% of them felt very good or excellent at the end of session. Also, 99% of the subjects were in favour of recommending such sessions in hospital in future which suggests high acceptability of such interventions. Neither investigators nor the live music performers experienced any rejection, opposition or adversity from any of patients, their relatives, doctors, hospital staff and authorities.

We feel that although music therapy inside ICUs is more popular, music therapy outside ICUs also is potentially very useful. In the era of integrative medicine and family-centred patient care, our novel concept will find its place. Further such studies are needed to explore different music therapy techniques in such settings, to objectify effects on stress-levels of relatives of the ICU patients, and to know other advantages/disadvantages, if any.

CONCLUSION

We propose a novel concept of live music therapy sessions in waiting area of ICU. Such are feasible, acceptable and highly appreciated as well as encouraged by first degree relatives of ICU patients as found in our study. Stress-reducing, relaxing, socializing, and spiritual effects of music therapy can be beneficial to highly stressed family members of ICU patients. Our concept seems to have a good potential to be a part of family-centred ICUs. Further research will help to improve and to modify our concept to enhance its effectiveness and utility.

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