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REVIEW

Music therapy in nursing care in intensive care

Musicoterapia na assistência de enfermagem em terapia intensiva*

La musicoterapia en los cuidados de enfermería en cuidados intensivos

Cecília Nogueira Valença¹, Lorena Mara Nóbrega de Azevêdo², Aline Galúcio de Oliveira³, Samuel Sóstenes Araújo de Medeiros⁴, Fernanda Aparecida Soares Malveira⁵, Raimunda Medeiros Germano⁶

ABSTRACT

Objective: To analyze studies nationally published that discuss the use of music in nursing care in intensive care. **Method:** Descriptive study, systematic review of literature type, having as object the studies published about music therapy in the intensive care unit (ICU), in national journals accessed during the month of March, 2011. **Results:** Most of the publications were focused on pediatric care, not directed to the ICU, indexed in the LILACS database, predominantly literature review. **Conclusion:** With further study and dissemination of knowledge in the scientific community, health workers and nursing satisfaction can implement music therapy in health services. **Descriptors:** Nursing, Music therapy, Intensive care units.

RESUMO

Objetivo: Analisar os estudos publicados nacionalmente que abordam o uso da música na assistência de enfermagem em terapia intensiva. **Método:** Estudo descritivo, do tipo revisão sistemática da literatura e tendo como objeto os estudos publicados sobre a musicoterapia na unidade de terapia intensiva (UTI), em periódicos nacionais, acessados durante o mês de março de 2011. **Resultados:** A maior parte das publicações era voltada para assistência em pediatria, não direcionadas à UTI, indexada na base de dados LILACS, predominando a revisão de literatura. **Conclusão:** Através de mais estudos e da divulgação deste conhecimento na comunidade científica, as equipes de saúde e de enfermagem poderão implementar a contento a musicoterapia nos serviços de saúde. **Descritores:** Enfermagem, Musicoterapia, Unidades de terapia intensiva.

RESUMEN

Objetivo: Analizar los estudios publicados a nivel nacional que tratan el uso de la música en los cuidados de enfermería en cuidados intensivos. **Método:** Estudio descriptivo, tipo revisión sistemática de la literatura, teniendo como objeto los estudios publicados sobre la terapia de la música en la unidad de cuidados intensivos (UTI), en periódicos nacionales visitadas durante el mes de marzo de 2011. **Resultados:** La mayoría de las publicaciones se han centrado en la atención pediátrica, sin referirse directamente a la UTI, indexada en la base de datos LILACS, sobre todo en la revisión de la literatura. **Conclusión:** Con el estudio y la difusión del conocimiento en la comunidad científica, los trabajadores de la salud y la satisfacción de la enfermería puedan aplicar la musicoterapia en los servicios de salud. **Descriptor:** Enfermería, Musicoterapia, Unidad de terapia intensiva.

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INTRODUCTION

The environment of the intensive care unit (ICU) can evoke unpleasant feelings in patients hospitalized in it. The emergence of these feelings can have as contributing factors: the weakness and the severity of the clinical condition of the patient, an unknown space without sure forecasting about when they will return to their routine and home, health care for strangers, the little contact with family and loved ones; intense routine of exams and procedures, and the use of high-tech machines.

During hospitalization in ICU, less obvious concerns may occur because of previous experiences with the health care system and with people with the same condition that the patient met. People express fear differently. A patient can ask many questions repeatedly, still if the answers have not been given earlier. Another person may abstain, deliberately avoiding communication, perhaps by reading or watching television. Still others may talk about trivial things.

Often, patients feel powerless over the situation. Hospitalization may be delayed and the improvement of health condition is sometimes uncertain. The patient may occasionally express anger attacking verbally or physically any staff member, or to be argumentative or demanding. Refusing to cooperate and criticize the team's efforts in providing care are manifestations of anger and anxiety.

The music can be considered a simple technology when one takes into account that Brazilian culture is very musical. One can point to music as an innovative technology of care, as a systematic and creative activity, because it facilitates the expression of emotions, interpersonal communication and the ability to focus on healthy aspects of the client.¹

The music is still a method of alternative therapy little known by the nurses, it is an art that is growing, but there is still fear of staff in using it. One reason may be due to the small number of published studies, and thus music therapy ends up being little understood as a method of nursing care. Moreover, usually the nurse's assistance is tied to the traditional model of care, often geared only to management. It is expected that the music to be further studied as a therapeutic resource.²

Faced with this problem, studies affirm the importance of music therapy as a strategy for improving patients' emotionality. Still little explored in the process of nursing care, music brings plural possibilities of uses with advantages of interaction and participation beyond the primary and more direct relationship: the nurse and patient.

Studies in floral therapy and music therapy, among others, have been developed in our country and, although the research is in its infancy, the results show a promising path. In general, they need to be further researched and discussed that may be known for its limits and its real benefits, optimizing them in human health care, so that their information is more accurate and performed in a conscious and competent nurses.³

The nurse, if he presents to such conditions (and this implies, in some situations, in having specific training or training), can integrate more than one type of therapy, for example, music and motor activity or motor activity and therapeutic monitoring, motor activity and music, among others. Therapeutic modalities described bring many benefits to the patient, such as reducing anxiety and irritability, increased self-esteem and memory, social reintegration, among others.⁴

It is worth bearing in mind that, when thinking in creative nursing care and the possibility of the use of music in this context, in order to sustain their positive influences, we must be able to reflect on conscious use to maintain an ethical attitude related to respect for the autonomy of the

client want the presence of music in the therapeutic space, the choice at certain times and circumstances, as well as their musical preference.⁵

The objective of this research is to analyze the nationally published studies that address the use of music in nursing care in intensive care. Thus, such studies are important in the nursing field since enabling reflect on the role of nursing in addition to the established standards, and promote the integration of the sick individual with important points of his life.

METHODOLOGY

This study is in descriptive nature, it is a systematic literature review, had as purposes the studies published on the topic of music therapy in the ICU, in national journals indexed and specialized in healthcare. The choice at the national level intended to meet the use of music therapy through intensive studies published in the country.

Selected articles indexed in databases nursing (BDENF), Scientific Electronic Library Online (SciELO) and the Latin American and Caribbean Health Sciences (LILACS), accessed during the month of March 2011 to collect the studies scientific, using the keywords: music therapy, intensive care units and nursing.

Inclusion criteria were: studies published in national journals contained in these databases, abstracts and texts accessed in full, since addressing the themes: music and intensive care.

The data collection instrument was developed containing the following items: authors, year of publication, title of study, type of study and database that was available. The publications were analyzed to assess the relationship between music therapy in the context of the intensive care unit.

RESULTS AND DISCUSSION

Search results from descriptors of music therapy and intensive care were presented in tabular form with the data from the publications according to categories as the author, year of publication, database, publication title and research method. All items in Table 1 were available in Portuguese and in the database LILACS and SciELO Brazil. Not all ones are full articles.

Analyzing the table it is possible to show that there are still few publications focused on the importance and use of music therapy in the intensive care unit. Most publications were conducted within the neonatal or pediatric intensive care and they were conceived in 2006, indexed in the LILACS database and qualitative approach.

Qualitative research works with the universe of meanings, motives, beliefs, values and attitudes, corresponding to an area of deeper relationships, processes and phenomena that cannot be reduced to the operationalization of variables.⁶

Table 01 - Distribution of studies on music therapy in the intensive care unit according to author, year, database, and title research method. Natal/RN, 2011.

AUTHOR (YEAR)	TÍTULO OF PUBLICATION	RESEARCH METHOD	DATABASE
Backes; Oliveira; (2003)	Ddine; Backes Music: complementary therapy in the process of humanization of a CTI.	A descriptive study, qualitative approach	LILACS
Guazina; (2009)	Tittoni Music Therapy institutional in health of the worker: connections, interfaces and productions.	A descriptive study, qualitative approach	LILACS SCIELO e
Bartolomé; Freddi (2007)	Cid; Sedation and analgesia in children: a practical approach for the most frequent situations.	Literature Review	LILACS
Hatem; Mattos (2006)	Lira; The therapeutic effects of music in children after cardiac surgery.	Randomized clinical trial by placebo	LILACS SCIELO e
Andriola; (2006)	Oliveira The influence of music on the recovery of preterm infants in the NICU.	A descriptive study, qualitative approach	LILACS

Source: Database LILACS e SCIELO, 2010.

Search results from descriptors of music therapy and nursing were presented in tabular form with the data from the publications category as the author, year of publication, database, publication title and research method. All items in Table 2 were made available in Portuguese and in LILACS database, BDEF SCIELO and Brazil. We considered only the full texts, since there was no repetition with the articles already searched.

Health institutions already recognize the value of social and therapeutic art as applied to medicine, and the tendency to include it among hospital activities is increasing. Many forms of artistic expression have been developed in the hospital, such as painting, theater, literature and music. In this sense, numerous projects that incorporate other references have been published in the media, especially "Doctors of Joy", "Play is serious business", "Company of Laughter." The goal of these projects is to incorporate the process of hospitalization other interventions that enhance the process of developing juvenile, being elected as the artistic communication feature.⁷

Table 02 - Distribution of studies about music therapy and nursing according to author, year, database, and title research method. Natal / RN, 2011.

AUTHOR (YEAR)	TÍTULO OF PUBLICATION	RESEARCH METHOD	DATABASE
Leão; Silva (2004)	Music and chronic musculoskeletal pain: the potential evocative of mental images.	An exploratory descriptive study, correlational, comparative quantitative approach.	BDEF, LILACS e SCIELO
Ferreira; Remedi; Lima (2006)	The music as a resource in the care of hospitalized children: is it a possible intervention?	Bibliographical study	LILACS e SCIELO
Bergold; Alvim (2009)	Music therapy as a technology applied to the care and nursing education.	A qualitative descriptive study of two surveys.	LILACS
Andrade; Pedrão (2005)	Some considerations on the use of non-traditional therapeutic modalities by nurses in psychiatric nursing.	Literature Review	BDEF, LILACS e SCIELO
Bergold; Alvim; Cabral (2006)	The place of music within the therapeutic care: sensitizing nurses with musical dynamics.	Creative-Sensitive Method	LILACS e SCIELO
Silva et al (2008)	The therapeutic effects of music on patient with chronic renal failure on hemodialysis	Qualitative approach	BDEF e LILACS
Gonçalez; Nogueira; Puggina (2008)	The use of music in nursing care in Brazil: a literature review	Literature Review	LILACS
Trovo; Silva; Leão (2003)	Complementary therapies in public and private education: analysis of knowledge of nursing students	Exploratory, descriptive, transversal and field.	LILACS, BDEF e SCIELO
Guazina, Tittoni (2009)	Institutional music therapy in health of the worker: connections, interfaces and productions	Literature Review	LILACS e SCIELO

Source: Database LILACS e SCIELO, 2011.

In nursing, their therapeutic use began with Florence Nightingale, then, years later, by Isa Maud Seymour and Harryet Ilsen in caring for the wounded people of I and II World Wars. Considering mainly the reduction of stress and anxiety, it started to be used in various clinical situations and to control pain.⁸

Anxiety occurs in about 70 to 87% of patients admitted to intensive care units and it is commonly associated with stressors such as disease status and hospitalization, and it is increased significantly if related to their own individual and in respect of the grievances their health status.⁹

Thus, nursing activities can make use of some mechanisms to reduce anxiety, described in the literature, such as relaxation and music therapy to stimulate the release of endorphins by the

individual. To obtain an efficient musical intervention, one should consider some aspects such as musical preference, operating time, attributes and nature of music, age, stage of cognitive development, physiological effects and hearing acuity.

Another factor to consider is the desire of the patient to participate in activities involving music, because the effectiveness of the intervention will also depend on this variable. The musical hearing can be held in individual or group of patients, when done in a group, one can promote discussion about what participants felt when listening to certain music and what they represented for that intervention.

The nurse can be a facilitator of the process, when the implementation of the intervention of the musical services of health and defense of its use, not only participating in the execution of the project, but also in the evaluation of their effectiveness. Professionals who want to perform such intervention should seek specific knowledge to know how to act and what to develop.

We conducted a qualitative study aimed to observe the effects of music and singing as a source of harmonization in contact with patients hospitalized in the Intensive Care Unit (ICU), and verify the experience of the use of music in working relationships between the multidisciplinary team. The study was conducted from April to October 2000, in qualitative line, through speeches and written for patients and professionals. It was found that the songs most requested songs were religious and prestigious. According to the reports presented, the music seems, indeed, to harmonize the human being, bringing it back to more healthy patterns of thought, feeling and action, and still contributes significantly in the process of humanization.¹⁰

In another qualitative study we addressed the stimulation through music of neonates in the NICU, seeking to promote quality care for newborns hospitalized. The infants were observed during a week without musical stimulus to recognize the alterations in physiological and behavioral function of maturity, and they were subsequently observed in the presence of sound for a period of two weeks for each baby. The physiological results were improved oxygen saturation, body temperature regulation and heart and respiratory rates, and behavioral were facial expressions of pleasure (smile, vocalization, cochlear-palpebral reflex and sucking). The music therapy contributed to the health of newborns providing harmony with the environment in which they found themselves.¹¹

Another study was conducted with the objective of reviewing the indications, doses and routes of administration of sedatives, analgesics and muscle relaxants in children, as well as the monitoring methods of sedation. The results show that continuous administration of analgesics and sedatives prevents the appearance of phases of sub sedation and requires less care than intermittent administration. The use of protocols and monitoring through the use of clinical scores and objective methods allow adjusting medication more appropriately, avoiding over sedation, sub sedation and withdrawal syndrome. The non-pharmacological interventions such as music therapy, noise control, adequate use of light, massage and communication with the patient are complementary measures that help children to adapt to adverse hospital environment. It was concluded that sedation should be tailored to each child at all times. The use of protocols that facilitate the correct selection of drugs, proper administration and careful monitoring improve the quality of sedation and analgesia and reduce adverse effects.¹²

One study proposes and analyzes the music therapy as a strategy for production worker health, developed with professional nursing techniques in a pediatric intensive care unit of a public hospital in Porto Alegre / RS. The health care worker produces new theoretical, conceptual, practical, and ethical policies in the field of music therapy, linked to the territory of contemporary work and its settings, to "be" a worker and to health, and has implications for music therapy and in contemporary music

therapist. In light of the contributions of Foucault's work centered on the discussion of the hospital as production of subjectivities territory, mapping and analyzing the effects of this device, which are characterized by sound contexts. The research pointed controls and possible resistance and proposed the production of new subjectivities through the use of music in music therapy practice in a proposed institutional approach.¹³

It is necessary to arouse the attention brought to the wear and experienced by nursing staff in the ICU, not only considering the needs and subjectivities of the patient who receive the care and nursing care. Thus, the use of music therapy in this area may result in a caution broader, covering not only the critical hospitalized patients, but also becoming milder the exercise of professional activities of intensive care.

CONCLUSION

Musical activity as part of a culture, created and recreated by making reflective, emotional man, is experienced in the social, historical, located in time and space, the affective-evolutionary dimension and shared meanings. Thus, it can speak of collective experiences and unique music, always amid the socio-historical context. People in groups, in relationships, according to historical, cultural, attribute and construct meanings to music from their experiences.

Music therapy and its effects can be used by nursing staff in the care of people hospitalized in the intensive care unit, assisting in their treatment. More research is needed, that demonstrate the benefits that music provides in intervention to the patient / client, family and healthcare team. Through further study and dissemination of this knowledge in the scientific community, health teams and nurse can implement to the satisfaction music therapy in health services; thus humans may be careful so smooth in his critical and fragile health.

REFERENCES

1. Bergold LB, Alvim NAT. A música terapêutica como uma tecnologia aplicada ao cuidado e ao ensino de enfermagem. *Esc Anna Nery*. 2009;13(3):537-42.
2. Gonçalves DFC, Nogueira ATO, Puggina ACG. O uso da música na assistência de enfermagem no Brasil: uma revisão bibliográfica. *Cogitare Enferm*. 2008;13(4):591-6.
3. Trovo MM, Silva MJP, Leão ER. Terapias alternativas/complementares no ensino público e privado: análise do conhecimento dos acadêmicos de enfermagem. *Rev Latinoam Enferm*. 2003;11(4):483-9.
4. Andrade RLP, Pedrão LJ. Algumas considerações sobre a utilização de modalidades terapêuticas não tradicionais pelo enfermeiro na assistência de enfermagem psiquiátrica. *Rev Latinoam Enferm*. 2005;13(5):737-42.
5. Bergold LB, Alvim NAT, Cabral IE. O lugar da música no espaço do cuidado terapêutico: sensibilizando enfermeiros com a dinâmica musical. *Texto Contexto Enferm*. 2006;15(2):262-9.
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 8ª ed. São Paulo: Hucitec; 2004.
7. Ferreira CCM, Remedi PP, Lima RAGL. A música como recurso no cuidado à criança hospitalizada: uma intervenção possível? *Rev Bras Enferm*. 2006;59(5):689-93.

8. Leão ER, Silva MJP. Música e dor crônica músculoesquelética: o potencial evocativo de imagens mentais. *Rev Latinoam Enferm.* 2004;12(2):235-44.
9. Hatem TP, Lira PIC, Mattos SS. Efeito terapêutico da música em crianças em pós-operatório de cirurgia cardíaca. *J Pediatr.* 2006;82(3):186-92.
10. Backes DS, Ddine SC, Oliveira CL, Backes MTS. Música: terapia complementar no processo de humanização de uma CTI. *Nursing.* 2003;6(66):37-42.
11. Andriola YM, Oliveira BRG. A influência da música na recuperação do recém-nascido prematuro na UTI neonatal. *Nursing.* 2006;8(99):973-8.
12. Bartolomé SM, Cid JLH, Freddi N. Sedação e analgesia em crianças: uma abordagem prática para as situações mais frequentes. *J Pediatr.* 2007;83(Suppl 2):71-82.
13. Guazina L, Tittoni J. Musicoterapia institucional na saúde do trabalhador: conexões, interfaces e produções. *Psicol Soc.* 2009;21(1):108-17.

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