

LIVE THERAPEUTIC
MUSIC IN THE ICU IS
ACCEPTABLE,
APPROPRIATE, AND
FEASIBLE. BOTH
ICU CLINICIANS AND
MUSICIANS
IDENTIFIED
BENEFITS OF A
THERAPEUTIC
MUSIC PROGRAM
IN THE ICU.

IMPLEMENTING AND EVALUATING A THERAPEUTIC MUSIC PROGRAM IN THE ICU

VANDERBILT  HEALTH

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INTRODUCTION

Therapeutic music has been shown to provide significant physical and mental health benefits to patients, yet limited information is available on the impact of live classical music in the intensive care unit (ICU) setting.

OBJECTIVES

The purpose of this practice improvement initiative was to implement and evaluate a therapeutic music in the ICU program. Pre-pandemic, live classical music was provided at the patient's bedside by musicians using a variety of instruments including piano, flute, viola, cello and violin. The program was transitioned to a virtual format using a large iPad on wheels due to COVID-19-related visitation restrictions.

METHODS

A descriptive survey methodology was used to obtain information from volunteer musicians, clinical nurses, patients, and family members.

- Researchers used a 12-item anonymous web-based survey to collect information on the therapeutic music program's benefits, acceptability, appropriateness, and feasibility. The Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM) statements developed by Weiner et al (2017) was used to evaluate the music program
- The AIM, FIM, and IAM are four-item measures of implementation outcomes that are often considered indicators of implementation success (Proctor et al., 2011). Responses are provided on a 5-point Likert scale ranging from completely agree to completely disagree.
- The survey also included questions addressing potential barriers to and facilitators of implementing therapeutic music in the ICU.
- Participants were recruited through convenience sampling via workplace email using a Research Electronic Data Capture (REDCap) survey.
- Descriptive statistics were used to analyze the data. Data were summarized and reported in aggregate.

RESULTS

- Clinical ICU staff (n=20), volunteer musicians (n=6) and patients (n=20) and family members (n=10) identified that therapeutic music was acceptable in the ICU.
- Similarly, a majority (73.3%) indicated that therapeutic music was appropriate and feasible.
- Of the volunteer musicians, all (n=6, 100%) identified having a mobile piano as a facilitator, most (n=5, 83.3%) identified having a patient and family-centered care environment and supportive ICU staff as facilitators, and four (66.7%) identified private ICU rooms and trained musicians as facilitators.
- Several barriers were also identified, including severity of patient illness and infection prevention concerns (n=5, 83.3%), space limitations in the ICU and patient privacy concerns (n=2, 33.35), and patients being asleep (n=1, 16.75).

CONCLUSIONS

- The results of this initiative indicated that therapeutic music in the ICU was rated as acceptable, appropriate and feasible.
- ICU staff, patients and family members reported benefits from hearing the live music including feelings of relaxation, the music being a pleasant experience, and a welcomed interruption to the busy ICU environment.
- Volunteer musicians reported the ability to provide live music in the ICU to be a beneficial and enjoyable experience.

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