



## USE OF MUSIC THERAPY IN NURSING CARE FOR PATIENTS

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### Abstract

Integrative palliative and palliative treatment is a therapy approach that views patients as whole individuals made up of interconnected systems. The multidisciplinary treatment team is faced with the task of considering the ethical and efficient offer of comprehensive treatments that simultaneously address various systems at the end of life via cotreatment. Nurses and music medical professionals, as direct care professionals who often interact with patients as well as caregivers, are in a favorable position to work together in delivering comprehensive care. This article outlines the procedures that nurses and music therapists may use to handle family support, spirituality, mourning, and telemedicine. These processes include referral, evaluation, and treatment. Provided are clinical vignettes that demonstrate the development of cotreatment and its possible advantages in various situations. Within this framework, music therapy is established as an essential service in hospice care, rather than being considered an alternative or supplementary option. It fulfills the necessary counseling services outlined in Medicare's Rules of Participation for hospice practitioners. The deliberate and organized collaboration between nurses and musicians could offer patients and caregivers the opportunity to receive high-quality and complete care, which can facilitate smooth and healthy transitions throughout the dying process.

**Keywords:** hospice, integrative medicine, palliative care, transdisciplinary, music therapy, nursing.

### 1. Introduction

Integrative care is a collection of methods and approaches that view patients and their health as interconnected parts of complex cultural and health environments. It promotes equal partnership between specialists, patients, and informal caregivers, and requires comprehensive treatment that addresses health needs across various dimensions such as psychological, physiological, physical, spiritual, social, and emotional.<sup>1-3</sup> There is no one-size-fits-all model of integrative care in hospice and palliative care, but the guiding principle is that the type and quality of treatment are determined by the expertise of each healthcare professional.



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Cotreatment is a kind of teamwork when two or more healthcare professionals work together in an equal and fair manner. They use their unique approaches during a clinical encounter to address the overall well-being of the patient. Cotreatment emphasizes a democratic approach where no one healthcare professional has a dominating or hierarchical role. Instead, knowledge is shared among experts and with the patients themselves. Existing research has discussed the collaboration of music therapists in physical rehabilitation, medical inpatient, and military therapeutic settings. However, the concept of cotreatment in hospice has not been thoroughly investigated. Nurses, who serve as case managers in hospice and have extensive in-person interactions with patients and caregivers, are well-suited to collaborate with music therapists. Music therapists, who also provide direct care during all stages of the dying process, may form an excellent partnership with nurses. 5-7

## 2. Music Therapy

Music therapy is an essential component of hospice and palliative care. Music therapy, like nursing, is a health care discipline that is supported by evidence and accredited by a board. It is growing in its clinical and academic presence in hospice and palliative care. The nursing interventions are created and delivered based on empirical study findings. Nursing must acknowledge and promote the growing body of literature that demonstrates the effectiveness of music therapy in addressing various symptoms and health conditions, such as anxiety, pain, and resolution/closure, in hospice care. Music therapy also proves beneficial to other members of the interdisciplinary treatment team and provides essential support to patients and caregivers in preparing for death, saying goodbye, and finding meaning in these experiences. In recent years, theoretical and clinical models have emerged, allowing for the development of dynamic protocols for assessment, intervention, and evaluation. As a result, best practices in hospice care have started to take shape, providing clinicians with guidance on clinical decision-making based on potential benefits and risks.8-11

Although there have been improvements in the implementation of music therapy, it has been difficult to establish it as a fundamental service in hospice care. This is due to many hurdles that hinder the successful collaboration between music therapists and nurses, who are part of the multidisciplinary treatment team. A problem that arises is the lack of uniformity in the use and responsibilities of music therapists across different hospice services. Full-time employees often serve as members of the treatment team and routinely engage in routine team meetings and treatment planning with nurse case managers, social workers, and chaplains. In contrast, part-time or per diem employees are generally excluded or prohibited from participating in these activities. Cotreatment possibilities arise when music therapists are given the opportunity to collaborate with team members and coordinate care plans, resulting in improved access to full holistic care for patients and caregivers. 12

Furthermore, the widespread acceptance and use of music therapy in hospices are impeded by the hierarchical systems of delivering services and managing operations. Certain hospices

include music therapists with other psychosocial-spiritual specialists such as social workers, spiritual care counselors, and grief coordinators. In contrast, other hospices categorize music therapy as a "complementary" or "adjunctive" treatment. When music therapists are marginalized, referrals for music therapy tend to prioritize general music enjoyment or socialization, which can be addressed by music volunteers who are not trained healthcare professionals, rather than focusing on specific clinical needs such as acute pain, labored respirations, complicated prebereavement, and heightened depression/anxiety. Research has shown that both staff members and hospice administrators may lack a comprehensive understanding of the various therapeutic objectives that music therapists can address. This lack of knowledge is further exacerbated when music therapists are perceived as being different from other forms of psychosocial-spiritual support. 13-15

However, the main hindrance has been the exclusion of music therapy from Medicare's Hospice Conditions of Participation (CoPs), which is the regulatory document that governs the nature of hospice care in the United States. The CoPs specify the essential services that every hospice provider must offer, but they do not provide a comprehensive philosophical definition of what is considered essential. Instead, they identify four specific services as core: physician, nursing, medical social, and counseling.

It is important to note that Code 418.64 does not mention or suggest the use of music therapy. Furthermore, the CoPs do not have specific requirements that mandate the provision of music therapy to all patients. Therefore, hospices are not required to allocate funds for a board-certified music therapist or include music therapists as part of the treatment team, even if they are hired. This exempts hospices from examining how music therapy corresponds with a comprehensive and integrated care plan.17-19

Among the four "standard" services outlined in the CoPs, only counseling is specified without specifying the specific type of professional required to provide this service. According to the CoPs, counseling services should be accessible to both the patient and their family in order to help them cope with the challenges and difficulties that arise from the terminal illness, related conditions, and the process of dying. This definition also implies the need for counseling services to offer support at a broader family level. Furthermore, the text specifies two specific types of counseling: bereavement (pp77-78) and spiritual (p79). By not specifying the specific profession, it allows for any professional field that deals with family support, bereavement, and spiritual needs to be recognized as a fundamental service.

The Certification Board for Music Therapists supports the capacity and ability of music therapists to address various needs. The Board Certification Domains, which are updated every 5 years, outline the areas in which music therapists are competent. These domains emphasize that music therapists assess, treat, and evaluate family systems support, address patients' and caregivers' spiritual needs, and provide bereavement support. The literature referenced at the beginning of this post provides further evidence to support this claim.

Therefore, music therapy is considered a fundamental service that may effectively deal with family systems, spirituality, and mourning, as outlined in the CoPs. It can also be provided as a telehealth service during the COVID-19 pandemic, when virtual service delivery is required. Core service, as used in this context, refers to a direct healthcare practice that has a distinct and important function in helping patients have a dignified death and assisting caregivers in coping with grief. This position is supported by three factors within the context of the CoPs' framing of counseling. Firstly, music therapy is effective in addressing multiple areas of care at the end of life, making it a diverse practice. Secondly, music therapy is distinct from other treatment team services as it focuses on transformational change and health gains in the musical domain, similar to chaplaincy and the spiritual/religious domain. Lastly, music therapy has the capacity to collaborate with colleagues on the interdisciplinary treatment team, drawing from creative arts, psychology, spirituality, and medicine to provide holistic care. 18-20

### **3. Nursing as a professional ally in hospice care**

In 2016, the American Nurses Association (ANA) and the Hospice and Palliative Nurses Association organized a panel to address several topics, including the methods and tactics for nurses to take charge and revolutionize palliative care. According to the ANA, there are now 3.8 million registered nurses throughout the country who have the chance and duty to provide comprehensive care.

In 2016, the ANA updated its position statement on the nurse's role and duties in delivering end-of-life care. The amended statement included the following:

Nurses have a duty to provide thorough and empathetic care to patients nearing the end of their lives. It is important for nurses to work together with other healthcare professionals to effectively manage symptoms and give assistance to both the patient and their family.<sup>21</sup>

Comprehensive treatment encompasses all aspects of the patient, including their physiological, spiritual, mental, and cultural dimensions. Effective achievement of this goal relies only on the collective efforts of team members, which include both the patient and their family. In order to get relief from symptoms and maximize comfort, it is important to examine both pharmacological and non-pharmacological approaches, taking into account the patient's preferences. Nurses must advocate for accessible and effective nonpharmacologic therapies in end-of-life care.

In light of the current COVID-19 pandemic, Rosa and her colleagues<sup>22</sup> have advocated for the development of easily accessible forms of universal palliative care. They have also emphasized the need for more discussion on the pivotal role of palliative nurses. Nurse scientists and clinicians should investigate, create, and implement effective strategies to handle end-of-life care during acute emergencies. Telehealth and digital communication platforms provide possibilities to support the ongoing provision of comprehensive and holistic healthcare.

The Roy Adaptation Model is a nursing theoretical framework that may provide guidance for this task. This concept embraces a comprehensive approach and asserts that an individual is always engaged with a dynamic environment, including both present and previous stimuli, which might impact their well-being and medical care. End-of-life care may be impacted by enhanced person-environment interactions, or more precisely, increased adaptability. Bowers and Wetsel<sup>23</sup> conducted an integrated study on the use of music therapy in palliative and hospice care, using this methodology. Their research found that anxiety, pain, sadness, and quality of life were the primary factors leading to referrals for music therapy. The majority of studies showed that symptoms were decreased either in a single session or in many sessions. A study conducted a cost-benefit analysis and discovered that implementing music therapy intervention resulted in a decrease in nurse visits and medication usage, leading to a savings of \$3.14 per patient per day. This amounted to a total savings of \$2984 throughout the study. A comprehensive review of 124 randomized controlled trials in palliative care revealed that the majority of studies showed significant positive outcomes for patients and caregivers. Nurse-only interventions accounted for 39% of the trials, but the most successful models of care involved a team-based approach. <sup>24</sup>

Nurses are unable and should not do this activity in isolation. Nurses fulfill the roles of both leaders and collaborators in the creation of novel and efficient healthcare delivery systems. By collaborating with music therapists, nurses may provide a comprehensive and cooperative approach to end-of-life care and perhaps transform the dynamics within healthcare institutions that offer palliative care. Crucially, multidisciplinary collaborations like this one may promote the involvement of patients and their families in decision-making processes that go beyond the physical aspects of healthcare, and also improve the psychological, spiritual, and cultural aspects.

#### **4. Collaboration between music therapists and nurses**

The following anecdotes provide a comprehensive account of actual collaborative cotreatment conducted by music therapists and nurse case managers. This cotreatment effectively meets the mandated counseling services outlined in the CoPs, which include family support, spirituality, and mourning. Additionally, it explores the emerging field of telehealth service delivery. These examples illustrate how collaborative therapy, based on reciprocal cooperation among stakeholders, may enhance care beyond what a single service can provide by combining multiple areas of knowledge and scopes of practice.<sup>25,26</sup>

#### **5. Conclusion**

Cotreatment refers to a deliberate collaboration between music therapists and nurses to solve exceptional or long-lasting treatment requirements within multidisciplinary treatment teams. It entails working together as equal partners, ensuring that everyone has an equal say, investment, and ability to influence the outcome of a problem. This approach encompasses the whole of the systems involved, including those inside and around the patient, so enabling a more thorough and holistic treatment plan.

Music therapy should be officially acknowledged as an essential hospice service, enabling music therapists to redirect their time into creating new therapeutic approaches and broadening their range of activities. This would enhance the experience for treatment team members, patients, and caregivers, resulting in more frequent visits, a wider range of therapeutic treatments, and improved integration of service delivery.

Future research should establish music therapy as an essential component of end-of-life care, establish co-treatment protocols for music therapy and other interdisciplinary treatment team disciplines, and investigate how the unique scopes of practice for each interdisciplinary treatment team member interact with music therapy in the delivery of comprehensive care. The idea of integrative care may provide the best possible services for patients and caregivers as they navigate the process of grieving.

## References

1. Chiamonte DR, Adler SR. Integrative palliative care: a new transformative field to alleviate suffering. *J Altern Complement Med.* 2020;26(9):761–765.
2. Leonard H. Live music therapy during rehabilitation after total knee arthroplasty: a randomized controlled trial. *J Music Ther.* 2019;56(1):61–89. [
3. Halle NC. A Theoretical Model of Contributing Variables in Music and Physical Therapy Co-Treatment in Pediatric Physical Rehabilitation [dissertation]. Lawrence, KS: The University of Kansas; 2018.
4. Khan SH Wang S Harrawood A, et al.. Decreasing delirium through music (DDM) in critically ill, mechanically ventilated patients in the intensive care unit: study protocol for a pilot randomized controlled trial. *Trials.* 2017;18(1):574.
5. Vaudreuil R, Biondo J, Bradt J. Music therapy with active-duty service members: group protocol description and secondary analysis of protocol evaluations. *Music Ther Perspect.* 2020;38(2):167–177.
6. Gallagher LM. The role of music therapy in palliative medicine and supportive care. *Semin Oncol.* 2011;38(3):403–406.
7. Gao Y Wei Y Yang W, et al.. The effectiveness of music therapy for terminally ill patients: a meta-analysis and systematic review. *J Pain Symptom Manage.* 2019;57(2):319–329.
8. Gutsell KJ Schluchter M Margevicius S, et al.. Music therapy reduces pain in palliative care patients: a randomized controlled trial. *J Pain Symptom Manage.* 2013;45(5):822–831.
9. Warth M, Kessler J, Hilliecke TK, Bardenheuer HJ. Trajectories of terminally ill patients' cardiovascular response to receptive music therapy in palliative care. *J Pain Symptom Manage.* 2016;52(2):196–204.
10. Horne-Thompson A, Bramley R. The benefits of interdisciplinary practice in a palliative care setting: a music therapy and physiotherapy pilot project. *Prog Palliat Care.* 2011;19(6):304–308.

11. Schmid W Rosland JH von Hofacker S, et al.. Patient's and health care provider's perspectives on music therapy in palliative care—an integrative review. *BMC Palliat Care*. 2018;17(1):32.
12. DiMaio L. Grief choir: a retrospective narrative study of lived experiences. *Qual Inq Mus Ther*. 2019;15:1–33.
13. Potvin N, Bradt J, Ghetti C. A theoretical model of resource-oriented music therapy with informal hospice caregivers during pre-bereavement. *J Music Ther*. 2018;55(1):27–61.
14. Kirkwood J Graham-Wisener L McConnell T, et al.. The MusiQual treatment manual for music therapy in a palliative care inpatient setting. *Brit J Music Ther*. 2019;33(1):5–15.
15. Wood C Cutshall SM Wiste RM, et al.. Implementing a palliative medicine music therapy program: a quality improvement project. *Am J Hosp Palliat Care*. 2019;36(7):603–607.
16. Potvin N, Flynn C, Storm J. Ethical decision-making at intersections of spirituality and music therapy in end-of-life care. *Music Ther Perspect*. 2020;38(1):20–24.
17. O'Kelly J, Koffman J. Multidisciplinary perspectives of music therapy in adult palliative care. *Palliat Med*. 2007;21(3):235–241.
18. Horne-Thompson A, Daveson B, Hogan B. A project investigating music therapy referral trends within palliative care: an Australian perspective. *J Music Ther*. 2007;44(2):139–155.
19. Centers for Medicare & Medicaid Services .Hospice Conditions of Participation. October 9, 2015
20. Certification Board for Music Therapists . Board Certification Domains.
21. American Nurses Association . Position statement: nurses' role and responsibilities in providing care and support at end of life
22. Rosa WE, Meghani SH, Stone PW, Ferrell BR. Opportunities for nursing science to advance patient care in the time of COVID-19: a palliative care perspective. *J Nurs Scholarsh*. 2020;52(4):341–343.
23. Bowers TA, Wetsel MA. Utilization of music therapy in palliative and hospice care: an integrative review. *J Hosp Palliat Nurs*. 2014;16(4):231–239.
24. Running A, Shreffler-Grant J, Andrews W. A survey of hospices use of complementary therapy. *J Hosp Palliat Nurs*. 2008;10(5):304–312.
25. Singer AE Goebel JR Kim YS, et al.. Populations and interventions for palliative and end-of-life care: a systematic review. *J Palliat Med*. 2016;19(9):995–1008.
26. Leviton LC, Melichar L. Balancing stakeholder needs in the evaluation of healthcare quality improvement. *BMJ Qual Saf*. 2016;25:803–807.
27. Velando-Soriano A, Ortega-Campos E, Gómez-Urquiza JL, Ramírez-Baena L, De La Fuente EI, Cañadas-De La Fuente GA. Impact of social support in preventing burnout syndrome in nurses: a systematic review. *Jpn J Nurs Sci*. 2020;17(1):e12269.
28. Kim Y. Music therapists' job demands, job autonomy, social support, and their relationship with burnout and turnover intention. *Arts Psychother*. 2016;51:17–23.