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MUSIC: A CARE STRATEGY FOR PATIENTS IN INTENSIVE CARE UNIT MÚSICA: ESTRATÉGIA CUIDATIVA PARA PACIENTES INTERNADOS EM UNIDADE DE TERAPIA INTENSIVA

MÚSICA: LA ESTRATEGIA CUIDATIVA PARA PACIENTES EN UNIDAD DE CUIDADOS INTENSIVOS

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ABSTRACT

Objective: to examine the perceptions of patients admitted to the Intensive Care Unit on the use of music in their care. **Method:** research convergent-care nature, whose subjects were six patients who listened to the songs of your choice, for a minimum of 30 min / day for three consecutive days. Was used for this purpose an apparatus MP4, headphones and CDs Data were collected through semi-structured interviews and speeches were subjected to content analysis technique. The research project was approved by the Research Ethics Committee under Protocol No. 221/2009. **Results:** listening to music in the ICU environment given participants feelings of hope, faith and inner peace, joy and expressions of relaxation, contributing to greater confrontation hospitalization. **Conclusion:** the song proved to be an effective tool to therapy in the ICU of the individual leading to a process of caring sensitive, creative and humanized. **Descriptors:** Music; Intensive Care Unit; Nursing.

RESUMO

Objetivo: analisar a percepção de pacientes internados em Unidade de Terapia Intensiva sobre o uso da música no seu cuidado. **Método:** pesquisa de natureza convergente-assistencial, cujos sujeitos foram seis pacientes, que escutaram as músicas de sua escolha, por um período mínimo de 30 min/dia, durante três dias consecutivos. Foi utilizado para este fim um aparelho de MP4, fones de ouvidos e CDs. Os dados foram coletados por meio da entrevista semiestruturada e as falas foram submetidas à Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob Protocolo nº 221/2009. **Resultados:** a escuta musical no ambiente da UTI propiciou aos participantes sentimentos de esperança; paz interior e fé; alegria e expressões de relaxamento, contribuindo para maior enfrentamento da hospitalização. **Conclusão:** a música demonstrou ser uma ferramenta eficaz à terapêutica do indivíduo internado em UTI conduzindo a um processo de cuidar sensível, criativo e humanizado. **Descritores:** Música; Unidade De Terapia Intensiva; Enfermagem.

RESUMEN

Objetivo: analizar las percepciones de los pacientes ingresados en la Unidad de Cuidados Intensivos en el uso de la música en su cuidado. **Método:** la investigación convergente-cuidado de la naturaleza, cuyos temas eran seis pacientes que escuchaban las canciones de su elección, por un mínimo de 30 min / día durante tres días consecutivos. Se utilizó para ello un aparato MP4, auriculares y CD de datos fueron recolectados a través de entrevistas semi-estructuradas y los discursos fueron sometidos a la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación en virtud del protocolo N ° 221/2009. **Resultados:** escuchar música en el entorno de la UCI dado sentimientos de los participantes de la esperanza, la fe y la paz interior, alegría y expresiones de relajación, lo que contribuye a la hospitalización confrontación mayor. **Conclusión:** La canción resultó ser una herramienta eficaz para el tratamiento en la UCI de la persona que lleva a un proceso de cuidar sensible, creativo y humanizado. **Descriptor:** Música; Unidad de Cuidados Intensivos; Enfermería.

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INTRODUCTION

The use of music to improve physical wellbeing and mental practiced since ancient times, however, only in recent decades, began to be understood as a science and profession. The first therapeutic use of music as a way of humanizing health care and was reported in 1859 by nurse Florence Nightingale, having been used along with veterans of the First and Second World War. Later that century it is reported that two nurses musicians U.S. - - Isa Maud Ilsen and Harriet Ayer Seymor - used music as a therapeutic resource for relieving physical and emotional pain of wounded soldiers.¹

However, it was from the 40s of the twentieth century that scientific studies have approached music as a therapeutic resource in Europe and the United States, and laid the first foundations of their current practices, and the observation of the effect of music among the convalescing from war, especially the Second World War, was what gave great contribution to this research.²

Indeed, he began to understand how music exerts therapeutic action in the human body-mind, validating, then, that many have perceived: the power of music in elucidating emotions, provide physical and mental relaxation, flourish positive feelings and memories of happy and sad moments. From the last decades of the century. XX has been evidenced an explosion of scientific studies on the physiological effects that music has on the human body, such as changes in heart and respiratory rate, blood pressure changes, muscle relaxation, increasing metabolism, reducing sensory stimuli such as pain and other.¹

In nursing, music is used as a complementary intervention for pain relief and other diagnoses, for example, the spiritual distress, sleep disorder, of hopelessness, of the risk of loneliness, social isolation and stress. Scholars agree that the multivariate therapeutic possibilities of musical melody are due to its influence on the process of human living, it was born of your mind, your emotions, which gives the power to achieve it in their hearts and give change.⁴

This phenomenon occurs because the process of hearing music positively affects the release of brain chemicals that can regulate mood, reduce aggression and depression. This chemical reaction brain shows up as valuable in the treatment of sick people in hospital, and, most striking in the Intensive Care Unit (ICU) where patients usually develop feelings

of stress and anxiety by being in an environment of high complexity wrapped and meanings derived from the imagination of people of finitude of life, in which they have to deal with a difficult situation and often unknown.

In this environment, the ICU, the music is able to influence and transform the environment, behavior and feelings of individuals.⁶ Thus, its use as proportioner of physical relaxation and spiritual constitutes an added value to the practice of health care to patients who are in a state of weakness; reversing into a complementary alternative direction in promoting life. Observed in this horizon, it is necessary to think beyond the hospital care of pharmacological interventions, and meet innovative methodologies and complementary to conventional, such as the use of music in the care of a multidimensional perspective.

Under the aegis of knowledge about the effects of music on the human organism, this study aimed to analyze the perception of patients admitted to the Intensive Care Unit on the use of music in their care.

METHOD

Study nature convergent-care, qualitative approach,⁷ developed in the ICU of a public hospital in the state of Bahia, held from April to September 2010. Participants were six patients in the ICU of adults who met the inclusion criteria: a) be oriented and able to establish verbal communication, b) like to listen to music, and c) the minimum age of 18 years.

Survey participants listened to the songs individually selected by them for three consecutive days, for a minimum of 30 min / day, which varied according to his desire, expressed verbally. We used the tools MP4, headphones and individual CDs of various musical styles. The researcher stood beside the participant throughout the duration of musical listening.

The data collection instrument used was the semistructured interview, being made to this end an interview script in two parts. The first part of the script, applied only at first contact, purposed to characterize the participants and know your musical preferences, selection of songs they like. The second part of the script was applied after the third day of musical listening and consisted of questions seeking to know the participants' perceptions regarding the use of music in their care.

The subjects of the interviews were

recorded and transcribed immediately after its completion. It was thorough process to go building the mosaic of primary categories and range of data saturation. The categories were defined after a journey of twists and turns, where was unfolding the way for understanding the participants' perceptions regarding the use of music. This interactive process followed the model proposed by Miles and Huberman⁹, converging on content analysis.

In this study were guaranteed anonymity of the subjects, identified by playfully musical notes, as well as the colloquial form was preserved expressed in their speeches. The project was approved by the Ethics and Research (CER), the State University of Southwest Bahia (UESB), receiving assent with Protocol No 221/2009. The research followed all the rules of the 196/968 and the study subjects signed an Informed Consent Form (ICF) prior to completion of the procedures for data collection.

RESULTS

Survey participants were asked about their perceptions of the use of music in ICU. All reported feeling well with the use of music and recommended its implementation in the ICU setting. None of the patients approached refused to participate in the study and only 02 were discharged during the period of data collection and had to be excluded.

The research involved the participation of six individuals who were aged between 22 and 64 years, all male, five of them were married and living with their spouse, and one was single, three studied elementary school, two middle school, and one was illiterate. Regarding profession / occupation none of the participants was a musician, three of them were farmers, one was a standalone and two were retired. Regarding the reasons for hospitalization: four due to Acute Myocardial Infarction: a state of liberation for surgical procedures, and a generalized infection by. Participants remained in the ICU and monitored by researchers throughout the research period.

DISCUSSION

The song proved to be a universal language, which allows the relationship with subjective human beings, capable of generating senses, beyond the limits of verbal expression. Walks through the space of emotions and enables the mobilization of contents with which verbal communication is not enough to handle, which finds support in

the literature, indicating how useful is the meaning assigned by people to describe and interpret a particular experiential and contextual reality .

The music used therapeutically in this study purposed to make the mind of the participants unimaginable tread paths, and enable stimulation of affective memory and can be reversed on a strategy for the resumption of feelings and memories of the pleasurable sensations. Music is able to form the soundtrack of our times, enabling a retrospect of life, a reliving of memories and emotions related to significant events, which, in turn, can facilitate the meeting of meaning and purpose of existence¹⁰, so these by subjects:

Actually I did not think much know, I was just remembering my father, my mother. My wife and my son, you know, gave a hope in the heart [...] (DÓ).

[...] The music gave me the best memories of my life. Good times, joy, before that happened here in this place. I also felt lighter, more relaxed, peace in my mind and heart. Because music came and moved in the most beautiful I bear in my heart [...] (MI).

The language, rhythm, melody, form, tone, harmony, timbre, instrumentation and vocals make the song can touch the human being and lead you to make changes before they are explained, but felt, as expressed by 'DÓ'. It is able to provide burst of memories anchored in human relations and structural be so reported by 'MI', so for music scholars is a sign that embodies a particular mode of being of affection that leads to the flow of mental images.¹¹

This occurs because the music has a direct relationship with culture and health, supporting its use for therapeutic, considering the influence of the cultural context of the subject, relating to the significant events of his life.

I thought of my children with me people happy, made me think about life, in my attitudes, in my wrong decisions. I was already faltering know! But these memories the music brought me, reminded me that I have too much to do and live for my family (LÁ).

It is noted in the speech that music was able to provide the rescue of good recollections and memories of past and present experiences, which contributed to a reassessment of the life and being in the ICU setting. About this find studies in the literature, indicating that, reliving memories through music stimulus is facilitated by the

expression of feelings and experiences of narratives, not only related to the illness, but the experiences of life.¹²

It was evident also in the speeches of the participants that the ICU environment favors the emergence of a feeling of loneliness, and this fact was reversed in one of the main factors related to anxiety enunciated by the research subjects because they did not understand why the rules adopted in ICU length of stay as to their families in times of access. Said handle is strict, isolation and removal of parent entities at a time when wishing to be closer together to each other. And so, in the absence proximal were more emotionally exposed to disease flare.

[...] Neither family law we can see that they do not leave, my wires come here quick, nor have time to talk right now and go away, they say they can not stay long, I have to rest, but how can I rest if my Woman suffers, my daughter? [...] Best of all will be left and see my whole family again, here anyone can enter, only one per day, then who else comes in and my wife, because woman is a woman, right? I'm homesick for everyone. But this pain will pass my daughter, will pass. Tomorrow I leave here there is only joy (DÓ)

[...] I'm homesick for my family. I have not seen today, I think only later right? The worst of it is here, almost lost touch with our family. I already admitted (in the unit of the surgical clinic) here a few times, had surgery and was hospitalized for a few days there, there was not so bad, we could have the family side, it was a lot of people in the room, where I made friends, my children and my wife stayed with me until my wife gave me a bath. Here in the ICU not, is different. The family of people only comes a little [...]. (RE)

[...] Stay here in the ICU is horrible, the people here treat me well, but it is not good. You have no one to talk to, others here are much worse than me, too scary to stay here, just makes us remember the death, it seems that death is in the air [...]. (MI)

[...] Should're all worried about me and they can not come here to see me, only my wife and just a little thing 15 min. It is too sad to be here, losing contact with family, with friends. (SOL)

[...] My family is very sad, we can not see the children right, the wife goes quickly, something half an hour, I miss my life, my friends, my family. [...]. (LÁ)

Given the loneliness expressed in the speeches, the music became a form of consolation to cherish the longing of loved family members. The study subjects reported

that when listening to music no longer felt alone. This data is validated in the literature, suggesting that music is closely related to the imagination in the form of mental images, making evoke memories of loved ones, so so strong it can somehow overcome the lack of these people, as we can observe below:

It's too sad [...] Here we get very alone knows [...] It's sad to be here, but these days I'm listening to music was less loneliness, I was calmer, I felt even more alone (DÓ).

The music gave me inner peace, because music has this power modifier, is not it? And then here, we are so sad, sad because no one wants to stay inside, ill. It made the time go faster, occupied my mind, my time, brought me joy, loneliness here is great, the music did reduce this loneliness [...] I'm really enjoying listening to music stand, because beyond the fear of dying I was very stressed out about it here. Many people talking, noise all the time listening to music and I relaxed enough. (SOL)

[...] Stay here listening to music was good because it calmed me down a bit, the music that makes peace enter our chest. And the funny thing is that on days when I listened to music, nor felt more alone because despite only having a radio playing, the music seems to have someone with us, then the loneliness away a bit. It occupies the time too which is even better, here to pass the time and cost with music seems that the days go faster (LA).

The music proved as companion, able to fend off bad thoughts and solitude within the ICU. Showed up as a technology care effect on stress reduction, feelings of fear and insecurity, and increased hope for life. Further reinforced by speeches:

Look listening to music when he was thinking of leaving the ICU, to resume my life, gave me strength knows. Not to mention that quite relaxed, the days I heard the song, I relaxed the rest of the day, napping, quiet [...] She gave me relaxation, peace, hope I'll get out of here soon, I knew that music was good, everyone likes, but did not know it was so good, when we lonely, need help caring for [...] (RE).

[...] I was able to relax enough that when you left yesterday I was light, very light feeling. In that time I have had insomnia here, but yesterday when I left you sleeping so well, really well. Had music ICU I think patients feel better [...]. (FA)

These data corroborate widespread studies on the subject, confirming music as a universal art form and able to avoid stress, promoting health maintenance, relieve mental and physical fatigue, especially in the ICU environment perspective of complexity, with

high noise levels of appliances with low temperature for maintenance of equipment and infection control, patients in critical condition, a team always running from one patient to another, among other aspects, thus potentiating an area of stress and physiological changes such as increased blood pressure, heart rhythm disturbances, and increased secretion of adrenaline.¹⁴

In this context, stress reduction and relaxation reported in the statements of the research subjects relate to the fact that music has the power to stir the emotions and bring positive feelings, because listening to music activates the left frontal region, an area related to positive emotions such as joy and pleasure. There is activation of the limbic system, which triggers the release of neurotransmitters such as norepinephrine, serotonin, dopamine and endorphins, all linked to stimuli wellness. It also occurs in the muscle influence of these substances, providing relaxation of the muscle fiber and welfare body.¹⁵

When there is aggression to physical or psychological, the limbic system, the emotional center is activated. From there the amygdala is strongly activated, preparing the body to defend itself by releasing the hormone cortisol, causing feelings of fear and stress, which produce negative psychological and physical sensations in the body. When a person listens to music, the auditory cortex is activated, reducing the activity of the amygdaloid complex that inhibits the chain of reactions and cortisol to be released.¹⁵

The effect of this relaxation, music provided by the body of the study subjects, had deeper feelings emerge, revealing thoughts of faith and spirituality to the memories of their beliefs, reflecting the increased hope of recovery.

I thought of the joy in God much thought, I took my thoughts to you often. [...] (MI).

[...] The music makes me raise my eyes to the Lord Jesus, praise him. I asked for strength to go through this journey alone (SOL).

[...] I remembered much of God while listening to music, gave me strength to continue to fight for my life, my family, my life, I remembered a lot. [...] With music we escape a little of this reality that is stay inside locked between life and death, seeing so much (LA).

The music promoted subject to the transcendence of spirituality as a get going by and between the waves their melody, for ever higher spheres which were added to the harmony of feelings and thoughts potentiators

of hope and peace.

It is observed that in most cases the overhead activities of the health prevents humanized care to run, not being thus established interpersonal relationships needed for the communication part of terapêutico.¹⁶ care should be with therefore envisage music as a soft technology, by moving the subject inside for a transcendence. An elaborate approach, a metaphysical structure, an ethics beyond strategy and procedures. Thus, an approach to faith, faith in life, faith in something greater faith in health recovery - music as integration and wholeness in nursing care. Thus, it appears that the speeches reasons much deeper, of a theoretical about the importance of music that can be modified as technology of nursing care in the ICU setting.

CONCLUSION

The results of this study point to a horizon valuable, even if poorly used by health professionals. One can see that the music has not only a powerful instrument in patient care in the ICU, but also a creative alternative and effective in reducing the fear, anguish and discomfort obtained by the patient to hospital.

The sensations most reported in the statements of the subjects were joy, inner peace, faith, hope, recovery, physical relaxation and tranquility. It was evident also flourish with memories of happy moments of life, from childhood, which were essential to overcoming loneliness ICU provided by the short duration of visits, as evidenced in participants' speech. These then could travel through your thoughts, triggering mechanisms potentiators feelings of transcendence and hope to be at your best ICU environment, moving sensation of pleasure.

These sensations of pleasure were possible to get carried away by the melody of music, chosen by the patients themselves, a strategy which concerned the study of musical option for patients after bringing the repertoire, respecting their preferences. This approach proved to be a difference, by allowing the subject to move these emotions and feelings on their mental models recorded their recovery to health. However, one should not distinguish which music acts in the process of curing the disease itself, but rather in the reduction of stress and fear, inducing relaxation, helping the patient cope effectively the inconvenience caused by the discomfort of hospitalization in ICU, of invasive procedures and social isolation

provided by this environment and anxiety by the desire to cure and / or discharge.

Interestingly, the song leads to a process of caring sensitive, creative and humanized. So and novel nursing, because as science caregiver needs for his know-how multivariate mobilize resources to their therapeutic practice, still nursing and facilitator of the process, not only as executor of the project, but also as appraiser of its effectiveness. So, not just a unilateral action of the Profession, it is necessary to mobilize his spirit still within reach of the institutions - education and healthcare - so, committed to professional training, they address human care, the perceived influence of art, especially music, in the expression of creativity to promote the uniqueness of the subject of human care.

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