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Commentary on “The Effect of Music during Bronchoscopy: A
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Heart & Lung Editorial

Music intervention in the Acute and Critical Care Settings: Commentary on “The Effect of Music during Bronchoscopy: A Meta-Analysis”

Linda L. Chlan, PhD, RN, FAAN and Annie Heiderscheidt, PhD, MT-BC

The article by Tam and colleagues published in this edition of *Heart & Lung*, succinctly reports on the meta-analysis of research findings testing music as an adjunctive intervention during bronchoscopy. The article provides a coherent summary of the pooled evidence of music’s beneficial effect on physiological indicators of relaxation and anxiety as evidenced by reductions in heart rate and blood pressure. We offer here a commentary on the article and music intervention, including key considerations for the implementation of music in practice settings.

Considerations on the delivery of music listening interventions in the procedure setting

The delivery of a music listening intervention is critical to its effectiveness. The authors identify several considerations regarding the delivery of music during bronchoscopy. The authors comment that application of headphones or earbuds during the procedure may impact communication between the patient and medical staff. Likewise, playing music in the procedure room may disturb staff. While these are important considerations, the use of headphones with a music listening intervention is designed to facilitate the listening experience by ensuring the music is channeled directly to the patient and that potential disturbing environmental sounds are masked. It is important to complete a ‘sound check’ prior to any medical procedure so that both the patient and staff can be assured that even with headphones and music in place, effective communication can occur throughout the procedure.

Significance of music choice

The authors give careful consideration to the selection of music for listening intervention and how this varies from study to study. Researchers may distinguish the selection process as patient-preferred or self-selected; however, this is not always clearly explained in many studies

what is meant by “self-selected”. The authors report that allowing patients to select their preferred music may have a favorable impact on the intervention. Empowering patients with true choice of music is giving them a sense of control in a situation where they do not possess control. When patients are provided the opportunity to select their preferred music they are considering what specific music will be most helpful for them as well as relaxing, distracting and/or comforting during a medical procedure.

Music therapy versus music listening: an important distinction

The authors report that none of the studies in their meta-analysis included a music therapist. It is important to be clear that a study utilizing music in which there is no involvement of a music therapist or the music therapist is not an active part of the intervention is referred to as *music listening intervention*. A key element to *music therapy* is the relationship between the patient and the music therapist. A music therapist is not only trained to understand how to implement music in a clinical setting but to consider specific needs of a patient. Music therapists complete four years of training and a six-month internship (in the United States) in order to understand how the various elements of music impact patients. While availability of music therapists varies around the world, most metropolitan areas world have trained music therapists.

Rhythm and tempo are primary components of music that directly influence the human body. Music therapists know that utilizing music with tempos between 60-80 beats per minutes helps to facilitate the relaxation response, as the rhythms of the body are entrained or synchronized with the rhythms of the music. Rhythm is one of several important components when selecting music, such as dynamics, timbre, tonality, melody, form, meter, harmony, instrumentation or vocal. Music listening is an effective intervention attributed to the combined impact of all these elements. A music therapist is the expert to be selected to oversee the implementation of music listening. Music therapists can assist in helping patients discern the music that best meets their

needs during medical procedures. This can help to ensure patients do not inadvertently select music associated with negative emotions. Songs or music that induce strong emotional memories could be harmful to the patient. In selecting music, the music therapist can also help the patient understand how the music can be helpful. Carefully selected music under the guidance of a music therapist moves music listening intervention from being a 'nice sound' to an effective intervention for anxiety-producing medical procedures.

Summary and Conclusions

Music listening is an effective intervention for reducing anxiety and promoting relaxation during stressful medical procedures such as bronchoscopy. In order to best implement this non-pharmacological intervention in practice settings, a board-certified music therapist needs to be a member of the multidisciplinary team. Music therapists contribute their expert knowledge of music and how various genres of music impact patients to promote the best possible outcomes.