

Nurse-Patient Interactions using Music Listening as a Caring/Healing Modality with Chemotherapy Patients: An Evidence-Based Practice Approach

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Abstract

Purpose: Nurses can use music as a caring-healing modality to reduce anxiety, to establish “caring moments” and to improve satisfaction with care. Will music listening practiced within the context of a human caring relationship influence patient and nurse outcomes?

Framework: Jean Watson’s Theory of Human Caring and the Rosswurm and Larrabee evidence-based practice (EBP) model

Setting/Sample: Adult oncology outpatient center. Convenience samples of patients receiving chemotherapy treatment and nurses who monitored patients.

Project Design: Pilot evidence-based practice project with a dual focus (patient-nurse) implementation strategy using a pre- posttest one-group design.

Methods: Patients self-selected music for listening using an MP3 or compact disc player. Nurses were encouraged to engage in “caring moments” with the patient participants focusing on music as caring-healing modality. Patients completed a distress scale using the Distress Thermometer and Caring Factor Survey (CFS) pre- and post music listening. Nurses completed the Caring Factor Survey-Care Provider Version (CFS-CPV) and participated in a focus group to share insights and experiences from the pilot.

Results: Patient pre- and post-music scores demonstrated a decrease in distress. Overall, patient (n=14) and nurse (n=9) scores on the CFS and CFS-CPV indicated a high level of effectiveness in caring. Patients’ and nurses’ rated the effectiveness in delivering spiritual care as challenging. Nurses were uncomfortable talking to patients about their spiritual needs. Spirituality assessment tools and music were identified as key factors in promoting spiritual care.

Implications: Integrating Watson’s Human Caring Theory and music at the clinical practice setting includes; view Watson’s DVD, start educational sessions with “caring moments”, develop music device guidelines, market music listening, incorporate a Standard Operating Procedure, include information in nurses’ orientation materials and patients’ information folders, continue use of CFS and CFS-CPV to assess outcomes, and maintain infrastructure support.