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INTEGRATIVE REVIEW OF THE LITERATURE

Intervenções de enfermagem com música: revisão integrativa da literatura

Nursing interventions with music: an integrative literature review

Intervenciones de enfermería con la música: una revisión integradora de la literatura

Roseane Vargas Rohr ¹, Neide Aparecida Titonelli Alvim ²

ABSTRACT

Objective: To characterize the use of music in nursing interventions and analyze scientific evidence about its use. **Method:** integrative review from 2001 to 2011, held in databases SCOPUS, MEDLIN, LILACS, BDEF and PsycINFO databases using the descriptors: music, music therapy and nursing. **Results:** The final sample consisted of 50 studies, and the results show that China, the USA and Brazil were the countries with the highest number of jobs. The song has been used by nurses to reduce anxiety and stress, promote wellness, facilitate interaction and bonding, improve sleep quality, and reduce aggressive behaviors and rates of depression. Most musical interventions occurred in hospitals, mainly related to exams, surgeries and other invasive procedures. **Conclusion:** these evidences point to the importance of using music by nurses caring, respecting the limits of performance and disciplinary boundaries. **Descriptors:** Music, Nursing care, Nursing research.

RESUMO

Objetivos: caracterizar a utilização da música nas intervenções de enfermagem e analisar evidências científicas sobre a sua utilização. **Método:** revisão integrativa entre 2001 a 2011, realizada nas bases de dados SCOPUS, MEDLIN, LILACS, BDEF e PsycINFO, utilizando os descritores: música, musicoterapia e enfermagem. **Resultado:** a amostra final foi composta por 50 estudos, e os resultados apontam que China, EUA e Brasil, foram os países com o maior número de trabalhos. A música vem sendo utilizada por enfermeiros para reduzir ansiedade e estresse, promover o bem estar, facilitar a interação e vínculo, melhorar a qualidade do sono, reduzir comportamentos agressivos e índices de depressão. A maioria das intervenções musicais ocorreu no ambiente hospitalar, principalmente relacionada à realização de exames, cirurgias e outros procedimentos invasivos. **Conclusão:** essas evidências apontam para a importância de utilização da música por enfermeiros no cuidado, respeitando seus limites de atuação e fronteiras disciplinares. **Descritores:** Música, Cuidados de enfermagem, Pesquisa em enfermagem.

RESUMEN

Objetivo: Caracterizar la utilización de la música en las intervenciones de la enfermería y analizar las evidencias científicas sobre su uso. **Método:** revisión integradora entre 2001-2011, realizada en las bases de datos SCOPUS, MEDLIN, LILACS, BDEF y PsycINFO utilizando los descriptors: música, musicoterapia y enfermería. **Resultado:** La muestra fué compuesta por 50 estudios y los resultados apuntaron que China, EEUU y Brasil fueron los países con el mayor número de estudios. La musica viene sendo utilizada para reducir la ansiedad y el estrés, promover el bienestar, facilitar la interacción y el vínculo, mejorar la calidad del sueño, reducir los comportamientos agresivos y los índices de depresión. La mayoría de las intervenciones musicales ocurrió durante la realización de exámenes, cirugías y otros procedimientos invasivos en ambiente hospitalar. **Conclusión:** Existen evidencias importantes en la utilización de la música en el cuidado de enfermería, respetando límites de actuación y fronteras disciplinares. **Descritores:** Música, Cuidados de enfermería, Investigación en enfermería.

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INTRODUCTION

Music is used as a resource in the human care since antiquity. In nursing, we have as landmark notes of Florence Nightingale, pioneer of modern nursing, on the soundstage, which showed the power of music in the recovery of patients with emphasis on the use of continuous sounds and wind instruments. Other nurses throughout history have also incorporated this feature in care with the war wounded, especially Isa Ilse Maud, who founded the National Association for Music in Hospitals, and Harryet Seymor.¹

Since then, the use of music in nursing is present in different areas of care, and in recent years such use has occurred in a more structured way in Brazil, aimed at individuals living in different circumstances with diseases and disorders to health.²

Although the nurse find support in the International Classification for Nursing Practice - ICNP®³ and Classification of Nursing Interventions - NIC to use music as a resource in nursing care⁴, they need to deepen their knowledge in the area, whereas in process training, the basic principles on the use of music in health care are not always addressed. It is important for nurses to develop skills for using this feature, considering it is not an own knowledge, but with the possibility of dialogue and application by nurses at the interface with other disciplines, such as music therapy. In addition, nurses must broaden their knowledge by identifying the scientific evidence on the use of this resource in health care.

Nursing care must be based increasingly on evidence-based practice. Despite the use of music in care, it is fundamental that the nurse knows to recognize the quality of results produced by science to be incorporated judiciously by nursing. Thus, this study aims to characterize the use of music in nursing interventions; and to analyze the scientific evidence on its use.

METHOD

This is an integrative review for a broader understanding of the phenomenon studied, it allows integrating multiple studies, theoretical and empirical, being a powerful method for the development of science of nursing in theory and practice.⁵

The development of the study followed a few steps, initiated by the formulation of the guiding research questions, namely: "When has music been used in nursing interventions with adults and the elderly? What is scientific evidence regarding its use? ". The following steps were formed in the definition of the search criteria; data collection using specific form; analysis; presentation and discussion of results. They were included experimental and non-experimental studies, published in historical series of 10 years, for the period from January 2001 to April 2011, in English, Portuguese or Spanish, available in full text, with nursing interventions with music along with adults and elderly, developed by nurses, when admitting also there are other professionals in the authorship of the article. They excluded studies that linked music to other treatment resources such as aromatherapy, relaxation, guided imagery, dance and exercise, as well as review articles and not relevant jobs to the proposed theme. The search was conducted in SCOPUS databases, Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed; Nursing Database (BDENF) and Latin American and Caribbean Health Sciences (LILACS) via Virtual Health Library (BVS); American Psychological Association's PsycINFO®. Descriptors were used in Health Sciences (DeCS) and the Medical Subject Headings (MeSH®) associated with the Boolean operators "OR" and "AND", adopting a search strategy "music" OR "music therapy" AND "nursing" OR "nursing care" in Portuguese and English. The works included in the study were analyzed in depth, performing BOOK REPORT on specific form in order to provide greater visibility to the findings and then were organized in frames containing summaries of information about authorship, title, journal, Qualis Capes, year publication, study site, database, objectives, methods, participants, type of musical intervention, resource use, duration and level of evidence.

As for the level of evidence of results, the studies were analyzed according to the research design and classified into six hierarchical levels: Level 1: evidence from the meta-analysis of multiple controlled and randomized clinical trials; Level 2: evidence from individual studies with experimental design; Level 3: evidence from experimental studies almost; Level 4: evidence from descriptive studies (non-experimental) or qualitative approach; Level 5: evidence from case reports or experience; Level 6: evidence based on experts' opinions.⁶ The hierarchical levels are gradual; studies classified in Tier 1 show more evidence, and, at level 6, less scientific evidence. Data analysis was conducted by adopting the descriptive statistics and the results presented in absolute and relative frequency distribution tables.

RESULTS AND DISCUSSION

From the total of 332 articles retrieved, we find 210 available in full text and we proceed to exploratory reading of the titles and abstracts initially by identifying 133 papers for floating reading. Except those repetitions and we adopted all the inclusion criteria, we selected 50 articles for analysis (SCOPUS: 32; MEDLINE: 11; BDEF: 3; LILACS: 2; PsycINFO: 2).

With regard to the age of the subjects, the results indicate that interventions were aimed at adults and the elderly (44%), only elderly (30%), only adults (16%), and some studies has not specified the age of participants (10%).

Table 1 shows the geographic distribution of place of carrying out the studies.

Table 1 - Geographical distribution of the venue of the studies included in the integrative review. Vitória, ES, 2013.

Continent	n	%	Country	n	%
Asia	23	46	China	20	40
			South Korea	2	4
			Iran	1	2
America	21	42	USA	11	22
			Brazil	8	16
			Canada	1	2
Europe	4	8	Sweden	5	10
Oceania	2	4	Australia	2	4
TOTAL				50	100

Source: Researched articles on the following databases: SCOPUS, MEDLINE, BDEF, LILACS and PsycINFO, published from January 2001 to April 2011.

The most quantitative studies analyzed was developed in Asian countries (46%), primarily China (40%), in the cities of Taiwan (50%) and Hong Kong (40%). Then the studies conducted in the United States (22%), Brazil (16%) and Sweden (10%).

The quantitative studies found higher in Asian countries is justified considering that the complementary and integrative health practices, including the use of music, have a historical, social and cultural value relevant in these countries, who value other medical rationalities and integrate these practices into the system of health care. However, the results show that Brazil stands out in quantity and quality of studies. The interest of Brazilian nurses for the theme may have been driven by the implementation of government policies that foster care practices that value the subjectivity of the subject.

In this sense, the use of music in nursing is in line with the principles of the National Humanization Policy of the Unified Health System (SUS), which seeks to establish a health care that values the relationships of affection, bond and listening; 15 with the principles set out in the National Policy on Integrative and Complementary Practices in SUS; with Resolution 197 of the Federal Council of Nursing (COFEN) which establishes and recognizes alternative therapies as a specialty and/or professional qualification of Nursing, since nurses are qualified to exercise this function;¹ and worldwide documents as CIPE ® and NIC, 3-4 guiding the interventions of Nursing.

Table 2 shows the amount of articles published in international and national journals classified by the Qualis Capes, showing that the works were subject to strict evaluation criteria.

Table 2 - Quantity of items included in the study, classified by Qualis Capes 2011 in Nursing. Vitória, ES, 2013.

Journals	n	%	Qualis Capes
Journal of Clinical Nursing	14	28	A1
Journal of Advanced Nursing	5	10	A1
Pain Management Nursing	4	8	A1
Revista Texto e Contexto Enfermagem	2	4	A2
Revista Enfermagem UERJ	2	4	B1
Intensive And Critical Care Nursing	2	4	A1
Revista Latinoamericana de Enfermagem	1	2	A1
Revista Gaúcha de Enfermagem	1	2	B1
Revista da Escola de Enfermagem da USP	1	2	A2
Online Brazilian Journal of Nursing	1	2	B1
International Journal of Nursing Practice*	1	2	A2*
Aorn Journal	1	2	A1
Complementary Therapies in Medicine*	1	2	B2 ***
International Journal of Nursing Studies	1	2	A1
Nurse Education Today	1	2	A1
Journal of Vascular Nursing	1	2	A2
Nursing in Critical Care	1	2	A2
Artigos de periódicos não avaliados pelo Qualis Capes	10	20	-
Total	50	100	

* not evaluated in nursing; ** interdisciplinary; *** medicine

Source: Articles surveyed in the following databases: SCOPUS MEDLINE, BDNF, LILACS and PsycINFO, published from January 2001 to April 2011; Qualis Capes 2011.

The journal with the largest number of published articles was the Journal of Clinical Nursing (28%), followed by the Journal of Advanced Nursing (10%) and Pain Management Nursing (8%). Revista Texto e Contexto Enfermagem (4%) and the Revista Enfermagem of UERJ (4%) had greater representation of works in national journals. It is noteworthy that 58% of the studies were published in journals evaluated by Qualis Capes in Nursing with the maximum degree (A1), and adopted experimental designs (86%) and non-experimental (14%).

Two articles were published in journals that were not evaluated in nursing, but with evaluation in other areas, as shown in Table 2. The sample also included 10 papers published in international journals that are not on the list evaluated by Qualis Capes.

Regarding the classification of journals according to Qualis Capes, we highlight the quality of the work for the development of nursing as well as the recognition of the scientific community on the use of music in care. Most publications focused on the stratum A1 (58%), inserted in that stratum to be indexed in the Web of Science and Scopus databases, with high impact factors and productivity in research.⁷

Confirmation of scientific evidence still is guided in the dominant paradigm of science¹⁶ which gives substantial value to studies from experimental designs. Articles published in journals A1, only 14% were non-experimental, descriptive studies, three conducted in Sweden with quantitative approaches, 11 qualitative and 17 quantitative and qualitative, 18:01 developed in Brazil, with approach quantitativa.¹⁹ From the studies in qualitative approach in the sample (18%), we did not find publications in journals A1.

The results of qualitative studies, which involve the understanding of phenomena and subjectivities, although relevant to the scientific knowledge produced, particularly when using music, do not present strong evidence in the hierarchical model of analysis used in the review that ranks level 4.⁶ It is worth mentioning the existence classification model studies for the analysis of scientific evidence that do not include qualitative studies on their strata.

Given these results, we highlight the difficulties faced by nursing researchers to publish qualitative studies using music, in journals of greatest impact in the scientific community. As for the national publications that have adopted this approach, we can infer some reflections: the quality and methodological rigor of the studies analyzed, guaranteeing their disclosure in periodic A2 and B1; the sensitivity of the editors and reviewers of national journals for dissemination of studies with this approach, depending on the profile of Brazilian researchers, who have historically invested in this methodological approach; the limitations of nursing to develop experimental studies, not only due to the method of the area and the difficulties to run it, but the blip beware closer approaches with emergent paradigms.¹⁶

The paradigm shift in nursing seeking new ways to care, guided by the ethics of relationships, connection and consciousness, generates changes in the vision of self and other. In this sense, studies with a qualitative approach enables a better understanding of the phenomena related to the subjectivity of individuals,² primarily involving music, and are fundamental to nursing, it is imperative to adopt methodological rigor.

Regarding the year of publication, Table 3 presents the historical evolution of the quantitative studies analyzed from January 2001 to April 2011.

Table 3 - Distribution of articles analyzed by publication year. Vitória/ES, 2013.

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
n	1	1	3	5	4	5	0	6	8	12	5
%	2	2	6	10	8	10	0	12	16	24	10

Source: Articles surveyed in the databases: SCOPUS, MEDLINE, BDEF, LILACS and PsycINFO, published from January 2001 to April 2011.

The results show a gradual increase with a higher concentration in 2010 (24%), followed by 2009 (16%) and 2008 (12%). It is noteworthy that no article of the sample was published in the period from January to March 2001; in January-April 2011 we found five studies (10%).

Regarding the development of nursing interventions with music, they used different resources and strategies according to the method chosen. Table 4 presents a characterization of musical interventions.

Table 4 - Characteristics of musical interventions in the studies included in the integrative review. Vitória/ES, 2013.

Music using forms	n	%
Listening to music	42	84
Listening to music and singing	3	6
Listening to music and sounds of nature	2	4
Listening and composition of parodies and melodic phrases	2	4
Listen to songs and musical games	1	2
Music definition	n	%
Choice of subjects provided by the researcher	23	46
Choice of researcher	18	36
Choice of subjects and researcher	5	10
Free choice of subjects	2	4
Choice of nursing staff and family	2	4
Resources used	n	%
Recorded music (CD player, MP3, karaoke, Music pillow, headphones)	42	84
Live music (musical instruments, voice)	7	14
Recorded and live music (CD player, voice and guitar)	1	2
TOTAL	50	100

Source: Articles surveyed in databases: SCOPUS, MEDLINE, BDEF, LILACS and PsycINFO, published from January 2001 to April 2011.

The form of music feature use that prevailed in the studies was listening to recorded music (84%) with the use of audio features such as CD player, MP3, karaoke equipment, audio equipment adapted pillows (Music Pillow) and headphones ear. Some studies have associated listening and live music song (6%); listening to recorded music to the sound of piano and sounds of nature such as birdsong, whales, sound of running water (4%); listening and composition of parodies and melodic phrases sung by the subjects with guitar and flute accompaniment (4%); listening popular music and participation in musical games (2%). The instruments used in interventions with live music were flute, cavaquinho, guitar, maraca and voice.

As for the choice of songs, 60% of the studies appreciated the preferences of the individuals to be a relevant factor in literatura.^{2,8} There have been shown in several studies analyzed (46%) participants who performed their musical choices from a repertoire previously

selected by the researcher. In general, this selection followed parameters identified in previous studies that support the use of different styles of instrumental music (classical, popular, jazz, religious, folk, orchestrated, "new age" and "music heals") and sounds of nature. According to these criteria, the sounds should be smooth and long, low frequency without strong rhythms and percussion, with 60-80 beats per minute approaching the heart rate relax condition.⁹ Some studies analyzed in the review, aimed at seniors made adjustments to the Protocol Assessment of Personal Music Preference, inserting songs of Eastern culture, and valuing the preferences of the subjects in the previous selection from the musical repertoire.⁸ In other research, the choice of repertoire was performed by the researchers, who selected songs, organizing the groups in different musical styles, giving opportunity for individuals to choose their preferences from that selection.¹⁰

Regarding the forms of music use, the predominance of interventions with listening to recorded music (84%) identified in the studies analyzed corroborates the description of nursing interventions with music set in the NIC as well as the statement authors as to the predominance receptive experiences with music recorded in the interventions performed by professionals without training in musicotherapy.⁴

The use of receptive experiences has been facilitated by the technologies of modernity with audio equipment getting smaller. In addition, the results suggest limits on the use of live music by the nurse, while demonstrating the advantages on its use, such as the autonomy of the subjects in the choice of music and the strengthening of ties between the participants.²

In studies that live music was used (14%) the use of musical instruments was identified such as flute, cavaquinho, guitar and maracas, performed by nursing students, nurses and other professionals involved in conducting the activity performed with musical skills. Musical ability is not part of the training curriculum of nurses, however even without musical instrument domain, the professional can take the voice as a resource or even electronic equipment,² simply having sensitivity to recognize the music capabilities in nursing care.

It is important to emphasize that the inclusion of music in nursing interventions is not characterized as a practice of music therapy, considering that this function lies with music therapists, qualified professionals to develop music therapy process with domain-specific therapeutic skills, and using the music and their elements.^{2,4}

The use of the term "music therapy" in international publications analyzed reflects the complexity of its meanings and directions, especially when partnered to the Brazilian context, at a time when music therapists seek to regulate their profession. In addition, the term generates conflicts in the understanding of society about music therapy. With respect to national publications, we found that nurses are not unduly appropriating the term, and mention that music therapy should be performed by trained professionals. It is also worth mentioning that in the publications that used the term music therapy, especially international, the content of the studies reveals that this is not music therapy, but the use of music as therapy in nursing, as also identified by other authors.⁴

As regards the definition of the songs used in interventions, although some studies point to the evidence for the use of certain musical styles mainly on pain relief,^{9,19} preferences and choices of individuals are valued, considering that reflect musical identity and uniqueness.^{2,9,19}

The preferences of individuals are influenced by culture and musical identity, and evoke the senses and meanings that produce subjectivities and, in that sense, we highlight the problems that can be generated with the incorporation of prescriptive models of intervention, especially without the establishment of expected results from interventions. We know the potential of some musical styles in reducing levels of pain and anxiety, according to the evidence already demonstrated in this study, though the definition of a musical repertoire is no simple task, especially for nurses who do not master knowledge of musical structures.

Qualitative studies have led to musical intervention from the dialogue with the subjects, providing greater autonomy in choosing songs on their preferences, in different musical styles (MPB, samba, swing, rock, serenade, gospel and others), composition of melodic phrases and parodies.^{2,11-3}

They emphasize studies in which musical preferences of the subjects were not considered (36%) and music defined exclusively by the researcher, and 14% of these works have adopted a unique musical style, highlighting one of the articles that only used Mozart compositions.¹⁴

From the analysis of the evidence, 27 studies were classified at level 2 (54%) and showed greater scientific evidence as to their results. These studies revealed that the use of music interventions reduced the anxiety levels (37%), pain (29%), stress (11%), depression (11%), mental confusion and postoperative delirium (7%), intubation time (4%), cardiac and respiratory frequency (4%), blood pressure levels (4%); improved sleep quality (7%), satisfaction levels (4%) and quality of life (4%); promoted relaxation (7%) and wellness (4%). Two studies included in this level (7%) did not show significant results.

At level 3 of evidence we included 10 articles (20%) and the results demonstrated that intervention with music reduced pain (40%), anxiety (40%), psychotic symptoms (10%), behavioral problems (10%), and blood pressure levels (10%).

As for the level 4, we identified 13 studies (26%), the results showed that the song promoted the well-being (38%), communication, interaction, empathy, relationship and dialogue (38%), expression of emotions and feelings (15%), relaxation (15%), stimulation of cognitive functions and learning (15%), autonomy (15%), reflection on self-care (15%), improved self-esteem (8%), reduced pain (8%) and the quality of nursing care (8%).

The other hierarchical levels were not adopted as categories, considering the inclusion criteria in the review. As for the results, it emphasizes the description of over evidence in some publications.

On the environment for implementing the interventions with music, the results showed predominance to the hospital (58%), especially during exams, surgeries and other invasive procedures (32%).

CONCLUSION

The scientific evidence points to the possibility of incorporating music in nursing interventions, contemplating the completeness in care, contributing in reducing anxiety, pain, stress, frequent depression, confusion, psychotic symptoms, blood pressure levels; to improve the quality of sleep, satisfaction levels and quality of life; in promoting relaxation and well-being; facilitating processes of communication, interaction, empathy, relationship and dialogue, expression of emotions and feelings; stimulation of cognitive and learning functions; favoring autonomy and reflection on self-care; the improved self-esteem and quality of nursing care.

It is essential that nurses seek knowledge of the scientific evidence regarding the Music feature and its use in nursing. This must be based on theoretical support, responsibility and ethics, given the iatrogenic effects that can be caused by the misuse of music. In addition, it is necessary to work the limits of its incorporation as a nursing intervention, considering the disciplinary boundaries between the field of knowledge of nursing and music therapy.

The results show gaps on the use of music feature on nursing care environments, highlighting the importance of using music beyond the hospital and long term care facilities for the elderly. In this regard, we emphasize the importance of new studies that address their incorporation in other care settings, such as in primary care.

It is also worth mentioning the need to expand the development of research with adult considering it was found more studies with elderly. Such investigations are important especially for adult man, given their significant needs for health, particularly in the field of subjectivity in addition to present difficulties to share feelings and emotions, given the hegemonic culture of masculinity and in this sense music is a resource powerful for that group.

We also highlight the shortcomings encountered in the use of music in the educational processes in health by facilitating learning and affect relationships and ties, essential in the educational process guided by the popular health education.

The results revealed that the Brazilian researchers are developing quality studies, both quantitative approaches, grounded in the dominant paradigm, as well as in qualitative approaches, which tune to the challenges posed to the practice of nurses in the care process. These challenges arise due to the change of paradigm in nursing seeking completeness in care, as well as the complexities of the contemporary world on experience with the illness.

This integrative review fulfills its function in that it opens up a world panorama on a current topic and emerging for nursing, considering the need to expand the use of care technologies that enhance the subjectivities; demonstrates the scientific evidence on the use of music; and highlights the limits and possibilities of using this resource, both in research

and in the care process. It makes it appropriate, therefore, to develop new studies to expand the potential of this resource for nursing.

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