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Running head: IMPACT OF MUSIC THERAPY ON HOSPICE

IMPACT OF MUSIC THERAPY ON HOSPICE PATIENTS

AMIE M TIPTON

Submitted in partial fulfillment of
The requirement for the degree of
Doctor of Nursing Practice

AUGSBURG UNIVERSITY
MINNEAPOLIS, MINNESOTA

2020



**Augsburg University
Department of Nursing
Doctor of Nursing Practice Program
Scholarly Project Approval Form**

This is to certify that **Amie Tipton** has successfully presented her scholarly doctoral project entitled "*The Impact of Music Therapy in Hospice Patients*" and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of presentation: May 28, 2020.

Committee Members' Signatures:

Major Advisor: Lisa VanGetson APRN, DNP, FNP-C Date May 28, 2020

Faculty Member: Susan Cutshall APRN, DNP, CNS Date May 28, 2020

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Presentations

Impact of Music Therapy on Hospice Patients

May 28, 2019

Augsburg DNP Scholarly Presentation

Augsburg University

Minneapolis, MN

Impact of Music Therapy on Hospice Patients

February 27, 2019

Doctor of Nursing Practice Poster Fair

Augsburg University

Minneapolis, MN

Dedication

The journey to complete this project and my Doctoral degree is not one that was taken alone. My family has been an integral component to this journey. This project is dedicated to my husband and children; the journey was full of crescendos and decrescendos, but together we found our rhythmic tempo, creating a masterpiece. I love you all.

Acknowledgment

Words cannot begin to express the gratitude I have for the support that I have received while on this journey. To Dr. Susan Cutshall and Christina Wood, Board Certified Music Therapist, for embracing me into the world of music therapy with hospice and palliative medicine patients. Your mentorship and guidance throughout this project journey has been a blessing. Thank you. To all the academic faculty and support staff at Augsburg University, your encouragement, mentorship, and guidance along this journey has been invaluable. To my classmates... my friends and my peers; I thank you for your support, words of encouragement, and drive to always excel in our new roles as family nurse practitioners.

Most importantly, I would like to thank my family. My parents, Steve and Mary, for your love and support; and willingness to be present at a moment's notice. My husband, Jason, and children, Sam, Avery, and Abby; this journey has been a sacrifice for us all, your unconditional love, encouragement, and patience has made the journey possible. I love you all. May you find and embrace the music to bring health and healing to each of your lives.

Abstract

Music therapy is an adjunct healing modality designed to alleviate symptoms of existential pain and suffering hospice patients may experience as they transition into the final stage of life. The complexity of existential pain and suffering in hospice patients is a challenge for a hospice care team to treat and manage and emotionally testing on the patient's support system. The purpose of this scholarly project is to evaluate a music therapy program at a local community hospice center as an aid to relieve patients' existential pain and suffering they incur from their terminal illness and to increase hospice care providers' knowledge about incorporating music therapy as an adjunct healing modality. Bearing witness to patient experience occurred in collaboration with a board-certified music therapist during patient therapy sessions. Jean Watson's Theory of Human Caring Science provides a theoretical framework for developing an education session on music therapy to employ with hospice care providers. Participants of the education sessions discussed the physical effects music has on the body, using music as a healing modality for patients, and caregivers incorporating music as a healing modality. Findings of the developmental evaluation of the education sessions offered indicated the audience of nursing students gained the greatest benefit from the education offered. Future integrations of this scholarly project will allow an advanced nurse practitioner to implement music therapy as a healing modality and incorporate education sessions to meet the needs of a diverse patient population throughout life's transitions.

Keywords: music therapy, hospice, end of life care, existential symptoms

Impact of Music Therapy on Hospice Patients

Chapter One: Introduction

Music therapy has held a role throughout history as a means of healing as seen in Greek Mythology, spiritual and cultural ceremonies, and holistic-centered medical care (American Music Therapy Association, 2017). Music therapy in hospice is a clinical and evidence-based program that offers enhanced opportunities to holistically attend to patients' and families' physical, psychosocial, and spiritual needs, through the use of individualized music experiences and interventions (Preissler, Kordovan, Ullrich, Bokemeyer, & Oechsle, 2016). Music therapy allows an opportunity for holistic patient and family-centered care as they face the challenging navigation of end-of-life care. The efficacy of music therapy, even in a single intervention session, is well-documented in hospice literature and scholarly journals (Cadwalader, Orellano, Tanguay, & Roshan, 2016; Gallagher, Lagman, Walsh, Davis, & LeGrand, 2006; Gutgsell et al., 2013; Krout, 2001; Zhang et a., 2012). The role of a board-certified music therapist (BCMT) in a hospice setting is to provide patients and families with an individualized music healing program to provide relief from existential pain and suffering present during the end of life. The purpose of this scholarly project will be to implement and evaluate a music therapy program at a community hospice center as an aid to relieve patients' existential pain and suffering incurred by their terminal illness.

Problem Statement

Allowing patients to have a peaceful and dignified death has been the goal of hospice since its early inception mid-1960s (National Hospice and Palliative Care Organization, 2016). Patients' choice to enter hospice is often accompanied by a sense of

“annihilation” of the life they previously led and sense of loss and separation to those they are leaving behind (Strang, Strang, Hultborn, & Arnér, 2004, p. 247). For patients, transition in life events produces existential pain that is very challenging to treat. The existential pain, for example, may be manifested in physical pain, anxiety, or dyspnea (Udo, 2014). Bio-medical modalities of symptom management do not encompass the holistic patient, identifying a need for additional resources such as music therapy as adjuncts to manage symptoms present during hospice care.

Purpose of the Scholarly Project

The purpose of this scholarly project is to evaluate the addition of a music therapy program for treating existential pain and suffering within the hospice patient population. Additional avenues for the advanced nurse practitioner to provide symptomatic treatment augments their ability to provide holistic care to all patients.

Clinical Questions

The clinical questions to be addressed through this scholarly project are the following:

- How do hospice patients respond to music therapy as an adjunct healing modality for symptom management?
- How has the introduction of music therapy changed the family’s or support systems’ perception of the hospice experience?
- How has the introduction of music therapy changed the patient care experience for the health care team providing care for the hospice patient?

Answers to the clinical questions identified for this scholarly project will be captured through observation, interviews, and surveys of patients and their support system as well as from the hospice care team.

Objectives

The objectives for this scholarly project are the following:

- Identify the physical and psychosocial effects of music therapy in hospice patients.
- Identify the physical and psychosocial effects of music therapy on hospice patients' support system and the hospice care team.
- Educate the patients' support system and the hospice care team on using music therapy as a treatment modality for hospice patients.

Outcomes identified through these objectives will further advance the knowledge and practice of the advanced nurse practitioner.

Patient Population and Healthcare Setting for Implementation of Project

The patient population for this scholarly project will include hospice patients who currently reside at a local community-based hospice center. Collaborative efforts will occur with the patient's hospice care team providers, facility staff, and music therapist. Additional collaboration for this scholarly project will occur with the patients' support system present at the hospice center.

The existential pain and suffering hospice patients experience is challenging to treat and manage from the hospice care team's perspective and emotionally testing on the patient's support system. For future advanced practicing providers, being able to collaborate and holistically address and manage patients' needs regarding existential pain

and suffering will be a priority. Identifying a healthcare modality that is effective in controlling existential pain and suffering independently or via multi-modality therapy is in a patient's best interest. Incorporation of music therapy in healthcare has been demonstrated to be an effective healing modality for the treatment of existential pain in hospice patients based on evidence and integrative based literature reviews.

This project supports essentials II, III, and VIII of The Essentials of Doctoral Education for Advanced Nursing Practice (see Appendix A) (American Association of Colleges of Nursing, 2006). Additionally, this project supports the core competencies of Leadership, Practice Inquiry, Health Delivery System, and Independent Practice according to the National Organization of Nurse Practitioner Faculties (NONPF) (see Appendix B) (NONPF & National Panel for NP Practice Doctorate Competencies, 2011). Chapter Two will present the current evidence-based research literature on music therapy and identify opportunities for continued investigation into the efficacy of music therapy as a treatment modality.

Chapter 2: Literature Review

The complexity of caring for hospice patients' mind, body, and spirit requires a holistic approach. Symptoms of existential pain hospice patients experience impact all aspects of their lives and the people supporting and caring for them. The literature reviewed portrays the efficacy and holistic impact of music therapy on an individual's symptoms throughout the person's journey in hospice care and also provides an opportunity for further understanding of the effect music therapy provides to a patient's support and hospice care team. This chapter will synthesize the scholarly literature about the response of patients, families, and hospice care team members to the introduction of a music therapy program. Themes supported in the literature include the physiological effects of music therapy on the human body, as well as the positive response for symptom management through incorporating music therapy into a patient's care plan for patients throughout their lifespan.

Physiological and Emotional Response to Music

The study of music therapy's effects on the human body continues to advance over time. Through the utilization of magnetic resonance imaging (MRI), researchers studied the effects of active music therapy on healthy individuals to observe the effects listening to music has on the brain (Raglio et al., 2016). According to Raglio et al. (2016), the MRI images indicate activation of five areas of the brain:

1. Right middle temporal gyrus and right superior temporal gyrus
2. Right middle frontal gyrus, particular the right precentral gyrus
3. Bilateral precuneus
4. Left superior temporal sulcus

5. Left middle temporal gyrus. (p. 182)

Music stimulates the emotional and creativity center of the brain where memories are created and stored (Raglio et al., 2016). Triggers, such as music, are able to call upon memories from the past, generating an emotional response (Moore, 2013). The emotional response music produces is correlated with the original memory, either pleasant or painful. Effective music therapy incorporates music listening with emotional processing. Scholarly literature identified a key theme addressing the emotional connection between music and an individual's past life experiences (Bradt et al., 2015; Kordovan, Preissler, Kamphausen, Bokemeyer, & Oechsle, 2016; O'Callaghan, 2006; Preissler et al., 2016). O'Callaghan (2006) summarized the outcomes of a singular, adult inpatient oncology, music therapy program in Australia. O'Callaghan surmised that music stimulates positive feelings about good memories, which then also elicit sadness as one realizes that those times will not be repeated. Incorporation of an BCMT in music therapy sessions, according to O'Callaghan, allows patients the opportunity to process emotions music elicits and find emotional peace. Music therapy allows patients the opportunity to experience music throughout their life and at different intersects of their life journey. Experiences of sadness and loss are not uncommon but should not deter utilizing music therapy services. Results of a national survey evaluating the use of complementary and alternative medicine practices utilized in United States hospice agencies reported benefits of incorporating a music therapy program with an BCMT as a resource to aid in processing emotions experienced by music listening (Dain, Bradley, Hurzeler, & Aldridge, 2013). Through processing emotional experiences causing sadness and

hopelessness, patients are then able to move forward to reap the physiological benefits that music therapy has to offer.

Music as a Healing Modality

Music therapy is a therapeutic modality designed to address patients' physical or non-physical symptoms adversely affecting their quality of life. When led by an BCMT, patients experience music therapy either through active or receptive participation.

Through the active music-making process, an individual partners with a music therapist to creatively express himself or herself through music or develop personalized physical or psychosocial rehabilitation plans; receptive music therapy may be utilized for self-reflection and relaxation (Bradt et al., 2015). A mixed method study of music listening versus using an BCMT for music therapy was conducted by Bradt et al. (2015) to evaluate the qualitative and quantitative responses of pain management in hospitalized oncology patients. Regardless of the small sample size, the study concluded either method of music therapy was beneficial, positively impacting the patient's sense of pain management; however, patients preferred the interventions with an BCMT compared to music listening (Bradt et al., 2015).

Incorporation of music therapy as an adjunct healing modality in the hospice setting positively benefits a patient's physical and emotional well-being. The benefits of music therapy were seen in patients undergoing extensive dressing changes caused by burns. Tan, Yowler, Super, and Fratianne (2010) identified that patients that utilized music therapy were able to decrease the pain, anxiety, and muscle tension associated with dressing changes. Also, music therapy is beneficial in aiding the patient through the complicated process of regaining gross motor movement. The rhythmical stimulation of

music therapy has been shown to improve the effectiveness of gait therapy in stroke patients (Schauer & Mauritz, 2003).

Physiological and Emotional Response to Music in Hospice

Music therapy is used as adjuvant therapy for patients in addition to traditional medical services and has been shown to improve perceptions of analgesia and anxiety in a variety of clinical settings (Gutgsell et al., 2013; Krout, 2001; Preissler et al., 2016). Music therapy has been associated with better discussion of spiritual beliefs by patients and family members in the hospice setting (Burns, Perkins, Tong, Hilliard, & Cripe, 2015). Music therapy may also improve a patient's sense of overall well-being, a reduction in patient distress, and improved self-rated resilience with a combination of active and passive music therapy interventions (Kordovan et al., 2016; O'Callaghan, 2006; Preissler et al., 2016).

Symptom management is the main focus of peer-reviewed articles related to music therapy and the hospice patient population. Physiological and emotional symptom distress of hospice patients studied encompasses pain, dyspnea, anxiety, depression, fatigue, or weakness. Music therapy is utilized as an adjuvant therapy for patients in addition to traditional medical services and has been shown to improve perceptions of analgesia and anxiety in a variety of clinical settings (Gutgsell et al., 2013; Krout, 2001; Preissler et al., 2016; Tan et al., 2010; Zhang et al., 2012). Symptom management benefits from music therapy were noted with hospice patients with a single BCMT intervention (Cadwalader et al., 2016; Gutgsell et al., 2013; Kordovan et al., 2016; Krout, 2001). Dyspnea may be triggered by physiology or emotional distress and exacerbated by

the emotional distress of air hunger. Further research is required to comprehend the effects of music therapy on dyspnea.

Metis-Based Practice

Music therapy has been impactful in my personal journey. Care for my mind, body, and soul has revolved around active music listening for many years. Music therapy has aided in my ability to directly influence my emotional response to life events. Listening to music has the ability to impact my ability to be motivated for an activity, to focus on an important task, reduce my stress and anxiety, or heal from a loss. Through my journey of life, I have lost loved ones suddenly and tragically, I have witnessed emotional struggles of loved ones coping with illness, and I have lost loved ones who have fought and suffered through months and years of illness and cancers. Each story and loved one lost impacted my journey and guided music therapy into my life as a healing modality. I was able to bear witness to the calming effects music played with family members as they succumbed to their cancer illness. An old-time country song would calm my father-in-law's restless movements in the days preceding his death, even when he lost the ability to communicate with us. A church hymn softly sung to my aunt produced an expression of peacefulness on her face during her final days battling breast cancer. Finally, nature sounds playing allowed my father to find sleep during one of many trips to the hospital for esophageal cancer. As my father and I reflect on his experiences throughout his cancer journey, the addition of music listening aided in his overall coping ability. In each of these instances, music therapy was not the only intervention that was utilized to provide the healing results observed. However, it was through the incorporation of music that these results were able to be witnessed. The ability to witness

a loved one find some peace and tranquility in an environment without a positive outcome provided the rest of my family members with some relief as well. It provided an opportunity for us, as the caregivers, to heal and recharge, so that we may continue in delivering care.

Limitations in Literature

Benefits of music therapy have been identified in research and pilot studies for many years, yet music therapy as a health care modality has been slow to integrate. A limitation exists in the methods in which music therapy studies are performed. An inability to truly randomize and blind study participants and researchers has potentially reduced the validity of several studies. The researcher (often a BCMT) is often unable to remain blinded from which track the research participants are entered into in a randomized, double-blinded study. In addition to non-blinded researchers, studies are also limited in their small sample size. Small sample size in research limits the opportunity for results to be transferable across all populations. Zhang et al. (2012) identified these limitations in a meta-analysis of peer-reviewed music therapy research articles to examine the effect of music interventions on physical and psychological outcome measures in cancer patients. The initial call for articles for the meta-analysis produced 322 studies. Based on criteria developed for the meta-analysis, only 32 studies met the criteria, excluding 290 studies published, peer-reviewed articles. The terminal progression of hospice patients may also limit the availability of research funds that would otherwise be available for chronic conditions.

The safety of music therapy as an intervention has been demonstrated through meta-analysis indicating no adverse events were reported in the music therapy

interventions and outcomes observed (Zhang et al., 2012). The scholarly literature review highlighted that research studies varied in the music therapy services offered to patients. Variations were present in the person choosing and what music was selected (Bradt et al., 2015; Kordovan et al., 2016; Krout, 2001; Preissler et al., 2016), and whether music therapy interventions were performed through active or receptive interactions (Cadwalader et al., 2016; Gutgsell et al., 2013). The inconsistent manner in which music therapy services were offered produces a gap in music therapy research knowledge and is an area of research to be explored further.

Shifts in the healthcare industry, both in technological advances and financial considerations, have allowed individuals to live longer with multiple co-morbidities. Additionally, these same individuals are living with more complex health concerns in the community, relying on family and friends to support their health care needs. Care provided in the home for terminal patients is provided by family caregivers 80% of the time (Martín, Olano-Lizarraga, & Saracíbar-Razquin, 2016). Challenges exist in ensuring caregivers are adequately prepared for the life-altering task of caring for a loved one in their final days. Caregiver burnout is present and manifests with a systematic lack of clarity in guiding caregivers on this journey. Limitations in research exist in grasping a clear understanding of the root cause of caregiver burnout and employing techniques and treatment modality to ease the burnout.

Benefits of music therapy have been highlighted throughout history and established through a peer-reviewed literature review to positively impact end-of-life symptom management. Utilization of music therapy as a health care modality holistically improves the physical and spiritual well-being of hospice patients. Although many

caregivers assume that the positive impact of music therapy on symptom management with a hospice patient correlates to a similar experience for a family member and hospice care team members, further research is needed to draw this conclusion. Chapter Three will incorporate the theoretical nursing concepts of caring and healing of Jean Watson's Theory of Human Caring that align with this scholarly project.

Chapter Three: Project and Theoretical Framework

A caring-healing environment is an essential component of providing holistic, end of life care. Incorporating additional healing modalities, such as music therapy, creates an environment conducive to caring and healing for both a patient and the patient's caregivers. Music therapy as an adjunct therapy offers the patient an option for active or receptive participation. Through active music therapy, patients can creatively express themselves through art or develop personalized physical or psychosocial rehabilitation plans. With receptive music therapy, music is utilized for self-reflection and relaxation. The multiple possibilities of music therapy delivery provide patients with the freedom of choice while providing an avenue for healing emotionally and spiritually (Burns, Perkins, Tong, Hilliard, & Cripe, 2015). Evaluating the lasting effects of music therapy on symptom management during end-of-life care for the patient and the caregiver is an area of opportunity for continued research and exploration. Nursing theory provides a theoretical framework to guide and shape nursing practice. Watson's (2008) Theory of Human Caring guides the nursing profession to evaluate the caring-healing relationship among hospice patients, their caregivers, and their care team during end-of-life care, exploring integrative healing modalities, such as music therapy and their impact on existential pain and suffering symptom management.

Description of Scholarly Project

The goal of this scholarly project is to identify the impact music therapy has on patients' and caregivers' perception of end-of-life care. Symptom management becomes substantially more burdensome during the final days of life. Patients and caregivers feel the strain of the unmanaged symptoms. Gaining an understanding and appreciation of the

impact of the music therapy as an adjunct healing modality will add in generating educational materials to disseminate to hospice providers, caregivers, and patients as they begin their final journey.

Jean Watson's Theory of Human Caring

Jean Watson's (2008) Theory of Human Caring provides a theoretical framework, guiding the nursing discipline in providing holistic, authentic nursing care. Wayne (2016) described Watson's Theory of Human Caring and the Caritas Processes as a guideline for nursing interactions with patients across the health-illness spectrum, including experiencing a peaceful death. Watson's Theory of Human Caring use of Caritas Processes implies a spiritual connectedness shared with one another and also suggests that a caring relationship will foster healing. As Watson defined, caring is the presence of humanity, authentic presence, empirical knowing of self, and openness to the unknown. Healing, according to Watson, is not merely the absence of disease, but the ability to find health or die with dignity. Watson's theory shifts the nursing discipline from allopathic medicine to integrative medicine, through the Caritas Processes.

Integrating a care into healing relationship is a partnership between the caregiver and those receiving care. The transpersonal caring and healing relationship are described through Watson's (2008) Caritas Processes. Watson explained that as the caregiver functions at a higher level of consciousness, connections with others are established through authentic actions, intentionality, and genuine presence. The elements performed in transpersonal caring interactions are the foundation for forming Watson's caring moment. Watson described a caring moment as human-to-human interactions that result in an immediate spiritual and emotional effect and carries on into the future. Caring

moments transcend time, long past the moment in which they initially occurred. The lasting effects of the caring moment will aid in preserving and sustaining the spirituality, dignity, and well-being of those present in the relationship.

The concepts of caring and healing are present in the healing modality of music therapy. In music therapy, caring represents the therapeutic relationship that exists between the patient and the one providing music therapy. Music therapy defines healing as aiding patients in overcoming physical and psychosocial challenges, with the goal to improve the patient's ability to function (American Music Therapy Association, 2017).

The conceptual framework for Watson's (2008) Theory of Human Caring and those discovered in the healing modality of music therapy are similar in content and explanation. Within both Watson's theory and music therapy, the concept of caring focuses on building holistic relationships with the patient. The integrative philosophy in regard to healing inherent in both Watson's theory and music therapy aims to restore health or function in a patient's life. For end-of-life care, restoring health or function may entail reducing pain and anxiety or decreasing the experience of dyspnea.

Music Therapy as a Metaphor for Practice

A visual metaphor representing the caring and healing environmental concepts in Watson's (2008) theory and music therapy is imagining the sunrise over the peaks on an early summer morning (see Figure 1: Sunrise Metaphor for Caring and Healing in Music Therapy).



Figure 1 Sunrise metaphor for caring and healing in music therapy

In the image of the sunrise, the healing caring environment and music therapy are represented as capturing the moment just as the sun crests over the peak and light beams across the sky, embracing the day with its warmth and healing powers. Within Watson's model of Human Caring, the sun represents the nurse or caregiver. As nurses or caregivers share their presence and intent for healing, the environment is transformed into a caring-healing environment. As the new light of the day touches the green grass and flowers blooming, the healing potential of the patient comes to life. In regard to music therapy, music is the light. As the light of music rises over the peak and spreads across the valley, an opportunity of caring and healing begin. Light does not touch all areas of the meadow, and shadows or dark times will still exist. However, the composition is created, a path to spiritual and emotional healing may begin.

Nursing theory conveys the structure to support nursing practice. Watson's (2008) Theory of Human Caring provides guidance and a framework for the concepts of a caring

and healing environment to be applied across nursing practice with healing modalities, such as music therapy. Patients receiving music therapy as an integrative healing modality, will have the opportunity to experience relief in existential pain and suffering symptom management. Through authenticity of self and in relationships with patients, the nursing discipline and caregivers are able to apply integrative therapies, such as music therapy, to promote a caring and healing environment and create caring moments.

Chapter Four will summarize the methodology and evaluation methods for this scholarly project.

Chapter Four: Methodology and Analysis

The incorporation of music therapy as an adjunct healing modality for end-of-life care is the focus of this scholarly project. Developmental evaluation of music therapy utilization with the hospice patient population and the knowledge level of music therapy among hospice health care providers was performed, incorporating quality improvement processes. This chapter describes the methodology applied throughout this developmental evaluation of observations with hospice patients and the development of an educational session on music therapy.

Subjects

The focused population for this scholarly project included hospice patients and their hospice care providers. Hospice patients observed throughout the timeframe of this scholarly project were predominately female, over age 60. Hospice care providers participating in this project included hospice volunteers, certified nursing assistants (CNAs), nursing staff, nursing students, and a BCMT.

Clinical Setting

The subjects for this scholarly project resided in or worked in long-term skilled facilities in southeastern Minnesota, hospital-based care, and home-based care programs. Each facility cared for hospice patients. However, not every facility had a dedicated hospice program in-house.

Tools

Developmental evaluation of music therapy was approached through a multi-modal approach. Initial process steps included partnering with subject matter experts (SMEs) skilled in providing music therapy to hospice patients and other patients to

promote a higher level of well-being. The education session was promoted by an invitation flyer (see Appendix C), and participants of the educational session were provided with a print out of the education presentation (see Appendix D), and an opportunity to engage in music listening, and reflection. A Likert scale (see Appendix E) was utilized as a pre and post evaluation metric of the education session on music therapy. The survey intended to evaluate the participant's perception and knowledge base of the educational material presented, especially in regard to the utilization of music therapy as a healing modality for patients.

Intervention and Data Collection

Collaboration with the SMEs throughout this scholarly project provided a perspective of the hospice patient's and family's life from an alternative lens. Observations of hospice patients receiving music therapy from the SMEs, bore witness to the physical changes transpiring during the music therapy sessions. The hospice patients were at varying stages on the hospice spectrum; some were able to engage while others were merely present.

Through observations of the SMEs with hospice patients, the target audience for the educational sessions was identified. A knowledge gap was recognized among the hospice care provider team delivering bedside care. Observational findings highlighted lack of awareness for using music therapy as an adjunct healing modality. Connections were attempted with four nurse leaders of hospice and long-term care facilities. One nurse leader did not recognize the gap in awareness regarding music therapy among staff but was very enthusiastic about the scholarly project, encouraging the content be provided to the provider and nursing students as they are completing their education to

have as a foundational knowledge base. One nurse leader did not respond to the attempted connection. The two remaining nurse leaders coordinated an educational session for hospice volunteers, CNAs, and nursing staff. Music therapists from each facility were invited to attend as well. The educational session focused on providing information and discussion on music therapy, the utilization of music therapy with hospice patients, and the use of music therapy as a healing modality. The Likert pre and post evaluation tool was utilized to analyze the effectiveness of the education session on the participant's level of understanding of how music therapy may be utilized as an adjunct healing modality.

Analysis of Findings

This scholarly project set out to understand the benefits of music therapy as an adjunct healing modality with hospice patients and increase the knowledge of hospice care providers regarding incorporating music therapy as an adjunct healing modality. Developmental evaluation was utilized to synthesize the findings of the observations and the education session provided.

Bearing witness to the physical changes of hospice patients that transpired during music therapy interventions aligned with current literature regarding the benefits of music therapy (Gutgsell et al., 2013; Kordovan et al., 2016; O'Callaghan, 2006; Preissler et al., 2016; Schauer & Mauritz, 2003). One example included a patient overcome with the symptoms of congestive heart failure who was chair bound, air hungry, and had a garbled voice due to a high volume of oral secretions. As the music began, the patient began to tap her feet and sing along to an old Irish ballad, in celebration of the upcoming St. Patrick's Day. Within minutes the patient was no longer overcome by mucus and

secretions and had noticeable change with a clear voice. A second interaction with the same patient 2 weeks later resulted in similar outcomes.

The education session was performed on three separate occasions to three different audiences. The first audience was a group of four nurses and care providers at a long-term care facility. The second audience was a large group of graduating nursing students, during their final clinical post-conference meeting, held at a large teaching hospital. The third and final audience was a variety of caregivers, including nursing, therapists, and music therapists at a center offering hospice services to patients within the surrounding area. The first and third audience participated in the pre/post evaluation and entire education session. However, the outcomes of these sessions became more of validation and discussion of the benefits of music therapy with their patient population, as music therapy was already incorporated into their patients' treatment plans.

The second audience of nursing students at the education session also completed the pre and post evaluation. There were 29 responses for the pre-evaluation and 28 post-evaluations completed. Results of the survey are represented in Figure 2: RN Student-Pre-Evaluation and Figure 3: RN Student Post-Evaluation.

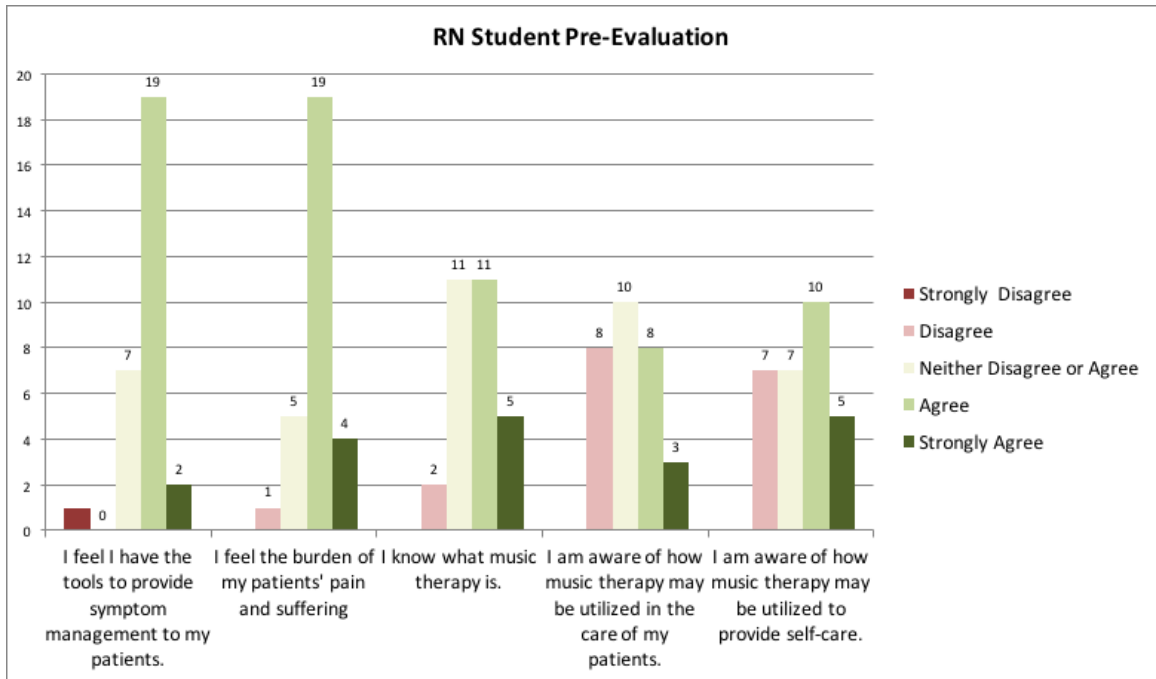


Figure 2 RN Student Pre-Evaluation

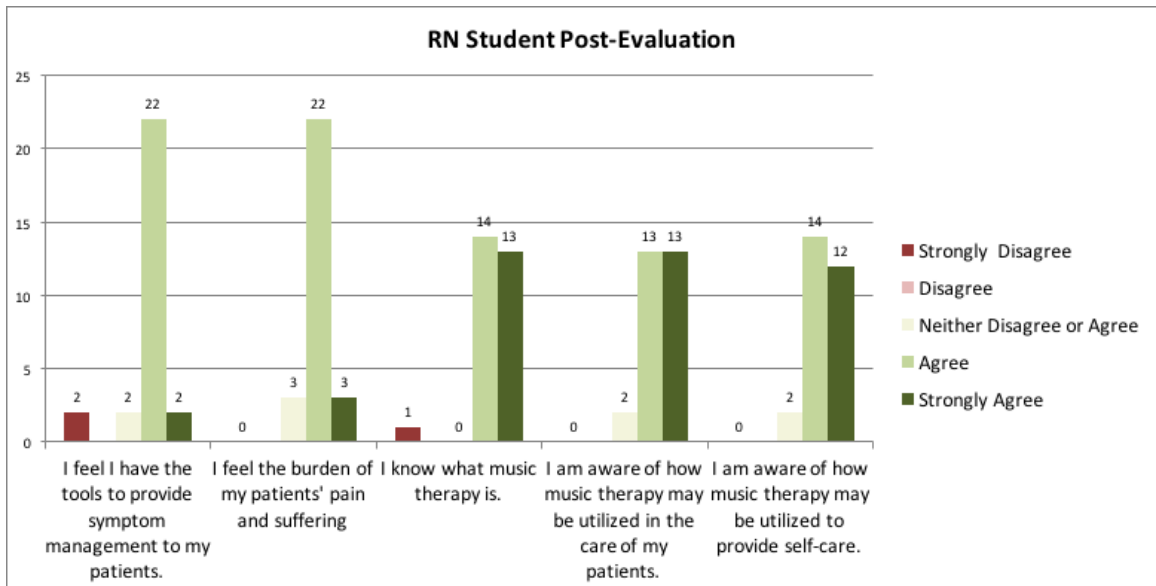


Figure 3 RN Student Post-Evaluation

Of the evaluations that were completed, there was a positive shift, indicating the effectiveness of the education session. For instance, the fourth question “I am aware of how music therapy may be utilized in the care of my patients,” saw a shift from 38% to

93% of participants selecting agree to strongly agree. Figure 4 and Figure 5 highlight the positive shift in participants perception of the education session.

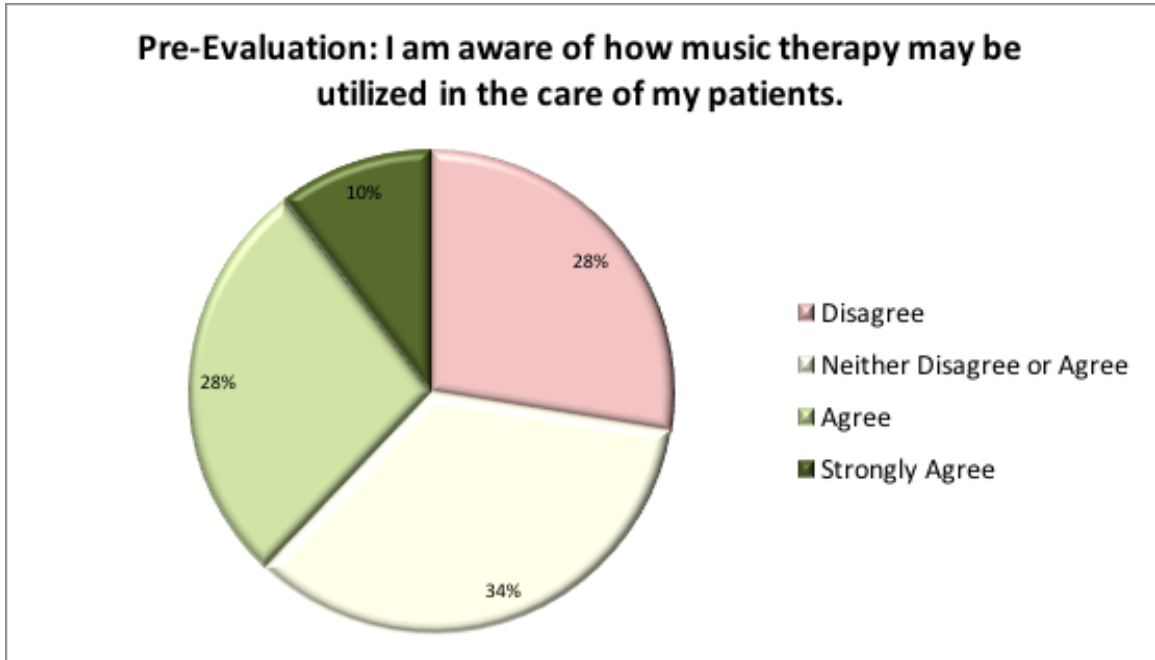


Figure 4 Pre-Evaluation: I am aware of how music therapy may be utilized in the care of my patients.

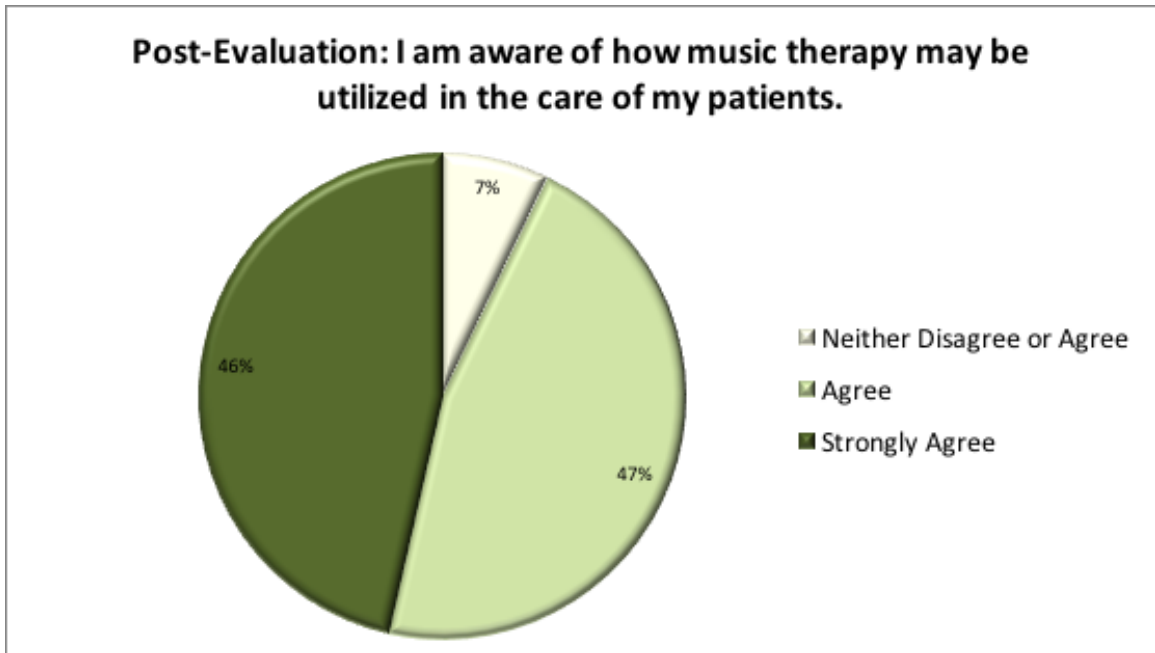


Figure 5 Post-Evaluation: I am aware of how music therapy may be utilized in the care of my patients.

The pre and post evaluation questions were consistent among all education session audiences with the additional open-ended questions present on the post-evaluation survey. Themes from the question, “Please share your take away message from today’s presentation” included a realization of the benefits of music therapy as a healing modality for the patient and the caregiver, a means to reduce the use of pharmacological therapy, and ease of being able to provide this under-utilized healing modality.

Through developmental evaluation of music therapy as an adjunct healing modality, patient and caregiver benefits were witnessed. This project is in alignment with previous literature and patient reported outcomes regarding music therapy, such as a reduction in pain, anxiety, depression, shortness of breath, and improved coping ability (Gallagher et al., 2006 & Gutgsell et al., 2013). Identifying where the education will be best served was a key learning in this project and will lead to subsequent phases of this project including physicians, advanced practice providers, or registered nursing students as they are beginning their journey in providing care. Chapter Five will discuss the significance and implications this scholarly project has on the doctoral of nursing practice-family nurse practitioner (DNP-FNP), patients, and use as an adjunct healing modality in healthcare.

Chapter Five: Conclusions, Significance, and Implication

The incorporation of music therapy as a healing modality is gaining acceptance as a fundamental holistic service offering for hospice care programs because it enhances the mission of hospice care, allowing patients a peaceful and dignified death. The focus of music therapy is on relieving patients' existential symptoms of pain and suffering, as well as improving patients' quality of life as they transition into the final stage of life.

Providing care throughout the lifespan is a key component of an advanced practice provider. This scholarly project sought to identify the impact of music therapy as an adjunct healing modality for hospice patients in relieving symptoms of existential pain and suffering and to bring education and awareness to caregivers providing end-of-life care.

Essentials of Doctoral Education for Advanced Nursing Practice

As advanced nurse practitioners progress through their education, an educational framework exists to support the integrity and rigor of the professional practice. The eight essentials of Doctoral Education for Advanced Nursing Practice serve as a foundational guide for nurse practice advancement through the doctoral scholarly projects (American Association of Colleges of Nursing, 2006). This scholarly project intended to support Essentials II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking, III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice, and VIII: Advanced Nursing Practice of The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). Throughout the course of this scholarly project, Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes was vital for the completion of this project with less

emphasis on Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice (AACN, 2006).

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Advanced nurse practitioners' active engagement in organizational and systems leadership leads to the improvement of patient and healthcare outcomes and is the foundation for Essential II. The AACN (2016) calls upon the leadership ability of an advanced nurse practitioner to provide safe, excellent care while working to eliminate health care disparities. This scholarly project with hospice patients focused on the trajectory of care needs for patients and interjecting evidence-based and cost-effective healing modalities along their journey.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Improving the quality of patient care is the foundation of Essential VI. According to the AACN (2006), the role of an advanced nurse practitioner within quality improvement initiatives is to build relationships to forge a collaborative, multidisciplinary team. Addressing the key objectives of this scholarly project would not have been possible if not for the collaborative and shared efforts of the BCMTs, nurse leaders, hospice caregivers, and patients. Through the collaborative and shared efforts of all, target audiences for education on the benefits of music therapy were identified, enabling dissemination of knowledge at a pivotal moment in the target audience's professional career.

Essential VIII: Advanced Nursing Practice of The Essentials of Doctoral Education for Advanced Nursing Practice

The advanced nurse practitioner role is multi-faceted, providing a holistic, patient-centered approach to patient care across the lifespan, encompassing physical, psychosocial, cultural, and socioeconomic status. The enhancement and application of clinical knowledge and evidence-based care are vital attributes to the advanced nurse practitioner (AACN, 2016). This scholarly project promotes the advancement of the nursing practice through the collaborative efforts in designing, implementing, and evaluating a quality improvement project regarding the effects of music therapy as an adjunct healing modality for hospice patients. Application of the key learnings from this scholarly project are able to augment the evidence-based resources available to the nursing practice in treating existential pain and suffering for hospice patients.

National Organization of Nurse Practitioner Faculties Core Competencies

The National Organization of Nurse Practitioner Faculties (NONPF) (2011) is also committed to providing an educational framework advanced nurse practitioner curriculum. This project supports the core competencies of Leadership, Practice Inquiry, Health Delivery System, and Independent Practice (NONPF, 2011). Appendix B has a detailed description of the NONPF core competencies. Advanced nurse practitioners display qualities of leadership through fostering engagement in quality improvement initiatives. At a practice and systems level, advanced nurse practitioners have the ability to incorporate and disseminate evidenced-based care across disciplines to ensure patients are cared for safely and efficiently. Through critical evaluation of evidence-based knowledge available, the advanced nurse practitioner is able to differentiate learning and

apply this knowledge independently to their practice to care for patients during all of life's transitions.

Completion of a scholarly project requires leadership and collaboration, as evident with this scholarly project. The collective vision and knowledge of a multidisciplinary team were drawn upon to construct the foundation of this project. Professional relationships built throughout the project provided opportunities for continued knowledge growth but also an avenue to disseminate knowledge gained throughout the project. For instance, collaborating with BCMTs as they participated in music therapy sessions with patients allowed for dialogue about designing an ideal model of care shared between an advanced nurse practitioner and a BCMT. Key learnings gained from collaboration were disseminated to target audiences in education sessions to broaden the awareness of the benefits music therapy has as an adjunct healing modality. The goal of the education sessions was to equip participants with the information needed to employ music therapy as a healing modality in their practice.

Significance and Implication for an Advanced Nurse Practitioner

End-of-life care entails the unique management of existential symptoms patients and caregivers experience during this transitional period. Patients' existential pain and suffering experienced during this transition remain a challenging treatment phase for advanced nurse practitioners. This scholarly project incorporated the collaborative efforts of BCMTs. While BCMTs are highly educated and skilled in building therapeutic relationships with patients surrounding music, there are key attributes of an advanced nurse practitioner that lend itself in a similar manner (Franco, DeLuca, Cahill, & Cabell, 2018). Advanced nurse practitioners provide patient-centered, holistic care based on

building therapeutic relationships with patients. Within these relationships, an advanced nurse practitioner has the ability to enhance the incorporation of music therapy in practice through an understanding from patients regarding the impact of music in their life and how they may use music as a healing modality.

Advanced nurse practitioners have the unique opportunity to share their knowledge of holistic, patient-centered healing modalities with others. Incorporation of integrative healing modalities, such as music therapy, are under-utilized in the current health care system despite requests from patients. Learnings from this scholarly project align with current research regarding the incorporation of integrative healing modalities, such a music therapy in treatment plans. The fast-paced, high-flow volume of health care clinics leaves a reported inadequate time for providers to incorporate integrative healing modalities into their patients' treatment plan (Patel, Kemper, & Kitzmiller, 2017). Patel et al. (2017) highlighted the challenges medical providers perceive regarding integrative healing modalities, including a lack of knowledge of offerings, efficacy, and adverse side effects. A key learning from this scholarly project was identifying the appropriate target audience for the education session. Providing education to individuals and providers who are beginning or just starting their professional career as a provider exhibited the most significant increase in knowledge regarding the incorporation of music therapy into their practice. Reported knowledge gained included an ability to identify patient populations appropriate to offer music therapy to and tools to have an open dialogue regarding the use of music as a healing modality. Conversations with providers who have incorporated music therapy as a healing modality validated an understanding that continued effort is needed to share the healing benefits of music therapy.

Significance and Implication for Patient Care

The transition to end-of-life care or hospice is a complex and emotional shift in care for patients and caregivers. The existential pain and suffering patients experience impacts the quality of life for patients and diffuses to those caring for the patient. Identifying additional healing modalities that are able to ease the symptoms of pain and suffering experiences while providing value to the quality of life are interventions worth pursuing. Music therapy has been demonstrated to be an effective healing modality for patients during this challenging phase of life. Resources and patient education material should be made available to patients and caregivers regarding music therapy, services available, options for listening to music, and time for reflection on the impact of music in their life and healing process.

Significance and Implication for Clinical Education

Through therapeutic relationships built with patients, advanced nurse practitioners will have the opportunity to incorporate music therapy that meets patients' needs. In the relationship formed, cultural and socioeconomic needs are assessed and incorporated in a patient's treatment plan. Collaboration with a BCMT provides the highest level of music therapy care to patients but is not always a readily available option for all patients due to a lack of insurance coverage, geographic location of a BCMT, or cultural barriers. Within the therapeutic relationship, an advanced nurse practitioner is able to offer patients music therapy support and resources, such as informational brochures, suggestions for free music applications, or resources to find music within their native language.

Future Integration of Scholarly Project

Learnings and outcomes from this scholarly project have the potential to be integrated into advanced nurse practitioners' practice as they care for patients across their lifespan and to be replicated with differing patient populations and caregivers. Providing education on the benefits of music therapy to other providers as they begin their professional careers as providers will lay the knowledge foundation of incorporating music therapy as a possible adjunct healing modality for patients. Incorporating a knowledge foundation with those providing care will provide them with key tools they need to provide music therapy as an option to patients with or without the referral to a BCMT. Continued utilization of music therapy as an adjunct healing modality is also a safe alternative for patients instead of increasing the volume of pharmaceuticals prescribed.

Opportunities for the advanced nurse practitioner to incorporate music therapy as a healing modality encompass the lifespan. As described in Chapter Two, music therapy can have a profound impact on individuals as they journey through a challenging chapter in their life. The benefits not only touch patients but are experienced by the surrounding caregivers who carry the burden of treating existential pain and suffering in their loved one. Additional opportunities for advanced nurse practitioners to utilize music therapy in their practice include addressing anxiety in children and adolescents, using it as a healing modality for chronic pain patients, or using it as motivation for healthy lifestyle modifications.

Future scholarly project iterations regarding the use of music therapy as a healing modality will aid in reducing the knowledge gap identified in the Chapter Two, Literature

Review. Understanding the impact experienced by care givers of patients that are suffering when a successful healing modality is incorporated into the plan of care has not been fully explored. It is hypothesized that the ability to promote the health and well-being of the greater support system with the incorporation of music therapy enhances the advanced nurse practitioner's ability to provide holistic care to the entire support system.

Identifying modalities of care to collaborate with patients as they transition through their stages of life is a key role of an advance practice provider. An advanced practice provider has the unique opportunity to engage with patients and caregivers to share the knowledge of integrative healing modalities, such as music therapy. This scholarly project highlighted the benefits of incorporating music therapy as an adjunct healing modality for hospice patients' relief of existential pain and suffering. Advanced nurse practitioners are able to creatively incorporate music therapy as a healing modality across patient populations throughout their life transitions.

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Appendices

Appendix A

The Essentials of Doctoral Education for Advanced Nursing Practice

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the nation's Health
- VIII. Advanced Nursing Practice. (American Association of Colleges of Nursing, 2006)

Appendix B

NONPF Core Competencies

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost- effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.

- a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
 - b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision-making.
4. Contributes to the design of clinical information systems that promote safe, quality, and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equality, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy developments.

Health Deliver System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.

5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions, and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

1. Integrates ethical principles in decision-making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
 - a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
 - b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - c. Employs screening and diagnostic strategies in the development of diagnoses.
 - d. Prescribes medications within scope of practice.

- e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
- a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
 - b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
 - c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
 - d. Preserves the patient's control over decision making negotiating a mutually acceptable plan of care (NONPF & National Panel for NP Practice Doctorate Competencies, 2011).

Appendix C

Music Therapy Information Session Flyer

Information Session on The Impact of Music Therapy on Hospice Patients

Join us for a brief information session to discuss and understand the impact of music as a healing modality for those we care for and for ourselves.



- ▶ Presented by Amie Tipton, BSN, RN
 - ▶ DNP/FNP student at Augsburg University
- ▶ Time: 9 am
- ▶ Location: Conference Room

Appendix D

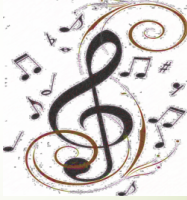
Hospice Caregiver Presentation

The Impact of Music Therapy in Hospice Patients


DNP Scholarship Project
Annie Tipton
Augustburg University
2020

Objectives of Project

- Identify the physical and psychosocial effects of music therapy in hospice patients
- Identify the physical and psychosocial effects of music therapy on the hospice patients' support system and the hospice care team
- Educate the patient's support system and the hospice care team on the utilization of music therapy as a treatment modality for hospice patients



Literature Review




- Impact of music therapy on the human body
- Music as a healing modality in medicine
- Music as a healing modality in hospice
- Mefis Story

Literature Review



Patient Population Studied: <ul style="list-style-type: none"> ■ Adult patients (18+ years old) ■ Spoke native language to where study was conducted ■ Patients typically excluded with behavioral problems, as they were not seen as able to actively participate in data collection ■ Varying stages of oncological history, newly diagnosed to end stage 	Components Studied: <ul style="list-style-type: none"> ■ Pain score ■ Anxiety ■ Depression / Sadness ■ Hope ■ Physical symptoms: <ul style="list-style-type: none"> ■ Shortness of Breath ■ Pulse ■ Nausea
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Gaps in Literature



- Benefits of music therapy have been identified in research and pilot studies for many years, yet music therapy as a health care modality has been slow to integrate.

“ Music speaks what cannot be expressed, soothes the mind and gives it rest, heals the heart and makes it whole, flows from heaven to the soul.”

Author unknown

Questions?

Appendix E

Hospice Caregiver Survey

Please complete survey PRIOR to the presentation.

Completed surveys may be placed in an envelope marked Surveys
Thank you

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I feel I have the tools to provide symptom management to my patients.	1	2	3	4	5
2. I feel the burden of my patients' pain and suffering.	1	2	3	4	5
3. I know what music therapy is.	1	2	3	4	5
4. I am aware of how music therapy may be utilized in the care of my patients.	1	2	3	4	5
5. I am aware of how music therapy may be utilized to provide self-care.	1	2	3	4	5

Please complete survey AFTER the presentation.
 Completed surveys may be placed in an envelope marked Surveys.
 Thank you

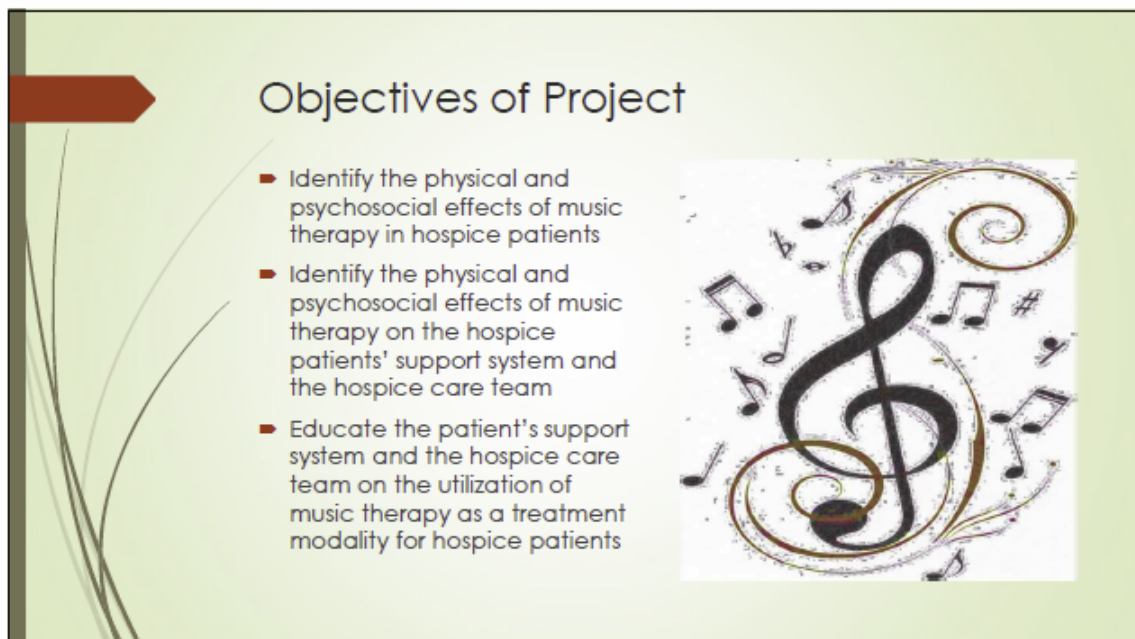
	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I feel I have the tools to provide symptom management to my patients.	1	2	3	4	5
2. I feel the burden of my patients' pain and suffering.	1	2	3	4	5
3. I know what music therapy is.	1	2	3	4	5
4. I am aware of how music therapy may be utilized in the care of my patients.	1	2	3	4	5
5. I am aware of how music therapy may be utilized to provide self-care.	1	2	3	4	5

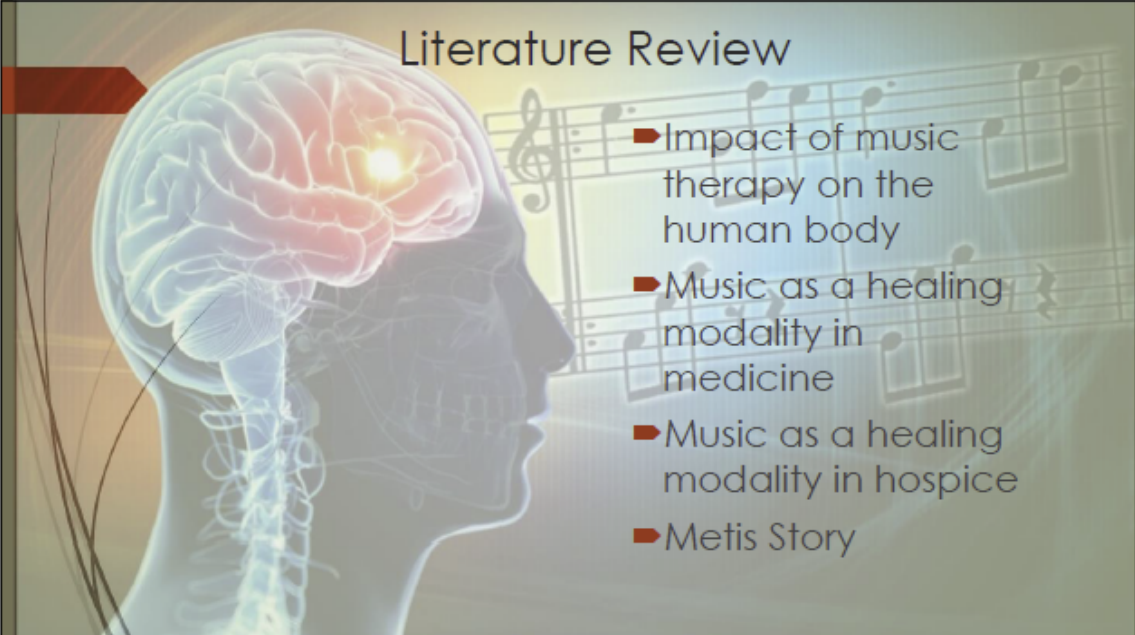
6. Please share your take away message from today's presentation.

7. Additional comments or questions?

Appendix F

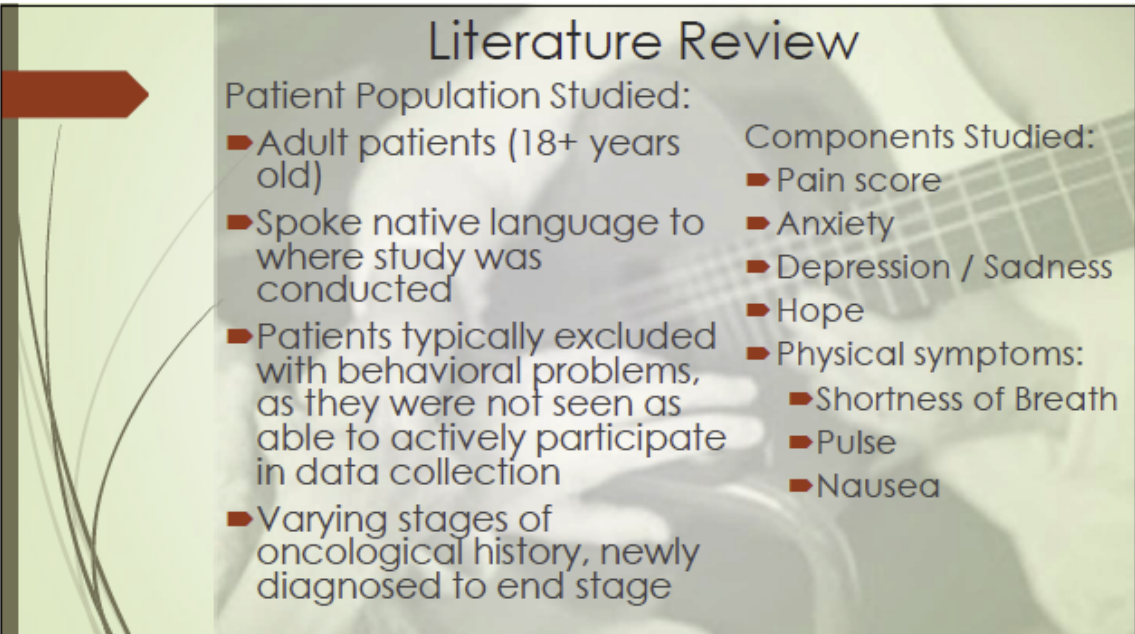
Doctoral Presentation





Literature Review

- ▀ Impact of music therapy on the human body
- ▀ Music as a healing modality in medicine
- ▀ Music as a healing modality in hospice
- ▀ Metis Story



Literature Review

Patient Population Studied:

- ▀ Adult patients (18+ years old)
- ▀ Spoke native language to where study was conducted
- ▀ Patients typically excluded with behavioral problems, as they were not seen as able to actively participate in data collection
- ▀ Varying stages of oncological history, newly diagnosed to end stage

Components Studied:

- ▀ Pain score
- ▀ Anxiety
- ▀ Depression / Sadness
- ▀ Hope
- ▀ Physical symptoms:
 - ▀ Shortness of Breath
 - ▀ Pulse
 - ▀ Nausea

Gaps in Literature



Retrieved from <https://www.healingrhythmsmt.com/services> on 12/3/2018

Benefits of music therapy have been identified in research and pilot studies for many years, yet music therapy as a health care modality has been slow to integrate.


Developmental Evaluation



Watson's Theory of Human Caring

- ▶ "Maybe this one moment with this one person, is the very reason we're here on earth at this time..."

From "The Caring Moment"
by Jean Watson



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Sunrise Metaphor

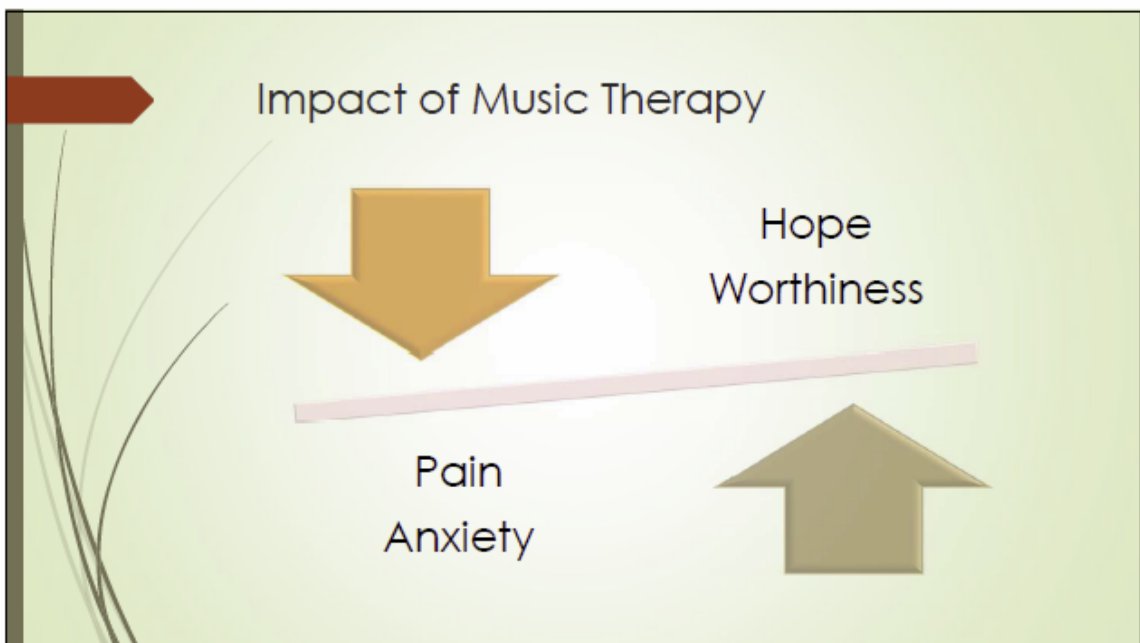


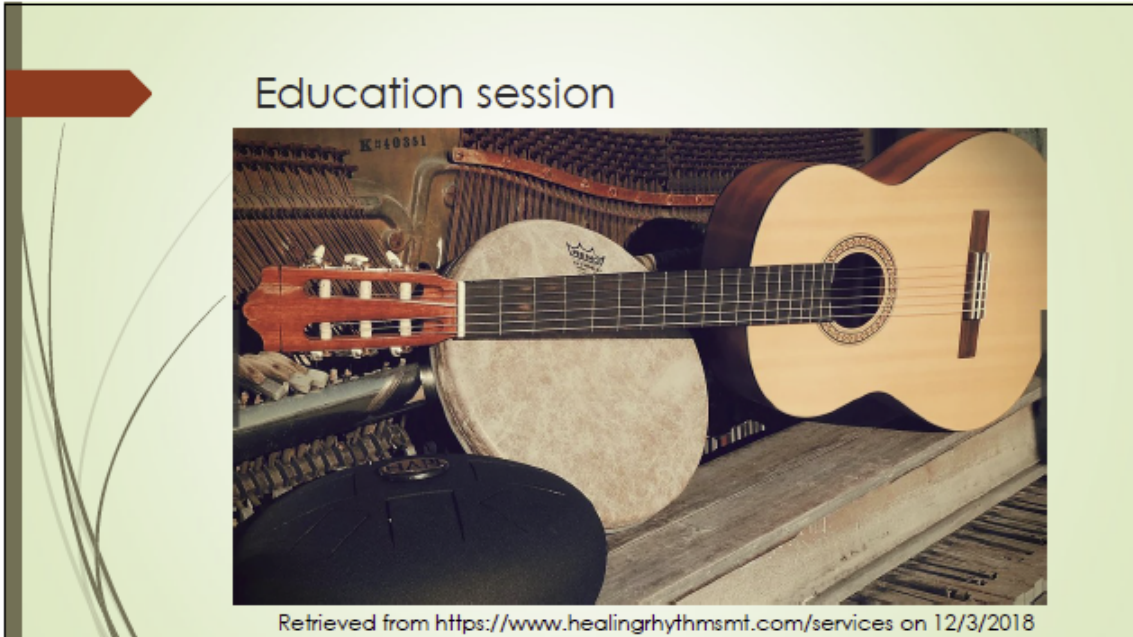
Music Therapy Sessions

- *Creating Caring Moments*



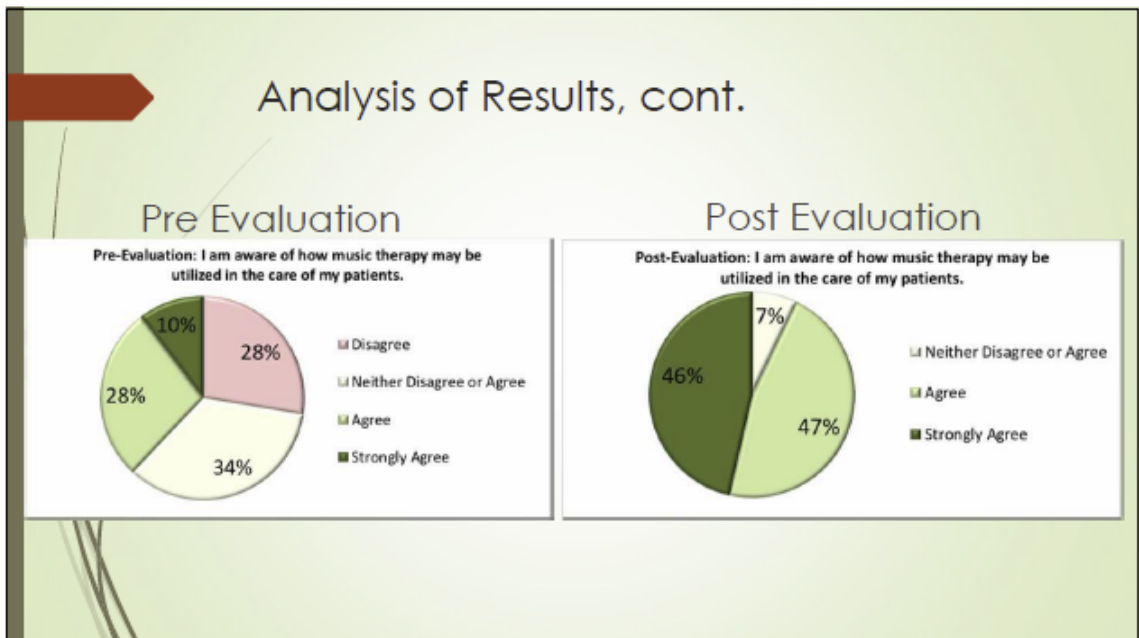
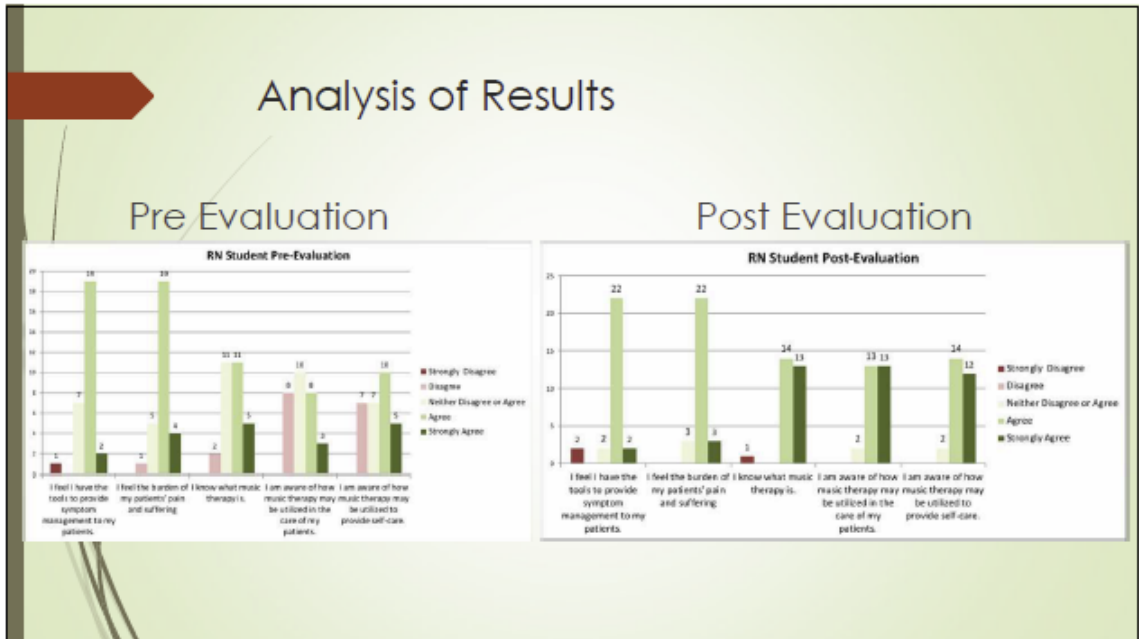
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Evaluation

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I feel I have the tools to provide symptom management to my patients.	1	2	3	4	5
2. I feel the burden of my patients pain and suffering.	1	2	3	4	5
3. I know what music therapy is.	1	2	3	4	5
4. I am aware of how music therapy may be utilized in the care of my patients.	1	2	3	4	5
5. I am aware of how music therapy may be utilized to provide self-care.	1	2	3	4	5
6. Please share your take away message from today's presentation.					
7. Additional comments or questions?					



Putting it all together

Provider	Patients	Caregivers
<ul style="list-style-type: none">• Healing modality• Relationships• Multigenerational• Collaboration	<ul style="list-style-type: none">• Healing• Relationships• Expression	<ul style="list-style-type: none">• Purpose• Peace• Healing

What is still needed?

Music Therapy Tools



“MUSIC IS SIMPLY THE THERAPEUTIC TOOL THAT WE USE TO SUPPORT PEOPLE IN THEIR LIFE JOURNEY”
CHRISTINA WOOD, MT-BC, HEALING RHYTHMS MUSIC THERAPY
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Educational Foundation Standards

Essentials

- Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- Essential VIII: Advanced Nursing Practice of The Essentials of Doctoral Education for Advanced Nursing Practice

NONPF

- Leadership
- Practice Inquiry
- Health Delivery System
- Independent Practice



“ *Music speaks what cannot be expressed, soothes the mind and gives it rest, heals the heart and makes it whole, flows from heaven to the soul.* ”

Author unknown

Questions?

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