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Generating Evidence of Critical Care Nurses' Perceptions, Knowledge, Beliefs, and Use of Music Therapy, Aromatherapy, and Guided Imagery

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Letter to the Editor
Generating evidence of critical care nurses' perceptions, knowledge, beliefs, and use of music
therapy, aromatherapy, and guided imagery

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To the Editor,

It was with interest that we read, "Generating evidence of critical care nurses' perceptions, knowledge, beliefs, and use of music therapy, aromatherapy, and guided imagery" by Meghani, et al.¹ published in the January/February 2020 issue of *Dimensions of Critical Care Nursing*, 39(1), pages 47-57. We thank the authors for the research conducted and the article as it raises awareness of the perceptions and knowledge of critical care nurses regarding complementary and integrative modalities. We welcome research about the presence and implementation of music for patient care in critical care contexts, and we support collaborative research which brings meaningful understanding for everyone.

In this study, the authors have utilized the label 'music therapy', when in more current terms it is accurately described as music medicine², which refers to the use of a music intervention which does not involve a qualified music therapist. For example, the authors state, "These therapies can be straightforward to implement and do not require extensive equipment or education" (p. 48). This statement reflects the implementation of music medicine² rather than music therapy, as it does not reflect the training and skill required to practice as a music therapist. The American Music Therapy Association (AMTA)³ indicates that a professional music therapist has completed a bachelor's degree or higher in music therapy from an accredited university program. The core of accredited training emphasizes musicianship training, 1200

hours of fieldwork/internship, and culminating in a national board certification exam. Upon completion of the board certification exam, a music therapist holds the credential as a board certified music therapist (MT-BC)⁴.

Music therapists encourage the use of music medicine within their own practices in hospitals, as listening to music is often accessible to patients and allows for more extensive use. Music therapy more often involves the use of active and live music-making applied by a qualified therapist. A music therapist is skilled at integrating the patient's own experiences of music to create and facilitate meaningful experiences of music that address and accommodate their psychological and physical needs. The music therapist is trained to coordinate the features and elements of music to meet the patient's needs in the moment, responding reflexively as those needs change within the session or over the course of the therapeutic process.

The knowledge and expertise that music therapists possess can serve to inform and educate nurses regarding the use of music medicine with patients in critical care settings. The authors indicate that, "74% of nurses had interest in gaining further knowledge of or training in the therapy" (p. 51). The authors highlighted the importance of nurses educating themselves and seeking resources to develop their knowledge of effective therapies (p. 56). Music therapists can help nurses develop their knowledge regarding the use of music medicine for critical care settings. Music therapists can also provide nurses with resources to support the use of music medicine with patients. A collaboration between nurses and music therapists can help to ensure nurses have the necessary knowledge and resources to meet a variety of patient needs through the use of music medicine and lead to relevant and much needed research^{5,6,7}.

References

1. Meghani N, Tracy MF, O'Connor-Von S, Hadidi NN, Mathiason M, Lundquist R. Generating evidence of critical care nurses' perceptions, knowledge, beliefs, and use of music therapy, aromatherapy, and guided imagery. *Dimens Crit Care Nurs*. 2020; 39(1): 47-57
2. Robb S, Hanson-Abromeit D, May L, Hernandez-Ruiz E, Allison M, Beloat A, Daughtery S, Kurtz R, Ott A, Oladimeji O, Polasik S, Rager A, Rifkin J, Wolf E. Reporting quality of music intervention research in healthcare: A systematic review. *Complementary Therapies in Medicine*, 2018, 38, 24-41. doi.org/10.1016/j.ctim.2018.02.008
3. American Music Therapy Association. Professional requirements for music therapists. <https://www.musictherapy.org/about/requirements/>. Accessed April 15, 2020.
4. Certification Board for Music Therapists. Accreditation. <https://www.cbmt.org/about/accreditation/> Accessed April 15, 2020.
5. Chlan L, Weinert C, Heiderscheit A, Tracy MF, Skaar D, Guttormson J, Savik K. Effects of patient directed music intervention on anxiety and sedative exposure in critically ill patients receiving mechanical ventilatory support. *JAMA: Journal of the American Medical Association*, 2013. Published online May 20, 2013. 309(22); doi:10.1001/jama.2013.5670
6. Chlan LL, Heiderscheit A, Skaar DJ, Neidecker MV. Economic Evaluation of a Patient-Directed Music Intervention for ICU Patients Receiving Mechanical Ventilatory Support. *Crit Care Med*. 2018;46(9):1430-1435. doi:10.1097/CCM.0000000000003199
7. Khan SH, Xu C, Purpura R, et al. Decreasing Delirium Through Music: A Randomized Pilot Trial. *Am J Crit Care*. 2020;29(2):e31-e38. doi:10.4037/ajcc2020175