

They did what? A Systematic Review of Music Intervention Reporting in Healthcare Research

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Abstract

Background/Purpose: Both public interest in and publication of music intervention studies are increasing, with more than 1,000 articles published in healthcare journals over the last twenty years. Concomitant with this growth are concerns about inadequate intervention descriptions and inconsistent terminology in published research which limits cross-study comparisons, interdisciplinary communication, and integration of findings into practice. Purposes of this systematic review were to summarize and describe music intervention reporting in published research for patients with chronic or acute medical conditions including intervention content, outcomes of interest, interventionist qualifications, and terminology used to label and describe interventions.

Theoretical/Conceptual Framework: Our review is based on published Reporting Guidelines for Music-based Interventions which specifies 7 areas of reporting: theory, content, delivery schedule, interventionist, treatment fidelity, setting, and unit of delivery.

Method: We identified experimental music intervention studies for patients with chronic/acute medical conditions, published 2010 - 2014, using MEDLINE, PubMed, CINAHL, and PsycINFO databases. Our initial search identified 620 articles, with 133 retained based on specific inclusion/exclusion criteria. Five nurse/music therapy student dyads reviewed full articles and abstracted data for analysis. Faculty mentors conducted interrater reliability checks and resolved data extraction discrepancies through discussion/consensus. This interdisciplinary approach provided a rich context for exploring how intervention descriptions/terminology may be interpreted and understood differently based on background and discipline-specific training.

Results: Data are summarized based on Reporting Guidelines for Music-based interventions. Areas poorly reported: 1) intervention theory (i.e., mechanisms of action), 2) references for sound recordings/musical arrangements, 3) decibel level/sound controls, 4) interventionist qualifications and training. Two hundred music terms were cited (84 terms defined; 116 terms not defined), and often misapplied.

Conclusions: Improved reporting will allow better cross-study comparisons, replication, and translation to practice. Additionally, standardization of music intervention terminology will improve interdisciplinary communication, delineation of music interventions across disciplines, and implementation.