



THE MEANING OF MUSIC IN THE VISION OF THE HOSPITALIZED PERSON

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ABSTRACT

Objective: To understand the meaning of music for hospitalized patients in a medical clinic ward.

Methodology: This is a qualitative, descriptive and exploratory study, carried out in a hospital located in the Triângulo Mineiro region, with 20 patients hospitalized through a semi-structured interview technique.

Results: from the analysis of the data and the concepts of the historical-cultural approach, three thematic units were built: music and the transcendent dimension; Music: and the interaction with the other and the mediated relation: music as a therapeutic element.

Conclusion: Music is a communication resource, a mediating element that favors dialogue and promotes the humanization of health care.

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INTRODUCTION

The technological and scientific progress in the last decades has enabled to treat and cure many diseases. However, hospitalization is still essential in many illness situations. In this sense, hospitalization appears as an advent that prevents the person from carrying out their daily activities, transforming the previously active person into a patient dependent on health care in a different environment full of news. Faced with this scenario, feelings of pain, fear, anxiety or even waiting for a medical diagnosis emerge, which can trigger a crisis both in the hospitalized person and in their family (Henriques, 2013). Thus, the nursing team has sought health interventions that can minimize the unpleasant effects of hospitalization. It is observed that music has enabled the approach of people, the encounter of man with his own essence, bringing an experience that integrates all the dimensions of the human being (Sales, 2011 and Silva, 2013). In the hospital environment, the therapeutic potential of this resource may be able to alter mood, minimize anxiety, interpersonal

relationships and the communication process (Bradt, 2016 and Rohr, 2016). In the Nursing Interventions Classification (NIC)(Bulechek, 2015), music therapy is defined as: "the use of music to help achieve a specific change in behavior, feeling or physiology." Thus, it is evident that music can be used with the objective of promoting the humanization of health care and allowing the improvement of psychological changes associated with the spiritual issues of patients (Rohr, 2016; Bowers, 2014 and Clements-Cortés, 2017). However, in the last decades, the interest of nursing for music has increased, which can be evidenced by the increase in scientific production, as demonstrated by the results presented in a recent meta-analysis that used music in combination with other therapeutic techniques in improving physical conditions, psychological and emotional aspects of patients in palliative care (McConnell, 2017). However, other studies have identified the influence of music on the results of hospitalized patients in different medical specialties (Carr, 2013; Ortiz, 2017 and Mondanaro, 2017), but no studies have been performed on adult patients hospitalized in a medical clinic. Furthermore, most of the available strategies and interventions provide limited evidence for the management of anxiety, unpleasant symptoms, and vital signs stabilization among patients in

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clinical wards. It is necessary to carry out research that can elucidate the meaning of music to hospitalized people to broaden the understanding of the effect of music on health care. From this perspective, appropriation of theories to support such an analysis becomes essential. The historical-cultural approach proposed by Vygotsky (2007), has the establishment of the interrelationship between the individual and the other as one of its central presuppositions, mediated by culture, which enables the constitution of the human being (Cintra, 2000). This interrelationship allows understanding the relationship between music and nursing care, since the music presents a transdisciplinary view since it constitutes a communication tool and promotes a better interpersonal relationship (Sales, 2011). Thus, this study aimed to understand the meaning of music for patients hospitalized in clinic wards.

MATERIALS AND METHODS

This is a qualitative, descriptive and exploratory study carried out in a hospital located in the region of Minas Gerais triangle, a large public institution with high complexity. This institution was chosen to carry out this study because it has a group of volunteers that weekly holds musical meetings in the various sectors of hospitalization. The data were collected through the interview technique, from February to April 2017, using questions about the socioeconomic characterization of the group studied (gender, marital status, education level, and family income) and an semi-structured interview script, elaborated by the researchers, with guiding questions (knowledge of the activities developed by the music group, what they felt and what the meaning of the music was). The semi-structured interview technique was chosen because it is a procedure that allows the recording of the testimonies, with a flexible script, that can be changed during the interview, giving the interviewer the possibility to ask other questions depending on the person's previous answers (Castro, 2010). The study participants were identified by fictitious names, aiming to keep their identity and anonymity confidential. Initially, 28 people were admitted to the hospital in the medical clinic of the referred hospital, reaching 20 participants, through the data saturation criterion, to verify that the information obtained did not present new data (Costa, 2008). The patients' approach and recruitment were performed through verbal invitation during the hospitalization period. The interview was carried out by an academic of the nursing course of a public university, who composed the research team, trained on the approach, filling the socioeconomic questionnaire, and applying the semi-structured interview script, where doubts were clarified and even interrupt the answers if the interviewee feels any discomfort. The interview took place in the medical clinic's own ward and lasted approximately 30 minutes for each research participant. In order to guarantee the rigor of the collection, the interviews were recorded using a voice application from Samsung Galaxy Ace GTS5830B, fully transcribed and then analyzed by the principal investigator. Subsequently, three study investigators analyzed separately and verified the common statements that were selected for the final analysis.

The inclusion criteria were: patients over 18 years old who participated in the musical meetings developed by the volunteer group of the hospital.

The exclusion criteria were: patients who did not respond to the socioeconomic data questionnaire completely and those

who presented low cognitive ability according to the Mental State Mini-Exam (MINIMENTAL). After the patient was approached and accepted to participate in the study, the evaluation of cognitive function was performed using MINIMENTAL, an instrument with 30 questions, with scores ranging from zero (greater degree of cognitive impairment) to 30 (better cognitive ability), (Folstein, 1975 and Trindade, 2013). The cutoff points for cognitive deficit were adjusted for intervals determined on the basis of formal education: for illiterates, 13 points; for individuals with low or middle education, 18 points; and for those with high education level, 26 points. The educational level was adjusted because a single cut-off point could result in loss among people of higher educational level, as well as generating false positives among those with a lower educational level (Trindade, 2013). The data collected were treated by the thematic analysis proposal elaborated by Minayo, which comprises the following steps: 1) pre-analysis; 2) exploration of the material and 3) treatment of results, and interpretation¹⁹, and the interpretation of the data was made from Vygotsky's Historical-Cultural Theory (Vygotsky, 2007). For Vygotsky the concepts (or meanings of words) are of very important for cognitive function, that is, without them, the construction of complex forms of thought and language is not allowed (Cazeiro, 2016), and Vygotsky's principles used in the study as mediation, interaction and development were instrumental in understanding the meaning of music for the hospitalized person. The study was approved by the Ethics and Research Committee of the Federal University of Uberlândia, with the number of opinion nº 1,833,534. The objectives of this research, and the Term of Free and Informed Consent, for reading and signing, were presented to the participants. They were also offered the relevant information and also related to the secrecy of the information obtained, with the possibility of future scientific publications, without any identifying data. The interview was conducted only after the consent of the interviewee and the signature of the term.

RESULTS

According to the results of socioeconomic evaluation among the 20 (100%) participants of the study, it was observed that 11 (55%) were female, 19 had a family income of one to two minimum wages (95%) and 09 were married (45%) and single 06 (30%). Regarding to the level of education, 08 had incomplete elementary school (40%) and 04 had complete secondary school (20%). Data analysis, based on the concepts of the historical-cultural approach, allowed the construction of three thematic units entitled: music and the transcendental dimension; the music: interaction with the other; mediated relationship: music as a therapeutic element.

Music and the Transcendental Dimension

In this thematic unit, it is evident that music leads the person to seek in their faith, spiritual comfort to face the illness. In this sense, it is noted in the speeches below, that music sensitizes, that is, music linked to spirituality brings them closer to the faith, complementing the conventional treatments offered:

"... the music is very beautiful, the music touches our hearts, it is the music of God, it is something that touches our hearts, it is a true thing, not in vain..." Madalena

"We feel more comforted, more comfortable, and we get more faith [...]" Daniel

"For me, it was to seek faith, give hope that we are in the stage of treatment, seeking the support that comes from faith." Daniel

"I like it, just as I told you, everything that comes from God is very good. I felt firm, I felt firm because it is where you have to expect trust, it is in him, in God... The meaning I had that I will be healed by the hands of God." Talita

Another important aspect identified was the style of music. The group that participates in activities in the research hospital is formed by volunteers, and the repertoire used had different styles of music (popular, religious and country). The sounds are generally soft and prolonged, of low frequency, and value the preferences of patients hospitalized in the previous selection of the musical repertoire. It is perceived that there is a preference by the patients to listen to religious music, leading them to a transcendental dimension that brings them closer to God and to a deeper reflection on their temporary existence.

"[...] because when it's something else sometimes you do not feel well, sometimes it's a song, because, at the time they got here and said they were going to sing, I already felt that it was a popular song I would not accept understood, was the thought I had at the time [...] began singing, which touched the name of God, so I felt firm. [...] As I told you, I'm inspired by God, I'm here in his hands, I even wait for his response." Talita

Music has the capacity to sensitize people to spiritual issues, making them have moments of reflection about the process of becoming ill.

The music: interaction with the other

The music enables the interaction with the other within the hospital institution, providing a feeling of welcome and a pleasant environment, as the subjects of the study said:

"Initially, so the feeling we have when the girls sing is a feeling of welcome, of realizing that there is another being that does not know us, but is concerned with our well-being, then a sense of welcome." Marta

And how it was that day for you to have heard the music [...] – Researcher

"I think it's important because sometimes we stay, as it is said, we feel God will give [...] for the long time spent of people and then when we see that there are people focused on the feelings of others is very good [...]" Joana

"I thought it was great, the girls are very charismatic, they have an excellent voice and in a way, they bring a little joy, the atmosphere is more pleasant, so it was very good." Marta

The music represents a language with innumerable possibilities of communication and that allows entering in intimate aspects of the human being, moving the emotions, bringing the human heat, leaving aside the world more and more virtual and technological to leverage the real world, with close and affective relationships.

"[...] to know that there are still people who think of the next in the world so... where the media is everything virtual, and you still humanized it, it is coming back... it made the human

heat come back, because today people who send a message on WhatsApp or a message so virtual, so it is already good and it is not the same thing of being the human warmth nearby, of being an eye in the eye... it is totally different." Joana

"Certainly, today the world is so agitated, so without patience with each other [...] because people are not having a lot of time with each other, so I think this helps us a lot who are like this weakened by disease [...]" Raquel

"A song takes a lot of human warmth for us." Débora

"... It helps a lot (the music), a sad room, a room that has nothing, it's a room without life, so it brings a lot of good things, useful for us and for our people." Eva

As shown in the previous speech, the hospital context is seen as a sad and lifeless place, and music contributes to transform that place into an atmosphere full of life, which refers to pleasant sensations.

Mediated relationship: music as a therapeutic element

The testimonies show how hospitalized patients felt cared for and relieved of physical and emotional symptoms:

"My head has improved a lot... I had a bad headache, I was listening to the music, listening to the music... and my head had a good improvement... I found the songs good, I liked the songs [...] it was too good, I loved it [laughs] ..." Maria

"... I believe that every time our emotional is better, this indirectly reflects on the physical, so I think the method of coming to sing, of bringing this well-being to the patients, indirectly, causes a physical improvement." Marta

The research participants also emphasized the importance of music for the relief not only of physical symptoms but also of emotional symptoms, which can be evidenced in the following statement:

"They came here, gave me the greatest strength, sang to me and even made me very happy, because I was very sad, you know... angry and I am very satisfied, with the people here, the people, everybody treats us very well and the music... and the music is very beautiful [...]" Madalena

"... I was very sad, so... it's ... thinking about life, what I'm going to do, I'm going to leave here or not, and I was really bad and then that song touched me, I was happy... I'm calmer now, I was very fragile and now I'm calmer, I'm fine. Thank God, I'm very satisfied with the people here." Madalena

"Stay, we'll be more relaxed when they arrive, when they sing, we'll settle down." Débora

Sensations such as tranquility and warmth are mentioned in previous speeches that demonstrates the meaning of music as a complementary therapeutic element.

DISCUSSION

A methodological reference was sought in the historical cultural approach to seek the understanding of the meaning of music in the view of hospitalized people. In the thematic unity

of music and the transcendental dimension, following Vygotskian principles, the musical encounter promoted interaction, mediation, and development. Music leads the hospitalized person to express their feelings, to open themselves to the world and to themselves; bringing her a moment of existential and spiritual introspection that led her to a transcendental experience. Also, spirituality can be understood as a fundamental tool for the care of sick people, and for those who seek meaning in their own lives (Arriera, 2011). In the thematic unit music: interaction with the other, it is perceived that the social interaction of the patient occurs in the hospital routine, where the person carefully analyses the actions of the multi-professional team. Procedures and signs used by professionals such as dressings, exams, norms, and routines are gradually internalized and become meaningful, due to the frequency that the procedures are performed during hospitalization. In this sense, the environment becomes a place of challenges and apprehensions.

However, music in the hospital environment brings up feelings and emotions that allow the patient to re-meaning the meaning of the hospitalization. A study carried out in Sweden that adopted the historical-cultural perspective inspired by Vygotsky showed that the interactional processes through which emotions undergo semiotization influence the unfolding of individuals' psychological processes (Mirza, 2016). These results are in agreement with those identified in this study, which shows that music is able to bring forth feelings and emotions that allow the hospital to see, as a human environment, warm and welcoming. Also, in the search for the understanding of the meaning of music for the hospitalized person, the third thematic unit entitled, mediated relationship: music as therapeutic element was reached. The results revealed that physical and emotional symptoms are alleviated during and after musical encounters. Scientific evidence shows that music has been used by nurses to minimize symptoms such as anxiety, stress, discomfort, and promote well-being (Rohr, 2016) which was also evidenced in this study. Vygotsky's principles can be observed in the reports since the interaction created between the patients and the volunteers who sing songs with soft and reassuring rhythms was fundamental for the promotion of comfort and care. Musical meetings can be considered as a relevant intervention in the caring process that allows the improvement of unpleasant symptoms and reduction of anxiety levels (Rohr, 2016 and Labrague, 2016). It should be noted that although the nurse's curriculum does not contemplate subjects that deal with musical skills and abilities, the nurse can adopt the voice or even electronic devices as a therapeutic resource (Bergold, 2009).

Final Considerations

Through the construction of three thematic units, this study allowed understanding the meaning of music for hospitalized patients.

Thematic unity: music and the transcendental dimension have a prominent role in the lives of people as a coping strategy because the disease seems to frighten and spirituality renew. The hospital environment also gains a new stage, because music enables the interaction with the other, which brings the human warmth, the feeling of welcome and the proximity of human relationships. The intention was to understand the meaning of music as a therapeutic element in the relief of physical and emotional symptoms, that is, music contributes to

the improvement of health care. Thus, it is fundamental that the multi-professional team encourage and support groups of volunteers, as well as the creation of university extension projects that explore music as a strategy, available as a therapeutic intervention and a humanization resource of assistance to health, and awakening interest in this theme in academics. Because it is a qualitative study, as a limitation of the study, the data do not allow generalizations, but, on the other hand, the study opens new perspectives and research possibilities for music and nursing care.

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