

Environmental Music Therapy To Support Healthcare Professionals: A Response to Increased Burnout During Covid-19

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ABSTRACT

Burnout can be a serious effect deriving from an intense and stressful work environment. Decreasing burnout in healthcare professionals is important as it will not only improve the quality of patient care provided, but the mental and physical states of those struggling with burnout. Music therapy is a multifaceted profession that can tend to the presenting signs of burnout and its needs.

In our study, music therapy was provided to the health professionals of Ruby Memorial Hospital in Morgantown, WV. While all staff were included, a special emphasis was placed on staff providing care for covid positive patients. Music therapy services were provided by the music therapy team to staff several times a week after which they were invited to take a brief survey. The live music interventions consisted of client preferred music, relaxation music played on guitar, and lyrical content related to improving mental health. Our research methodology consisted of data collection and was compiled to examine levels of anxiety, work-related stress, and workplace happiness. Projected goals consisted of decreasing signs of intense stress and burnout of the healthcare workers at the hospital and comparing results of different timelines of the virus and vaccination status in WV. Another goal was to continue to build medical music therapy and provide valuable information on staff wellness for other programs.

Keywords: burnout, music therapy, data collection

INTRODUCTION

The music therapy team at West Virginia University Medicine was approached by hospital administration to provide music therapy services for staff who were experiencing high levels of burnout and compassion fatigue in response to the COVID-19 pandemic. While music therapy has been utilized to reduce stress and anxiety among hospitalized patients (Whitehead-Pleaux, Baryza, & Sheridan, 2006; Chlan et al. 2013), music therapy is not usually provided directly for staff benefit. The bystander effect of music therapy provided to patients has been found to be meaningful to oncology staff as it elevates mood, decreases stress, and improves staff perceptions of their caring practices (O’Callaghan & Magill, 2010). Music therapists at Mount Sinai Beth Israel coined the term environmental music therapy (EMT), which is the utilization of music therapy from a human-centered and trauma-informed approach to alter staff perception of the hospital environment. EMT has been shown to be successful with NICU and oncology staff (Rosetti, 2020). To date, there has been one study looking at the effect of music on frontline workers in response to the COVID-19 pandemic (Giordano et al., 2020). Clinical staff in this study reported a significant decrease in feelings of sadness, tiredness, fear, and worry after a recorded music intervention. The aim of this study was to evaluate how listening to live music affects feelings of burnout in medical staff impacted by COVID-19.

METHODS

Live environmental music therapy was provided for 20 minutes at nurses’ stations while staff were working on both day and night shift. Live music selections on guitar and voice were made by the music therapy team based on baseline environment; selections were altered based on interactions initiated by staff and preferred music requests. Knowing medical staff would be in and out of sessions due to the high demand of their jobs, we developed a short, quantitative survey to quickly capture two signs of burnout. Medical staff were asked to voluntarily complete the survey if available at the end of each staff support session provided. Due to the need to quickly develop the survey, we were unable to pilot our survey, however, it was reviewed by a public health researcher with experience in survey development. IRB approval was received before data collection began.

Participants

- Participants were medical staff at a Level One Trauma Center and teaching hospital in West Virginia including nurses, pharmacists, clinician’s assistants, students, and other healthcare bystanders.
- Special emphasis was placed on units caring for the most critical COVID-19 patients per the hospital’s request
- Live music was provided at nurses’ stations throughout the hospital. For this reason, staff working on certain units, especially intensive care units, received live music more often than other units.
- Participants may have received live music as staff support more than once; however, participants only completed the survey the first time they received live music.

RESULTS

A total of 236 participant responses were collected. During the time in which we provided staff support, the hospital system entered a crisis-level state of care. We continued to provide staff support during this time and compared the results of surveys received during this time to a non-crisis-level state of care to see if music therapy might be more beneficial during this time period. We ran a t-test for independent samples but found no significant differences between groups in regard to decreasing stress or improving workplace happiness between a non-crisis level state of care and a crisis-level-state of care.

In response to question one “Over the last month, I would rate my stress at work as” in which participants responded on a Likert scale of 1-7 with 1 being low and 7 being high participants reported a mean score of 5.65. Their responses are shown in *Figure 1*. In response to question two “Over the last week, I would rate my stress at work as” in which participants on a Likert scale of 1-7 with 1 being low and 7 being high participants reported a mean score of 5.14. Their responses are shown in *Figure 2*.



Figure 1: Participant responses to question one.

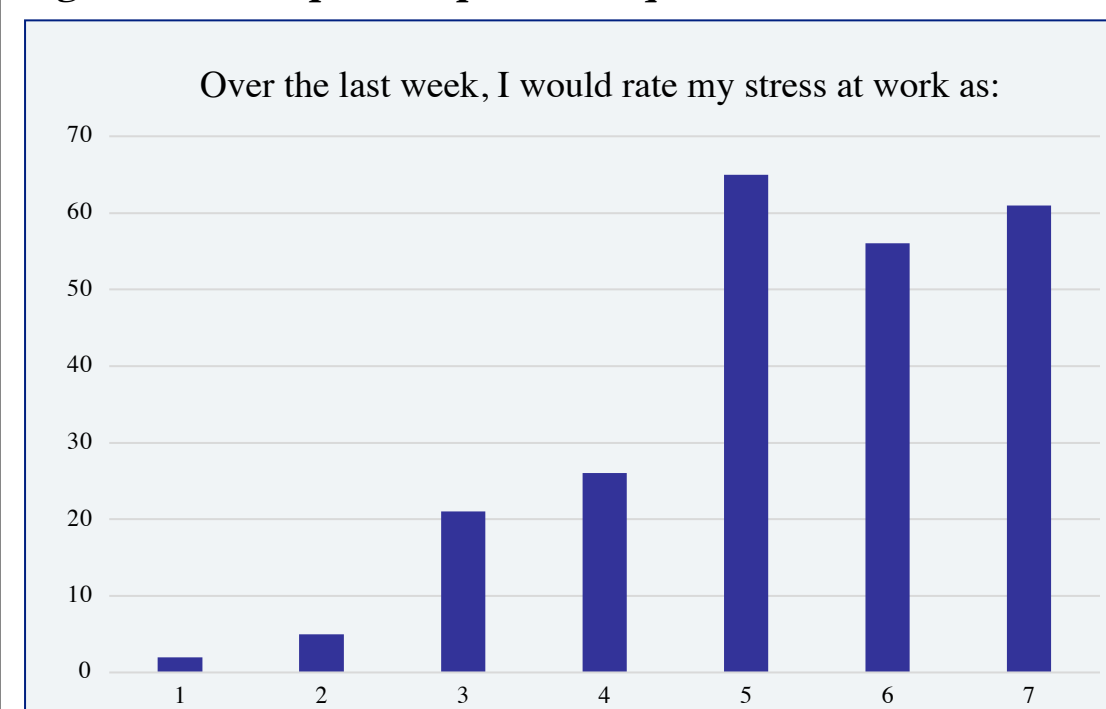


Figure 2: Participant responses to question two.



The following two questions on the survey were given as they assess common symptoms of burnout including stress and happiness in the work environment. In response to “Listening to live music while working at the hospital helps reduce my stress levels,” in which strongly disagree was coded as 1, disagree = 2, neither agree nor disagree = 3, agree =4, and strongly agree =5, participants responded with a mean of 4.52 (see Figure 3). In response to “Listening to live music while working at the hospital makes me feel happier at my job,” in which strongly disagree was coded as 1, disagree = 2, neither agree nor disagree = 3, agree =4, and strongly agree =5, participants responded with a mean of 4.61 (see Figure 4).

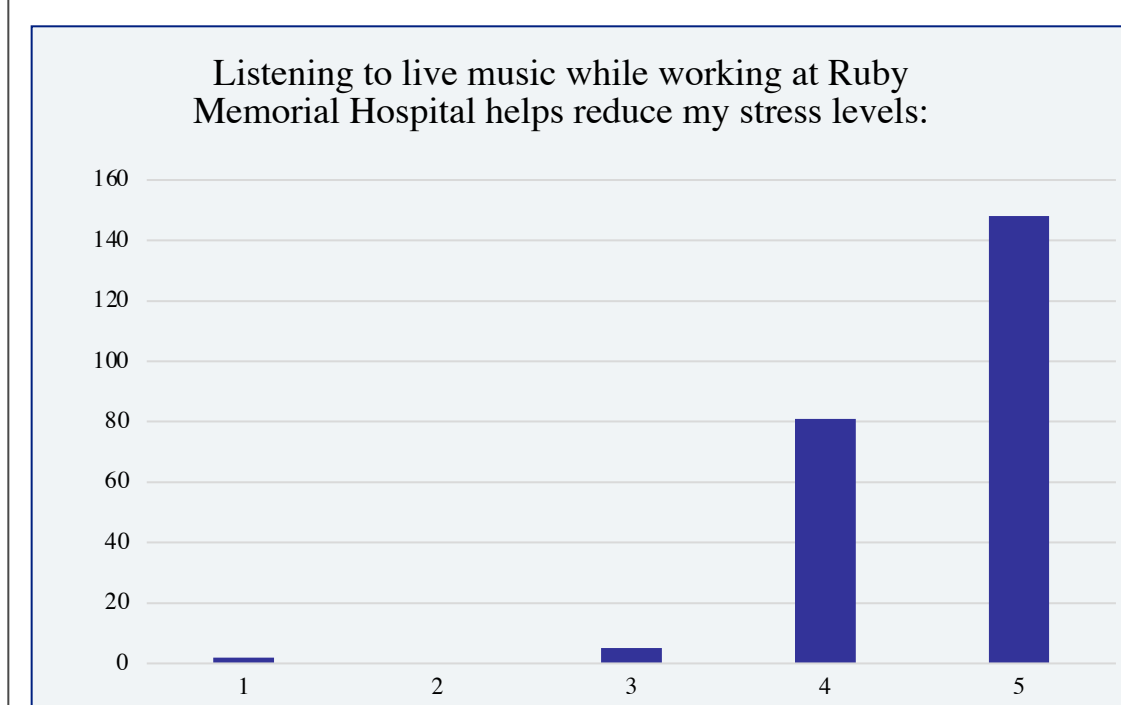


Figure 3: Participant responses to question three

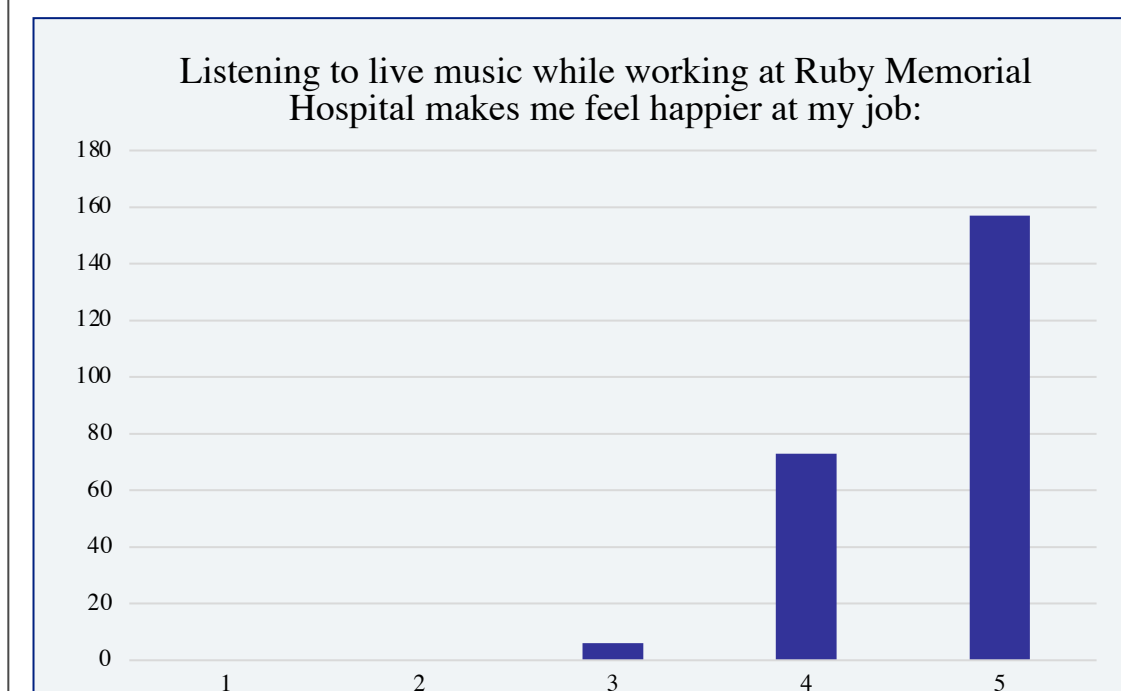


Figure 4: Participant responses to question four

CONCLUSIONS

A significant limitation of our study was our inability to utilize a standardized burnout screener due to the length of the standardized tests and the limited amount of time medical staff had to take a survey during their workday. Additionally, as medical staff were in and out of the work areas in which staff support was provided due to the demands of their jobs in providing patient care, we were unable to capture all voices that participated in the music therapy sessions. Although there are limitations in the study design, the study was able to survey 236 participants who rated the music therapy intervention very highly for reducing their stress and improving workplace happiness. As these are indicators of burnout, providing music therapy services to medical staff could be a very cost-effective way in reducing burnout in healthcare providers during the covid-19 pandemic.

References

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