Music in the PACU: Connections and Recommendations

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While trying to focus on an area of interest for our group project we stumbled upon the use of music therapy as an adjunct treatment for pain management. As a group we were intrigued with this topic and came up with a PICOT question that interested us on this unconventional pain management technique. Our PICOT question is as follows; in postoperative patients, will playing soft music in the PACU lower reported pain levels when compared to standard care alone? In order to help us answer our question we preformed a search of the literature and reviewed ten different articles that were relevant to our question.

Four of the articles reviewed by our group were systematic reviews that looked at the connection between lowered pain levels, post surgery, and music therapy. The reviews found evidence that music therapy is an effective adjunct intervention to treating postoperative patient’s pain (Duppils, & Engwall, 2009), and support was given showing that music therapy, in addition to pharmacological interventions, can help lower pain in all areas of medicine (Anderson, Bernatzky, Panksepp, & Presch, 2011), not just postoperative pain. The systematic reviews also found evidence that music lowered pain levels in patients regardless of how the musical intervention was applied (Economidou, Klimi, Lykeridou, & Vivilaki, 2012), and that pain management with musical therapy is successful in a variety of different health care fields (Cole, & Wood, 2014).

Although most of the articles that we reviewed focused on pain management and music therapy, a few also looked at the effects music had on patient anxiety. According to all three studies, music therapy helped lower patient pain and anxiety, (Allred, Byers, & Sole, 2010), and provided a distraction tool that helped them relax (Chiles, Fudge, Gray, & Heiser, 1997). As well as lowered pain and anxiety levels, participants in one
study reported that listening to music instead of ordinary PACU sounds was more pleasurable (Fredriksson, Hellstrom, & Nilsson, 2009). However, although acute pain following surgery was lowered, long-term pain intensity and distress appeared to be unchanged (Julkunen, Kankkunen, Pietila, & Vaajoki, 2011).

The only qualitative study we reviewed, “The Lived Experience of Listening to Music While Recovering From Surgery,” found that music provided comfort, familiarity in a new situation, and distraction from fear, pain, and anxiety. These findings were gathered through interviews with eight participants who listened to music during postoperative recovery (Good, & McCaffrey, 2000). The final study reviewed, a quazi-experimental study, found that there was a significant decline in pain levels in patients who received music therapy compared to a control group (Keck, & Shertzer, 2001).

After reviewing all our articles and compiling the results it became clear that in every study or review, patients who received some type of music therapy had lowered pain levels than those patients who received traditional pharmacological treatment. These findings, although promising, do require additional research. As a group we came up with a few recommendations that would further the research on music therapy for pain management. Though a few of the studies had a large number of participants, many of the studies had small sample participant sizes due to convenience or other factors. A larger sample size would be beneficial to the research in order to allow the findings to be applicable to a larger population. An additional recommendation to further the research would be to have the music interventions applied at consistent times throughout all participants. This consistency would reduce the chances that participant pain could be lowered by other interventions or events. It also appears vital that participants pain and
anxiety levels are observed and noted prior to surgical intervention in order to adequately assess their pain in the post care setting after receiving musical therapy. It would also be helpful if future studies included participants of varying cultures and socioeconomic classes within the United States. People of different cultures and socioeconomic classes often express pain and anxiety differently, so it would be beneficial to include these groups to have a more inclusive understanding of patient pain and music therapy.

Even though further research is warranted to show a stronger correlation between music therapy and pain management, implementation of music therapy in health care settings should be utilized. Music therapy is both an easy and inexpensive way to reduce pain and stress in our patients and comes with zero side effects or potentials for harm. There is no evidence that shows a risk for patient safety from receiving music therapy at any time in the recovery process or hospital stay. Simply providing each patient with a set of headphones and a few different music choices or encouraging patients to use their own personal devices at any opportunity would be an easy first step for introducing music therapy into general hospital use. Hopefully with these small implements and further research, the health care field will become more accepting of unconventional pain management treatments.
References


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