

**Lounge Room Music program for patients in a rural Australian hospital:  
A feasibility study**

**Brief Report by Elizabeth Mackney BN, RN, Cardiac Rehabilitation Facilitator**

“I have not been able to participate in my choir activities lately and singing (in the LRM session) made me want to get well and back to choir that I love for the companionship and for the therapeutic use of my lung capacity” LRM participant

Adults with complex medical issues are at risk of developing depression, which negatively influences disease progression (Clarke & Currie, 2009; May et al., 2009). Clinical programs combating social isolation are recommended for addressing this risk (NSW Department of Health, 2006a, 2006b). Clinical programs that are relevant and meaningful to participants positively influence self-management (Egger, Binns, & Rossner, 2011). Hospitals are better able to plan non-medical supportive care when the acceptability of program recruitment, participation and evaluation to service consumers is understood (Bowen et al., 2009). The focus of the research was the acceptability of the LRM program for participants (Bowen, 2009).

### **Method**

Ethics clearance: St Vincent’s Private Hospital and University of Queensland (SofM-ETH13-05/EM). Twenty four patients completed 1:1 surveys after participating in the LRM program. Visitors and staff were also invited to provide anonymous comments. The study employed a selection of qualitative analyses (Liamputtong, 2010; Saldana, 2009).

### **Findings and Discussion Summary**

The findings confirmed the LRM program addressed the physical, psychological and social health of patients experiencing long periods of hospitalisation ( $M$  length of stay = 38 days), and who had two or more chronic health conditions (67%;  $n = 16$ ). Participants found the recruitment, the actual session experience and the process of evaluation were all acceptable. The LRM program reached populations who are underrepresented in prevention programs (Clark, Hartley, Vandermeer, & McAlister, 2005); specifically, women (67%;  $n = 16$ ) and the elderly ( $M = 85$  years). Presented with the option to attend the LRM session again, 92% of patients ( $n = 12$ ) chose to do so every time. This indicates the LRM sessions offered patients psychosocial care that was so acceptable to them it motivated self-

This study was undertaken in partial fulfilment of the Elizabeth Mackney’s Masters of Music Therapy, University of Queensland.

management. Ninety-two percent of patients ( $n = 22$ ) eligible to participate in the LRM Main Survey chose to do so. This is exceptional given response rates of 30% are considered high for patient satisfaction surveys (Crow et al., 2002). Analysis of participants' statements revealed that the program offered participants an empowering experience in overcoming ambiguity and boredom in the unfamiliar hospital space. The group context of the LRM session and the process of LRM program evaluation helped patients develop a heightened awareness of their need for experiences of belonging, and the importance of these in their health care.

### **Samples of the participants' perspectives (pseudonyms used)**

Pip noted that "music has no barriers". Participants indicated the LRM session offered them a very happy, relaxed and enjoyable social experience in which the group began to bond, and "get to know each other". Amy said the session was "more individually-based than I thought. I thought you were going to stand there like a choirmaster, but you didn't. You looked at people individually, which I thought was good." Participants particularly noted the opportunity for active or quiet social participation in an informal and inclusive atmosphere. They reported that the music improved participants' mood, had an analgesic effect, and offered relief from isolation and boredom. The LRM was made more acceptable because they could choose to participate, and they liked the music therapist's style. It was noted by staff that the music facilitated shared emotional expression and interaction between participants both within and beyond sessions.

In summary, this project provides contextually-relevant evidence of what is acceptable to service consumers, and how it came to be acceptable. The findings inform new directions for innovative psychosocial programs for adults with complex medical issues. This study sought to develop a contextually-relevant, evidence-base for the LRM program.

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