

Musical intervention for companions of children in the post-operative period: perceptions and feelings

Intervenção musical para acompanhantes de crianças no pós-operatório: percepções e sentimentos

Intervención musical para acompañantes de niños en el postoperatorio: percepciones y sentimientos

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This study aimed to describe perceptions and feelings experienced by companions of children during the hospitalization period and when they were submitted to musical hearing in the child's post-operative period. This is a descriptive research, with a qualitative approach, carried out with 27 companions of children hospitalized in a pediatric surgical clinic. The participants heard relaxing instrumental music for fifteen minutes. Data were collected from December 2017 to March 2018, through semi-structured interviews, and subjected to thematic content analysis. Two thematic categories representing the perceptions and feelings experienced by the participants were created: *"The child's post-surgical hospitalization process for the companion"* and *"F-A-E: music in the expression of feelings"*, which is subdivided into three other subcategories: *Music in the harmonization of feelings*; *The evocation of images from music*; and *Recommendations for the use of musical intervention*. Musical hearing provided a positive experience and also emotional well-being for companions of children in the post-operative period.

Descriptors: Music; Emotions; Family; Nursing care; Postoperative period.

Este estudo teve como objetivo descrever percepções e sentimentos vivenciados por acompanhantes pediátricos durante o período de hospitalização e ao serem submetidos à audição musical no pós-operatório da criança. Trata-se de pesquisa descritiva, de abordagem qualitativa, realizada com 27 acompanhantes de crianças hospitalizadas em uma clínica cirúrgica pediátrica. Os participantes foram submetidos à audição de música instrumental relaxante por quinze minutos. Os dados foram coletados no período de dezembro de 2017 a março de 2018, por meio de entrevista semiestruturada, e submetidos à análise de conteúdo temática. Evidenciaram-se duas categorias temáticas representativas das percepções e sentimentos vivenciados pelos participantes: *"O processo de hospitalização pós-cirúrgico da criança para o acompanhante"* e *"Fá Lá Mi: música na expressão de sentimentos"*, sendo esta subdividida em três outras subcategorias: *Música na harmonização dos sentimentos*; *A evocação de imagens a partir da música*; e, *Recomendações para o uso da intervenção musical*. A audição musical propiciou uma vivência positiva e também bem-estar emocional aos acompanhantes pediátricos no período pós-operatório.

Descritores: Música; Emoções; Família; Cuidados de enfermagem; Período pós-operatório.

Este estudio tiene como objetivo describir las percepciones y los sentimientos vividos por los acompañantes de los niños durante el período de hospitalización y al ser sometidos a la escucha de música en el postoperatorio del niño. Se trata de una investigación descriptiva, de enfoque cualitativo, realizada con 27 acompañantes de niños hospitalizados en una clínica quirúrgica pediátrica. Los participantes se sometieron a una escucha de música instrumental relajante durante quince minutos. Los datos se recogieron en el periodo comprendido entre diciembre de 2017 y marzo de 2018, mediante entrevistas semiestructuradas, y se sometieron a un análisis de contenido temático. Se evidenciaron dos categorías temáticas que representan las percepciones y los sentimientos experimentados por los participantes: *"El proceso de hospitalización postquirúrgica del niño para el acompañante"* y *"Fa La Mi: la música en la expresión de los sentimientos"*, que se subdivide en otras tres subcategorías: *La música en la armonización de los sentimientos*; *La evocación de imágenes a partir de la música*; y *Recomendaciones para el uso de la intervención musical*. La escucha musical proporcionó una experiencia positiva y también bienestar emocional a los acompañantes pediátricos en el postoperatorio.

Descriptores: Música; Emociones; Familia; Atención de enfermería; Periodo posoperatorio.

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INTRODUCTION

A surgical event in a pediatric context usually triggers worry, anxiety, sadness, tension, anguish and fear for the child and their companions. In view of this, it is important to pay extra attention to an adequate approach of expanded care centered on the child and their family, especially the child's companion in hospital, as the way the child faces and perceives the hospitalization process directly affects and influences the behavior and the state of child anxiety¹.

The nurse must remain attentive to the signs of emotional instability and stress in order to use approaches that provide well-being to the child, but that also minimize the suffering of family members resulting from the surgical event².

When considering a comprehensive and holistic care plan in addition to the traditional care stipulated by health institutions, listening to music stands out as an alternative strategy to assist in coping with the hospital experience and making it less unpleasant and traumatic³.

Musical hearing is an efficient and immediate therapeutic intervention that is part of the Nursing Intervention Classification (NIC) as a care strategy for several Nursing Diagnoses of the North American Diagnostic Association (NANDA), like the diagnosis of anxiety^{4,5}, since music has the ability to evoke calm emotional responses and induce states of relaxation on the listener⁶.

In different care settings, music contributes to promoting comfort, communication and socialization, reducing physical and mental pain, in addition to modulating physiological patterns and hormonal secretion⁷, with the advantage of being a low-cost, easily accessible non-invasive intervention⁸.

Considering this context, the following research question was created: *What are the perceptions and feelings experienced by companions of children during the postoperative hospitalization?* And if they have undergone a musical hearing, what will they feel?

Thus, this study aimed to describe perceptions and feelings experienced by pediatric companions during the hospitalization period and when undergoing musical hearing in the child's postoperative period.

METHODS

This is a descriptive study, with a qualitative approach, carried out in the pediatric surgical ward of a public hospital that is reference in the care of children affected by surgical conditions in the entire Federal District, (Brazil), area and its surroundings.

Qualitative health research focuses on people and their personal experiences, and it is centered on the search for meanings in the phenomena, manifestations, occurrences, events and feelings that shape human experiences⁹. Knowing the meanings of these phenomena allows to deepen the understanding of emotions and feelings of families of children in the postoperative period and, since health is for and by people, an auscultation of subjectivities allows to reveal knowledge and appropriate responses to each subject⁹.

The target population included companions of hospitalized children. The sample was not probabilistic, due to accessibility criteria.

The inclusion criterion was to be a companion for children who underwent elective or urgent surgery and to be 18 years of age or older. Participants with self-reported hearing or cognitive deficits/problems, in addition to those who interrupted the musical intervention before the stipulated time were excluded.

The sample was composed of companions of children in the postoperative period and defined by the theoretical saturation, namely, when no new elements are unveiled from the interviews and additional information no longer changes the understanding of the phenomenon under study¹⁰.

Data collection was carried out between December 2017 and March 2018. Research participants listened to relaxing songs such as “*Let it Be*” by the Beatles, “*Clube da Esquina*” by Milton Nascimento, both performed in instrumental version by André Mehmari, and “*Piano Concerto No. 5 in Eb major, Op. 73*” by Ludwig van Beethoven performed by City of London Sinfonia, Cristina Ortiz & Richard Hickox. The songs were selected according to recommendations by the Instituto Joanna Briggs¹¹, and played through an MP3 player and headphones for 15 minutes in the postoperative period.

After listening to the songs, a semi-structured interview was conducted to investigate the companions' perception of the child's hospitalization, as well as the intervention used and the feelings experienced during the musical experience. For this, the following guiding questions were adopted: *How have you been feeling these days in the hospital? Why (due to what)? How did you feel while listening to the songs? And how do you feel now, after listening to the songs? What do you think about using music as a strategy to alleviate negative feelings?* In addition, participants were characterized in relation to gender, degree of kinship with the child and musical preference.

The interviews were recorded on a digital audio device with an average duration of 4 minutes. The recording was made to facilitate dialogue and avoid loss of significant data, and later, they were transcribed in full, guaranteeing participants' anonymity during all stages of the research process. For the presentation of the transcribed speeches of the participants, they were listed by the term “companion” followed by musical notes.

The data were subjected to thematic content analysis in Bardin's proposition to understand the meaning of the content emitted from the structuring of three stages: pre-analysis, exploration of the material and categorization of emerging themes¹².

This research was approved by the Research Ethics Committee of the Fundação de Ensino e Pesquisa em Ciências da Saúde, under filing number 2.051.171 and CAAE: 67099617.2.0000.5553. The subjects' participation was formalized by reading and signing the Informed Consent Form in order to ensure and respect all rights established in Resolution no. 466/2012 of the Brazilian National Health Council.

RESULTS

The sample consisted of 27 participants, mostly female, with ages varying between 20 and 70 years. Regarding degree of kinship, most were mothers, but some were grandparents, uncles, aunts, stepmothers, siblings or fathers.

Many reported the habit of listening to music in their daily lives with a preference for country and gospel style, and a significant number of participants did not play instruments and/or never studied music.

From the content analysis of the interviews carried out, two thematic categories representative of the perceptions and feelings experienced were evidenced, namely: *The child's post-surgical hospitalization process for the companion*; and *F-A-E: music in the expression of feelings*. This second category was subdivided into three subcategories entitled: *Music in the harmonization of feelings*; *The evocation of images from music*; and, *Recommendations for the use of musical intervention*.

1) *The child's post-surgical hospitalization process for the companion*

The child's illness process can trigger different feelings in those who accompany and experience hospitalization closely, in particular, fear, tension, nervousness and sadness.

The concern with the child's health, postoperative recovery and routine adaptation after hospital discharge were related to feelings of tension. Many mothers who accompanied their children during hospitalization expressed concern about their other children who were at home and depended on the care of others. Another pertinent concern was the difficulty in leaving the hospital or returning to work and caring for the child:

And I am concerned, right, because I have a daughter at home. I keep thinking about the one there and the other here. [...] But at the moment, I think it's he is the priority. My thoughts are on him. (Companion C major)
Yes, I'm very worried because I'm not even going to work to take care of her because I'm afraid to leave her with someone else and I don't know how well they will care for her, right. (Companion B flat)

Anxiety about returning home, in addition to feelings of sadness and tiredness were reported due to the strong emotional burden:

Very tired and anxious [...] worried, right? With his post-op. He's having some complications, that's why. (Companion A minor)

This emotional burden may be related to empathy and pity felt for the child, as illustrated in the excerpt below:

Ah, because they are a piece of me and when they keep saying they are in pain... that kills me. (Companion F sharp)

Some companions, on the other hand, reported feelings of easiness related mainly to the child's momentary clinical condition and the belief that the period of potential complications, the surgical procedure itself, had already passed:

Ah, I'm calm. Because he is fine, he is not showing any signs like that, you know, of some kind of infection that is what I worry about recovery [...] but thanks to God he is fine so I am calm. In fact, we go according to his condition, you know. When he is well you will be calm and if something happens you start to worry. (Companion E flat)

I'm calm. I just know that I'm calm. After surgery I was very calm. Because the danger was over. (Companion D major)

As for the allegations of tranquility, it was possible to perceive reports of gratitude for the surgical procedure performed and for the good care provided by the health team:

There are a lot of people, doctors pay a lot of attention. The nurses, right. So there are a lot of people around who are helping a lot. Total assistance. [...] This gives a great support. (Companion G major)

The feeling and sense of security appeared in a dichotomy when some companions mentioned feeling safe during the hospitalization period because they were under the care of the health team, while other companions described looking forward for the return home so that they could take care of the child more safely and comfortably:

Because while we're here at the hospital, we know it's okay, right. When we get home it is different. (Companion D minor)

I look forward to leaving here, taking him home. We take better care there than here. Of course there are doctors and everything here, right, but it never feels like our home. (Companion A major)

2) F-A-E: music in the expression of feelings

This category was subdivided into three subcategories that address the feelings raised during and after the intervention, the scenarios imagined by the companions while listening to the songs and the suggestions and recommendations for future applications of musical listening in the hospital context.

- Music in the harmonization of feelings

The companions reported feeling calm, relaxed, and sleepy during and after the musical intervention. During the intervention, it was possible to assess how the companions behaved and most of them looked sleepy or were prone to sleep, remaining with their eyes closed during it, reclining in the armchair and not interacting with the people around them.

I almost slept (laughs). Sleepy. It's a lull, I loved it, I liked it. (Companion C minor)

Calm. Sleep. I even relaxed a little. (Companion A minor)

The participants attributed these feelings of calm and relaxation to the chosen style of music, which was approved by everyone, even by those who did not listen to instrumental music in their daily lives:

It is so relaxing inside, I don't know, it is a good thing. (Companion F minor)

Ah, instrumental music pleases everyone, regardless of what you usually enjoy, right? (Companion D sharp 3rd intervals)

Great, I liked it. Calm, quiet, it's good. It calms the mind, I liked it. (Companion E flat)

Hospitalization limits the privacy, leisure and comfort of patients and family. The distraction caused by 15 minutes of musical hearing was considered a strategy of relief in the face of tension and hostility that permeate the hospital environment:

So, like this, when we listen to music in an environment that is not so favorable, it really reassures us. (Companion D minor)

It's valid, right. It really is valid. Because it really is a stressful environment. Often when we come here in an emergency, the person can have a nervous breakdown, especially when it comes to a child. So really this thing of stopping to relax is valid. (Companion B major)

The music evoked feelings of being transported to a calm environment by diverting the focus from stress and tension. Some participants reported having an “empty” or “blank” mind as a result of the deep relaxation that the musical listening provided them:

Music takes you, in a way, it takes you out of the environment. A little bit of the environment puts pressure on you, you know. Then you think about one thing, you think about another and when you're listening to music you forget a little. (Companion E flat)

The music, it calms you down in that moment that you are so nervous, so tense that you are like this, locked in the room, anxious, waiting for an answer. And you're here, you don't even have a television, so the music ends up reassuring you, calming you down and taking you to another world. (Companion B minor)

The personal appreciation for the songs presented itself as a facilitating factor, since the participants who were attracted to the songs that were familiar to them or brought up some memory were more open to the moment of musical hearing and, from that point on, evoked good feelings and memories associated, including, with spirituality:

I kept thinking about what was being played. I liked. There's even a song there by the Beatles, right? Let It Be, right? Cool. (Companion E flat)

Every Friday I go to communion. This song is the kind of music from there that they put on for us to calm down, for the prayer. (Companion D sharp 3rd intervals)

In general, musical hearing brought a picture of emotional improvement of the participants in comparison to the psychic and emotional state of worry, tiredness and anxiety that were present before the musical hearing:

I feel better, I feel good. The music is relaxing, it's reassuring. (Companion C major 7th intervals)

- The evocation of images from music

The musical intervention brought up images and memories of musical scenarios, such as orchestras, concerts, services and masses:

I imagined an orchestra. And I kept imagining myself playing like that. (Companion C major 7th intervals)

Some interviewees reported that the hearing evoked the entire process they experienced during the child's transoperative:

From the start. So, of her trajectory, right. I was going to the hospital at dawn. A scene like this is going through people's minds. (Companion D sharp 3rd intervals)

In others, listening to music raised the hope of returning home, in addition to the memory of family members who were distant due to the hospitalization process:

I just keep reliving this situation she went through, when she was operated until today. I really want to go home. I kept thinking about it all. It's been more than ten days. (Companion G major)

I remembered my children a lot. I remembered them too much. I have six. I remembered them all. It was just them in my head. (Companion B major)

- Recommendations for the use of musical intervention

The use of the intervention was unanimously described by the companions as an important way to help the distressing moment they were experiencing:

Very good very good. Because it may not alleviate us completely, but at least it helps a good deal. [...] It is very good, I recommend it. (Companion G major)

Regarding the implementation of musical intervention in the hospital context, some suggestions and recommendations for its use were listed, one of them being the need for a calmer environment, without distractions around:

I think it's great. It helps as long as there is no one talking to the person because you can concentrate more, right? (Companion F major)

Some companions suggested a shorter intervention time, as they began to feel impatient at the end of 15 minutes. In contrast, others have opted for a longer time to reach a level of greater relaxation:

Maybe the time limit should be a little shorter because there are people who don't appreciate music, that kind of music. Then maybe it will be... oh, tiring, right. But, with a shorter time, I think it gives a good therapeutic effect. (Companion C minor)

It's a short time, but I believe that if I spent all day here listening, I would be much more relaxed. (Companion A minor 7th intervals)

Others questioned the choice of instrumental music for those who are not interested in this musical style:

Depending on the type of music, everyone has a different reaction, right? (Companion C sharp 7th intervals)

A pertinent suggestion was the need for someone to be present to care for the child during the intervention so that they could be focused only on listening to music:

I was not concerned about my daughter. Since my sister-in-law was already here, I don't need to be with her all the time, right. Then I can focus more on music and reassure myself through it. (Companion A major 5th intervals)

It was suggested the possibility of musical hearing to be performed routinely by means of ambient sound in hospital corridors, and not only through earphones:

I think it's cool. I just don't think it should be like that in an 'oh, 15 minutes of music' situation, but I think it should be something natural. So, a sound like that in the hospital corridor, for example. Daily, as if it were a habit. Yeah, it wouldn't be inside the room, but it would be in the hall, right. (Companion D sharp 3th intervals)

Another suggestion to make the experience of pediatric surgery less traumatic would be to perform musical hearing during the intraoperative period, as it is one of the moments of greatest anguish, suffering, uncertainty and anxiety experienced by the companion:

Ah, I think it will be excellent. Yes, it will be excellent. Because we spend a lot of time here alone. Not alone, there are people in the room, but without the support of the family next door. Especially at the... I never felt so alone as I stayed there in the waiting room. I was very sad there, I had no one. I was very anxious. Oh, I kept imagining everything that could happen. (Companion E minor 7th intervals)

DISCUSSION

Hospitalization results in restrictions and disorganization of routine activities of the patient and family, especially for women who accumulate roles as mother, worker and caregiver. As the predominant gender in this research, women are seen as main caregivers of the family, regardless of their other duties. When assuming this role of intense care for hospitalized children and often of exclusive dedication, women should delegate the role of caretaker to other family members so that drastic changes, such as abandoning their daily activities and leaving their jobs, do not become a reality¹³.

Families of children in a surgical situation are a valuable element in care. By ensuring that the pediatric companion is inserted into care in a participatory manner, it is possible that the experience of hospitalization is less traumatic, but it is essential that the family is emotionally strengthened to calm and deal with the child's anxieties and offer support to them¹⁴.

When they are emotionally weakened, given over to stress, sadness and worries, the ability of family members to show support, affection and company to the pediatric patient becomes an extremely heavy burden¹⁵.

In nursing, music has been used as a humanized health care practice to encourage a state of relaxation, improve quality of life, help in overcoming feelings of suffering and better ability to cope with the health-disease situation¹⁶.

Music was presented as a strategy to reduce tension and anxiety caused by the stress of the child's hospitalization. In addition to being a resource for pain relief and improving the quality of sleep patterns, relaxing music can encourage the release of brain substances that positively affect the mood of those who listen to them, in order to contribute even to spiritual comfort¹⁷.

The companions' reports revealed music as a potential resource for psycho-emotional and spiritual support that can help them cope with the hospitalization process by shifting the focus from a stressful event to a pleasant and pleasurable musical experience.

The data corroborate several other studies that showed the benefits of music for caregivers and companions^{18,19}. In a study carried out during pediatric hospitalization in a hospital in the Southern region of Brazil, it was observed that music contributed to tranquility, change in mood and relaxation for children and families, alleviating anguish, fears and insecurities related to the treatment of the disease¹⁸. In another study, music helped patients

and family members to express thoughts, feelings and conflicts experienced during cancer treatment in a hospital environment¹⁹.

Caregivers reported lower levels of anxiety, stress and improved mood when listening to music of their choice²⁰, and mothers who accompanied their children in hospital showed a reduction of anxiety after hearing to Gregorian chants²¹.

Participants also reported the evocation of images and memories while listening to music, a transformation of the auditory stimulus into a visual experience performed by the brain. This data corroborates the data of research carried out with women with musculoskeletal pain who observed that the human mind behaves in a way that influences the flow of mental images arising from the symbolization of feelings evoked through musical hearing such that more structured and defined sound materials, like classical music, they have a greater potential to evoke images²².

When performing the musical selection, the musical style must be taken into account, with classical music being considered an appropriate style for obtaining a relaxing effect due to the low intensity sounds, slow tempo and little rhythmic activity. However, it is important to keep individual preferences at mind, as suggested by some participants; after all, there is evidence that when listening to music considered pleasing by the listener, their anxiety level can decrease considerably, regardless of musical tempo and rhythm²³.

Regarding the ideal duration of the musical intervention, there was a difference in the opinions of the participants. The intervention time can vary in a comprehensive interval from 5 minutes to 4 hours, with an average duration of 15 to 30 minutes. However, further studies are needed, since there is still no evidence to determine and specify a precise duration¹¹.

In view of the little research that investigates the benefits of music in pediatric companions, most of them focusing on the preoperative period²⁴, this study stands out by revealing the advantages of using musical intervention in the postoperative period. It is a moment considered impassive and safe for some, but it requires care and attention as in the preoperative period, as it is marked by many concerns, tiredness and tensions in child care.

CONCLUSION

The hospitalization period was marked by fear, tiredness and a lot of concern from the family in relation to the child's health and fears about postoperative care and adaptation to the new routine after hospital discharge.

Musical listening was presented as a strategic intervention in the postoperative period to provide well-being to companions and have them as allies in child care, since they reported a state of relaxation, tranquility and calm during and after the musical experience.

Among the limitations of this research, the location of the musical intervention is highlighted, namely, rooms of collective infirmary, a busy place where professionals circulate and constantly perform procedures, in addition to other companions and children. The ideal for promoting a greater degree of relaxation for companions would be a more reserved and intimate place.

It is suggested for future research that the intervention be carried out in other operative periods, with emphasis on the transoperative period, as suggested by the participants of this research. It is necessary to deepen research regarding the duration of the intervention, greater or less than the 15 minutes used in this research, as well as whether there are differences between individual musical listening and listening to ambient music.

It is concluded that musical listening presents itself as a potential nursing intervention to promote humanized care centered on the child and the family, helping them to experience the post-operative period in a more pleasant and less traumatic way.

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CONTRIBUTIONS

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