

Integrating adjunct therapies within a large hospital environment: A model of integrating medical services

Steven M. SNYDER

Abstract

Art therapy, music therapy, massage therapy and other adjunctive therapies have shown promise in hospital settings for reducing anxiety, control of negative mood and in pain management. These therapies also can enhance the patient's hospital experience by reducing stress and anxiety, which can lead to better healing and patient satisfaction. However, in the majority of hospital settings these therapies remain restricted to helping patients with emotional difficulties, if offered at all. This paper reports on an interview with the project coordinator of a successful program which has successfully integrated adjunctive therapies into general patient care within a large metropolitan hospital. The focus of the interview was on the context and efforts which led to this program to successfully integrate adjunct therapies in a large hospital setting. Most importantly, this particular program can serve as a practical model of how a range of integrative healing services can be successfully provided for all patients within a larger hospital environment.

Key words : expressive arts therapy, integrative therapy, adjunct therapy, pain management, stress reduction.

Introduction

For most people being hospitalized is a threatening experience. The patient is ill and afraid. The patient often feels as though he or she is at the mercy of the hospital staff. There is an echelon of command: at the top are the doctors, then the nursing staff and other hospital staff, and at the bottom is the patient. The patient is often alone, they are ill and they experience stress from the threat of their illness or condition. Often they are worried, and afraid, and physically uncomfortable. Although surrounded by other patients and the caregivers, the patients feel a sense of isolation. From the other perspective, the hospital staff generally empathizes with the patient's discomfort, but also must deal with those patients who are uncooperative. Their work can be exhausting and stressful.

Now, try to imagine the ideal hospital. In the ideal hospital the cycle of stress would be addressed. Although the focus would remain on treating each patient's particular condition, there would also be efforts to ease the stress of the hospital routine for the patients and their loved ones, and also for the hospital staff. To reduce the cycle of stress for both the staff and the patients there needs to be a commitment by the hospital to create a caring, interpersonal relationship between the patients and the caregivers and resources to directly address the effects of stress. How can this be accomplished within the constraints of the modern large hospital?

Here we report on an interview with Tracy Jose, who has served as the project coordinator for integrative healing services at St. Anthony Central Hospital, in Lakewood, Colorado. Ms. Jose took time out of her busy schedule to be interviewed on how St. Anthony's was able to implement

their program for creating an environment patient support for their affective needs, while also providing support for the affective needs of the hospital caregivers. Ms. Jose had a background in expressive arts therapy, specifically in art therapy, prior work at St. Anthony's. Also, a music therapist and an art therapist who both work in the integrative program were included in the interview session.

Establishing Integrated Services

At the present time, the integrative healing services at St. Anthony Central Hospital include therapeutic massage, aroma therapy, music therapy, art therapy and instruction in relaxation techniques. These forms of therapy are available to all patients and the explicit purpose is to reduce anxiety and encourage positive affect. At the time that Ms. Jose came on as coordinator, the hospital had a grant to explore integrating adjunct therapies into the hospital services. At that time the adjunct therapies were not yet offered to patients. Their strategy was to slowly introduce these therapies with the aim of gradually gaining the support of the medical caregivers. Ms. Jose and her team used referrals from the nurses to select the patients who would be initially offered the therapy. Rather than targeting the most cooperative patients, Ms. Jose requested referrals for the most difficult to manage patients. In doing so, the therapists could demonstrate that the adjunctive therapies could make an important contribution which also was helpful to the nursing staff and the general atmosphere of the wards. Indeed, the adjunctive therapies did have a positive effect on these more difficult patients. Thus, over time the integrative therapy program gained the support of the nursing staff. Additionally, within the mission statement of the hospital there is a commitment to not only provide healing services for the body, but also to provide healing services for the mind and spirit as well. Thus, the integrative therapy program also contributed directly to the mission statement of the hospital.

As the program developed, massage therapy and other therapies were also made available to the medical staff, which directly addressed the need for stress-reduction among the care-givers. Furthermore, the newly constructed hospital was designed with "Oasis Rooms" on each floor of the hospital. The function of the Oasis Room is a room set aside for caregivers for quiet relaxation during their work shift. The Oasis Rooms are furnished rooms which have music and relaxing décor. The rooms can also be used for staff massage when needed. Thus, this hospital has also addressed some of the affective needs of the caregivers as well. The hospital also has counseling rooms for patients and their families. They have also created a large garden for patients and caregivers to walk through. For those patients having surgery or a difficult procedure, they can schedule a massage or instruction in relaxation techniques prior to having the procedure. There exists some research evidence that massage therapy and relaxation techniques are effective at reducing anxiety and control of pain and tension that are associated with surgery and other procedures. Furthermore, there is evidence that massage therapy can result in decreased pain and anxiety for these patient. ¹⁾

What has been the impact on patient assessments of these services? Prior to the integrated therapy program patient surveys found an average of 67 % reporting satisfaction. Patient satisfaction has now risen to 90% following the introduction of the integrated therapy program.

Evidence-based Support

The use of music to support healing has a very long history, dating in the modern epoch from the 1800 with the rise in nursing care ²⁾.

Arguably one of the most comprehensive reviews of the effect of music on anxiety and pain within medical settings is a 2008 review by Nilsson, which systematically reviewed 42 randomized

controlled studies of using music to reduce anxiety and pain among patients prior to undergoing surgical procedures. It should be noted that the Nilsson review included only the use of recorded music, excluding studies in which music therapists performed music and also excluded those studies which included massage, guided imagery or other therapeutic activities; thus, the findings in the Nilsson review reflect therapeutic effects of music from passive listening only. Within the Nilsson review 42 randomized controlled trials were included, reporting data on a total of 3,936 individuals. Furthermore, the types of music presented to patients varied in genre (from jazz and popular music to classical). Data from several countries were included (e.g. Chinese, North America, Europe, and Japan). Also, the type of surgery varied between studies. The main finding was that 50% of the studies found that musical intervention significantly reduced anxiety scores (as measured by anxiety inventory). Notably, in the three studies which reported data on sedatives for anxiety, in all three studies less sedative was required for those patients who listened to music. In 59% of the studies found that the effect of passive listening to music on pain was significantly reduced, as assessed by responses to pain rating scales. Furthermore, 47% of the music intervention studies reported in a significant reduction in the use of analgesics.

The Nilsson review also analyzed reports of vital signs 24 of the 42 studies. Unfortunately, the various studies included in the review varied in their reporting of the type of vital sign, but reveal a interesting perspective on how simply listening to music under surgical conditions can positively affect the patient. Six of the 22 studies that monitored on changes in heart rate reported significantly reduced heart rates and significantly lower blood pressure for those patients listening to music, indicating that some individuals benefit more from passive music listening than others. Similarly, three of the eight studies reporting on respiratory rates reported better oxygen saturation for the

music listening patients. Four studies measured the blood levels of cortisol, a commonly used indicator of stress, but only one of the four studies found a significantly lower level of cortisol for the music listening patients. Given that post-operative conditions of patients can be expected to vary for numerous reasons, including the type of surgery and the health of the patient, the reported findings that passive listening to music was beneficial for some patients is noteworthy. In half of the studies passive music listening was demonstrated to reduce anxiety and pain. Although the genre of music did not appear to impact the effect of passive music listening, Nilsson suggested that slower non-lyrical music of a moderate beat, with the patient listening for 20 minutes of more is desirable.

Similarly to the Nilsson review, a review of by Naylor et al.³⁾ reviewed studies which had examined using passive-listening to music within a pediatric healthcare context that music was effective at increasing control pain for children. A recent study by Shabanloei et al ⁴⁾ provided evidence that music therapy was helpful during very painful procedures such as bone marrow biopsy and aspiration, or which pain control is often incomplete. Shabanloei et al conducted a study with adult participants who were undergoing these painful procedures. Participants in the study were randomly assigned to either a group which listened to music during the procedure, or a group which did not listen to music during the procedure. Patients completed the Spielberger State-Trait Anxiety Inventory both before and after the procedure and reported pain severity by using a visual analog scale. Results indicated that participants who listened to music had lower state anxiety and pain levels than those who did not listen to music.

The possibility of music enhancing the tolerance of pain has been explored experimentally. In an imaginative experimental study Michell et al 2012⁵⁾ experimentally induced cold pressor pain to determine whether music listening was more effective at supporting pain tolerance than

distraction or humor. Forty-four participants underwent three cold pressor trials. In each trial, cold pressor stimulation was applied and tolerance time was measured. Following each pressor experience, pain intensity was assessed using a pain rating index. In one condition an auditory mathematical task was given as a cognitive distraction activity during the pressor trials. In a second condition, auditorily presented recording of a stand-up comedy were presented during the application of the cold pressor. In the third condition, the participant's preferred music was presented during the pressor trial. Participants provided their own preferred music. Trials were presented in counterbalanced order. Although ratings of pain intensity did not significantly differ, the preferred music listening was found to significantly increase tolerance (time of pressor contact) in comparison to the cognitive task, and significantly increased perceived control in comparison to the humor or distraction conditions. This finding was interpreted evidence of music to affect pain perception.

Taken together, the forgoing studies indicate that passive use of music can influence a patient's tolerance of pain and to reduce anxiety associated with some medical procedures. Outside of such intense experience of pain and anxiety, the use of music for the relaxation of patients is noncontroversial. Although the effect of art and art therapy on control of pain and anxiety is less easily demonstrated, there are some observations from hospice care that both music therapy and art therapy can be helpful in pain control for hospice patients⁶⁾. There is also considerable evidence that both pre- and post-procedural massage therapy is reduces the experience of pain and anxiety among patients. In the review by Dion et al⁷⁾ noted that the effectiveness of massage therapy has been demonstrated for both reducing patients' pain and anxiety. They cited studies finding that massage also reduces muscle tension, heart rate, blood pressure, and improve both blood flow and galvanic skin response. Dion et al. also noted that

in an American Hospital Association survey 37% of hospitals have implemented alternative medicine therapies, and the massage therapy is being offered by 40% of the hospitals surveyed. Within those hospitals massage therapy is most often used for stress management and pain relief. Perhaps one of the most challenging surgeries for patients is thoracic surgery. Dion et al. analyzed data from 160 patients who had thoracic surgery and found that patients receiving post-operative massage had significantly reduced pain scores in comparison with controls who did not has post-surgical massage.

Conclusions

The foregoing review of studies which support the value of adjunct therapies, clearly underline their potential for improving the patient's hospital experience. This raises the question that if they are effective and relatively inexpensive forms of therapy, why are they not being embraced by large hospitals? As was demonstrated by the development of the Integrated Therapy at Saint Anthony' hospital, the challenge is an administrative one: organizing and building support for the program may be the critical component.

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大型病院における融合型補助セラピー：融合型医療サービスの一例

スティーヴン スナイダー

九州保健福祉大学 社会福祉学部臨床福祉学科 宮崎県延岡市吉野町 1714-1

要 旨

アートセラピーをはじめとする各種セラピーには、病院の現場における不安や否定的気分、痛みへの対処という点において効果が期待されている。また、患者のストレスと不安を低減させるという点で、病院での治療の質および治癒力や患者の満足感を一層高めることが可能である。しかし現状では、その対象が心理面における何らかの不適合性を持っている患者に限定されているケースがほとんどである。本稿では、都市型総合病院における一般的な患者を対象とした融合型補助セラピープログラムの成功例を紹介するために、プログラムコーディネーターの視点からプログラム実施現場の実態について調査を行った。その結果、各種補助セラピーを採り入れた融合型の治療サービスは、大型総合病院という医療現場においてすべてのタイプの患者を対象に幅広く採り入れられる可能性を持っているという点を確認し、その重要性を指摘するに至った。

キーワード：表現アートセラピー、融合型セラピー、補助セラピー、痛みへの対処、ストレスの低減