



RESEARCH ARTICLE

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MUSIC PERCEPTION OF PATIENTS IN THE PREOPERATIVE PERIOD

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ABSTRACT

Objective: To know the music perception of patients in the preoperative period. **M:** this is a qualitative, descriptive and exploratory study carried out in a hospital located in the Triângulo Mineiro region with 12 patients hospitalized, using a semi-structured interview as technique. **Results:** based on thematic content analysis and help of the Iramute Q software, two thematic units were constructed, entitled: Mediated Relation - music as a therapeutic element and Music and the transcendental dimension. They were subdivided into classes; the sub-corpus “Mediated relation: music as a therapeutic element” was composed by Class 1 (Music as a reconnection with home); Class 4 (Music and its positive influence on the altered emotional state); Class 2 (Resignification of hospital care), and Class 3 (Joy in the hospital environment). The sub-corpus “Music and the transcendental dimension” consisted of the Class 5 (Strengthening). **Conclusion:** music constitutes a communication resource, a mediating element that favors dialogue and that promotes the humanization of health care.

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INTRODUCTION

The mediate and immediate preoperative period corresponds to the period that goes from the moment of decision to undergo the surgical procedure until the moment before the surgical procedure (Christóforo and Carvalho, 2009). In this phase the patient becomes more vulnerable in his physiological and psychological condition, favoring emotional changes (Costa *et al.*, 2010). Thus, symptoms such as anxiety can arise in the preoperative period and may, in turn, influence the intensity of postoperative pain and the need for anesthetics and analgesia. In certain types of surgery, anxiety may even increase postoperative morbidity and mortality (Stamenkovic *et al.*, 2018). In this sense, the nurses' performance is fundamental in the preoperative period, especially to prevent complications. It is also important that nurses have scientific knowledge, technical ability and competence for decision making in the lead of the nursing team, which is still very focused on the traditional model of health care (Pinho *et al.*, 2016). Thus, nurses need to carry out the systematization of nursing care, implementing interventions based on scientific evidence. Music as an intervention enables the comprehensiveness of care, contributes to minimize anxiety, pain and stress, thus promoting the well-being, and also facilitates communication and interaction processes and the quality of nursing care

(Rohr and Alvim, 2016). Thus, the musical encounter creates a welcoming environment, promoting the bond and bringing the caregiver of the sick person closer to each other, as well as valuing musical preferences so as to convey the embracement of people and the impression of not being alone in their pilgrimage, opposing the biotechnological paradigm and the ongoing inauthentic care in the context of health (Da Silva and Sales, 2013). Furthermore, the surgical procedure leads the person to important reflections in the face of a situation that demonstrates the fragility of human beings before the imminence of death. Thus, spirituality overarches the way to transcend its facticity; in this aspect, musical encounters represent a resource to conduct people in this process (Silva *et al.*, 2014). The aim of this study was to search for scientific evidences that could help nurses to use music as a therapeutic resource to favor the improvement of signs and symptoms such as pain, nausea, fatigue, anxiety, anguish and others. This study aims to know the music perception of patients in the preoperative period.

MATERIALS AND METHODS

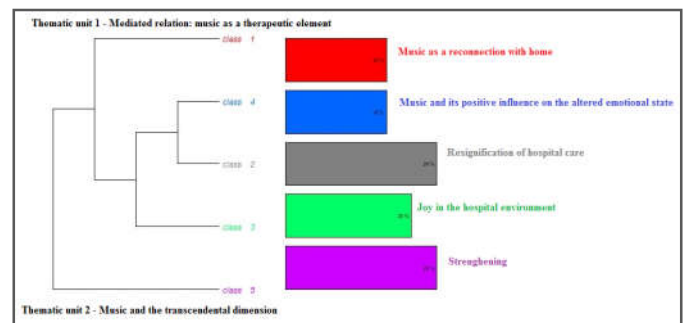
A qualitative, descriptive and exploratory study was carried out. The study population consisted of patients hospitalized in the Surgical Clinic of a public hospital linked to a teaching institution located in the countryside of Minas Gerais.

Inclusion criteria for the present study were: preoperative patients over 18 years of age who participated at least once in the musical encounters developed by the group of volunteers that carry out musical activities at the hospital. The exclusion criteria were: patients who did not answer the questionnaire of socioeconomic data completely and those who presented low cognitive capacity according to the Mini-Mental State Examination. The Mini Mental State -Examination is an instrument composed of 30 questions. The score ranges from zero to 30 points; zero indicates the highest degree of cognitive impairment and 30 the best cognitive ability (Folstein *et al.*, 1975 Trindade *et al.*, 2013). Cutoff points were established according to the years of schooling: for people who did not have schooling, 13 points; for those who studied from one to eight years, 18 points; and for those with more than eight years of schooling, 26 points (Trindade *et al.*, 2013). Data collection took place from May 2017 to September 2018 through interviews using questions for socioeconomic characterization of the group studied and a script elaborated by the researchers with guiding questions about the knowledge about the activities developed by the music group, what was the feeling, and what the song meant. The research project was approved by the Research Ethics Committee of the Federal University of Uberlandia, with Opinion n° 1.833.534. The request for participation in the study was made through the Informed Consent Term, which addressed the objectives of the research, the guarantee of anonymity and confidentiality of the information obtained, with the possibility of future scientific publications, without any data that would identify the participants. Only after the consent and signature of said term, the interview was started. The participants were approached and recruited through a verbal invitation in the nursing ward of the Surgical Clinic. Seventeen individuals were approached, reaching 12 participants who met the inclusion criteria. The musical encounters were performed by a group of volunteers who participated in activities of the outreach initiative of the university on a weekly basis. The songs were sung in a pleasant volume to the ears, and the musical repertoire included country songs, Brazilian popular music, and religious songs. The interviews were carried out by one of the members of the research team, who was trained on the need to interrupt the interview if the patient felt any discomfort regarding the approach, the filling of the socioeconomic questionnaire, or the application of the semi-structured script of the interview. Each interview was performed once, lasted approximately 30 minutes, and was recorded using a Samsung-Galaxy Ace GTS5830B® voice application. The speeches were transcribed verbatim, organized using lexicographic analysis with the help of the Iramute Q software, and analyzed according to the thematic analysis proposed by Minayo, which is composed of the following phases: 1) pre-analysis; 2) exploration of the material, and 3) treatment of results, and interpretation (Minayo, 2010).

RESULTS

According to the results of socioeconomic evaluation, among the 12 (100%) participants of the study, the majority 7 (58%) were female, had a family income of one to two minimum wages 7 (58%), and were married 09 (75%) and single 03 (25%). In relation to schooling, the majority had incomplete elementary school 08 (67%); 02 (17%) had complete high school; 01 (8%) had complete elementary school; and 01 (8%) had incomplete high school. The general corpus was composed of twelve interviews, separated into 35 text segments (TS),

with utilization of 25 TS (71.43%) with 1111 occurrences (words, forms or expressions) where 343 were distinct words and 175 with one single occurrence. The analyzed content was categorized in two thematic classes, called “ in five classes: Class 1, with 4 TS (16%); Class 2, with 6 TS (24%); Class 3, with 5 TS (20%); Class 4, with 4 TS (16%); Class 5, with 6 TS (24%). Based on the thematic analysis proposed by Minayo (2010) and aid of the Iramute Q software, the data were organized and allowed the construction of two thematic units entitled: Mediated Relation: Music as a therapeutic element, and Music and the transcendental dimension. They were subdivided into classes, the sub-corpus “Mediated relation: music as a therapeutic element” was composed by Class 1 (Music as a reconnection with home); Class 4 (Music and its positive influence on the altered emotional state); Class 2 (Resignification of hospital care), and Class 3 (Joy in the hospital environment). The sub-corpus “Music and the transcendental dimension” consisted of the Class 5 (Strengthening).



Graph created in the IramuteQ software

DISCUSSION

Mediated relation: music as a therapeutic element

Music has in its essence the potential to touch the other in a singular and profound way, making the whole being to emerge in reflections, causing changes of positioning in interpersonal relationships and mood. Thus, this thematic unit approaches the effects related to feelings that emerged after the musical encounters.

Class 1: Music as reconnection with home

The mentioned discourses allowed perceiving the extent to which music can awake memories and sensations that recall their experiences in their homes, allowing for a few instants a trip in time. In the speech below the participant mentions that sadness aroused from being away from home, a feeling of nostalgia, which was minimized through music, bringing joy and bringing him closer to the external world.

“Ah it was good, because sometimes we are so sad because we are already far from home and everything, we think it’s good, we see something that brings a little joy, a little closer to the outside world” (Individual 1)

Music in this sense represents a path that allows attenuating the feeling generated by the separation from the family nucleus of the patients that are in the preoperative period, aiding in the coping process. Thus, the well-being and joy provided by musical encounters, especially in relation to the religious/spiritual repertoire, can represent a support that leads

to comfort, reflection and motivation in the face of adversities (Silva *et al.*, 2014).

Class 4: Music and its positive influence on the altered emotional state

In the patients' speeches, it was evident that music had a positive influence on the altered emotional state. They recognized that anxiety came as a result of waiting for the surgery, emphasizing that the group that sang at that time provided a positive expectation.

"Yes I will do surgery, it is scheduled for next week, I'm anxious, I hope to improve; a group came yesterday, it was good, it gives a positive expectation to us". (Individual 6)

"Yes, I came to do surgery, it's scheduled for today, I feel very well; some people came to sing here, I found it very beautiful, very good, so they come singing, we're a bit upset, and they're singing, I think it's beautiful". (Individual 4)

Anxiety is an unpleasant symptom that frequently appears among patients in the preoperative period. There is scientific evidence showing the use of music as part of complementary therapies, acting as an important adjunct to alleviate anxiety in the preoperative period and reduce postoperative pain, and these effects have important clinical implications (Kallush *et al.*, 2018).

"Yes, I came to do surgery, it's scheduled for today, I feel very well; some people came to sing here, I found it very beautiful, very good, so they come singing, we're a bit upset, and they're singing, I think it's beautiful". (Individual 4)

Despite the apprehension before an invasive procedure, music promoted a pleasant sensation in the patient, which can be seen in the report of a patient who found the initiative good and beautiful, softening the feeling of being "a bit upset". The literature shows the coupling of music and body rhythms can provoke physical relaxation, which in turn can be perceived as subjectively agreeable (Kim *et al.*, 2018).

Class 2: Resignification of hospital care

The hospital environment is considered a harsh, somber environment, one associated with fear and suffering. In this context, music allows the resignification not only of the environment, but of the care offered in this place, because through the therapeutic effects of music, musical connections with other people can help patients and caregivers (O'callaghan *et al.* 2016).

"I was never hospitalized here, then some people came singing, it was so nice, I felt peace, the meaning was peace, they spoke about God, there was a song that talked about a boat and another about Jesus, yes it was a different experience, I had not seen anything like that to happen". (Individual 10)

"I'm going to make surgery, but it's not scheduled yet, I'm afraid... it's going to get better because of the surgery, there was a group singing here, it was very uplifting, very good". (Individual 5)

Thus, the musical encounters allowed to unravel the patients' feelings towards the surgery, as in the speech "I'm going to have surgery, I'm afraid". Despite this delicate moment, music made him felt cared by the others in view of the manifestation of solicitude of the group. This demonstrates not only the therapeutic effects provided by music, but also the opportunity to express feelings and share life experiences (Da Silva and Sales, 2013).

Class 3: Joy in the hospital environment

The need for an invasive treatment such as a surgical procedure brings to the fore feelings of sadness, represented by the speeches below. A change in these feelings because of the musical encounters was perceptible. They have the capacity to change the paradigm pertaining to the hospital environment, which is permeated by sadness, pain and suffering, to a new perspective. Music allows the patients to forget, even if only temporarily, the anguish and suffering experienced and shared in this context. The meaning implicit in their language can convey the difficulty experienced in this environment, that is, the musical encounters awaken a feeling of joy, well-being and cognitive evolution, resignifying the emotions and the meaning of life (Bergold and Alvim, 2011; Silva *et al.*, 2014).

"I felt great, we are happy in here, good that it brings much joy, not only sadness, very good". (Individual 3)

"Because the patients need joy too, not only be silent all the time, then you hear some people like that, it's very good, it's happiness for us, great, I liked it". (Individual 3)

In this sense, the musical encounters provided the study participants, as they denoted in the speeches, the ability to glimpse a hospital environment that overflows with joy and provides happiness, essential resources to transcend the facticity of existing in the world with suffering and resignify the reason of being experiencing the procedure in an adventitious environment (Da Silva and Sales, 2013).

Music and the transcendental dimension

As music touches the person based on all his experiences and singularities as a subject, it can be used to strengthen and build coping strategies before any situation, whether of stress, disease or invasive procedures, such as surgery (Nogueira, 2018). The theoretical framework of the Parse's theory of nursing, Human Becoming, describes the meaning of transcending as moving to other dimensions, that is, the ability to go beyond limits, allowing us to perceive new forms of what is already known (Parse, 1999; Barros *et al.*, 2017). The provision of nursing care based on Parse's theory, on its concepts, principles and values about care, favors in the process of transcendence of the cared subjects, in the way of providing care, valuing the health of the cared subjects and not their problem (Barros *et al.*, 2017).

Class 5: Strengthening

In this class, it is noticed that strengthening emerges in the sense that the music impacts the patients, because it assists them in the process of reunion with themselves. The very effect that music provides revive them to continue and face the preoperative period, gaining the connotation of a lifeline, of

support for biopsychosocial and/or spiritual well-being (O'callaghan et al., 2016).

“It strengthens the heart, strengthens the self-esteem, gives more happiness to you and does not let you down, it's something like that, it gives more strength, whether you want or not, it gives more strength, always a support, an extra help, always very good for us”. (Individual 11)

“It brought me peace, tranquility, relief, it gave me peace inside the body, we are more fragile, weak, sad, I became more joyful, I became more emotional, touched listening to the music, difficult to explain, it's like feeling joy, I felt comforted, less anxious”. (Individual 12)

Music favors the strengthening of physical and mental well-being as well as of bonds, facilitating the communication of the patient with the family and with the health team, and providing comprehensive and humanized care (Da Silva et al., 2016). The strengthening that music provides can have repercussions on other aspects of daily life as well as on the own existence, which in turn can even lead to the strengthening of social and family relations (Arndt and Maheirie, 2017). Furthermore, a study that aimed to determine the effect of music therapy on the spirituality of people in a hospitalization unit showed a significant increase in scores of spiritual well-being (Włodarczyk, 2007). Thus, music represents a therapeutic instrument capable of promoting physical and psychological changes, favoring the treatment and promotion of health in the hospital setting (Campos and Nakasu, 2016). In this sense, it is considered an accessible and adaptable strategy, to be used with patients, who expressed great interest, receptivity and satisfaction. Scientific evidences show that introducing musical encounters at the bedside, even in the case of seriously ill patients, is feasible and effective (Fallek et al., 2019). It is still a therapeutic resource of low financial cost for health institutions, with a substantial return in terms of quality of care offered (Da Silva et al., 2016). The present research identified the perceptions of patients in the preoperative period; music connected them with home, which in turn had a positive influence in changing their emotions, also resignifying the care in the hospital environment and strengthening them in the biological, psychosocial and spiritual aspects. This fact corroborate with the scientific evidence.

Conclusion

The preoperative period is permeated by feelings such as sadness, insecurity, and homesickness. In this sense, knowing the perception that patients at this moment have of music is fundamental for the planning of nursing care. In this sense, two thematic units were created, entitled: Mediated relation: music as a therapeutic element and Music and the transcendental dimension. Considering the scientific evidences of the use of music in the preoperative period still incipient, the present work brought results that support the professional practice of nurses in the application of music as a nursing intervention. It is suggested that this strategy is a field to be explored by researchers, since the use of music in different health contexts represents a fertile area to be investigated, arousing scientific interest to back up the clinical practice of other professionals, as the results are becoming more conclusive. Among the limitations of the study, the low number of subjects resulting from the inclusion criterion,

which was necessary to establish a link between the subjects and the researchers, and the contextualization of the subjects' experiences in time and space must be mentioned, as they prevent generalizations. On the other hand, we believe that the presented results can sensitize other nurses and researchers about the importance of this care resource, in order to deepen the knowledge and reflection on the theme, thus demonstrating its relevance to the systematization of nursing care.

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