International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A reflection on choosing practice development as a framework to explore music as a therapeutic method to reduce anxiety in patients living with dementia in a ward setting

Alasdair Pithie

Queen Margaret University, Edinburgh, Scotland
Email: alasdairpithie@gmail.com

Submitted for publication: 22nd February 2016
Accepted for publication: 5th April 2016
Published: 18th May 2016
doi: 10.19043/ipdj.61.006

Abstract
Background: As a student nurse I chose to write my fourth year dissertation on the use of music as a therapeutic method to reduce anxiety in patients living with dementia. Music has been shown to have a positive effect on patients' anxiety levels and improve their quality of life. A music therapy intervention could be beneficial but I realised I would need a framework that would enable me to implement the intervention in a ward setting, while offering practitioners and other participants a reasonable level of control and ownership.
Discussion: Practice development was chosen because it is a person-centred framework, encouraging the learning of all those involved as well as those facilitating. It is inclusive and allows staff to adapt to the way new practices are introduced in a project. Change management theory was also considered as a framework but lacked many of the person-centred qualities required.
Conclusions and implications for practice: Practice development provides the required characteristics for a project to introduce music into a care setting. Given that the methods of the project rely heavily on the involvement of staff and patients' families, it is important to offer them a sense of ownership and control as an encouragement to take an interest and pride in its success. Furthermore, student nurses can benefit from being introduced to practice development because it will offer them a change theory that is person centred and inclusive.

Keywords: Music, dementia, person centred, inclusive, ownership, framework

Introduction

As a part of my fourth year nursing honours degree course, I was required to produce a practice-based learning dissertation. I wanted to explore the possibility of mixing my two main passions – nursing and music. I also had an interest in the care of people living with dementia, and decided to focus my dissertation on this. My first step was to conduct a literature review of the therapeutic relationship between music and dementia, from which I hoped to be able to increase my understanding of the topic. I also wanted to understand the practice framework of past studies from around the world and to explore what succeeded and what did not when introducing music-based interventions into areas of care.

For this reflective piece, Driscoll's (2007) reflective approach (What?, So what?, Now what?) has been used. This approach was chosen because its structure helps the writer to offer a narrative account in chronological order.

What?

The relevant findings of my literature review that impact on the narrative of this article are summarised in Table 1.

Table 1: Findings of a literature review of therapeutic relationship between music and dementia

Theme	Findings
Theme 1 *The positive effect of music on anxiety*	A variety of anxiety scales are used in practice, including Raid, ANCOVA, VAS and CMAI, each with its own unique properties and contextual uses. Many articles reviewed highlighted a statistical relationship between 'problem behaviour' and 'music interventions' (Chang et al., 2009, 2010; Lin et al., 2011). Music-based interventions have been shown to reduce anxiety levels and physical and verbal aggression in patients living with dementia (Chang et al., 2010). During the intervention these levels remained low. One study found that a month after the intervention anxiety levels were back to pre-intervention levels (Svansdottir and Snadal, 2006). Another commented that the relatives of the patients noticed a difference in their loved ones (Gerdner, 2005)
Theme 2 *Families have a valuable role in selecting music for patients or residents*	Music's effectiveness could be attributed to how appropriate each family's choice of music was for their loved one (Gerdner, 2005). The same study's methodology relied heavily on the family's choice of music. Chang et al.'s (2009) study was similar and gave each relative a gift card to spend on music for the patient, using the relative's knowledge of the patient's likes and dislikes if the patient was unable to communicate the choice themselves. This led to the conclusion that relatives can be an invaluable resource for selecting music for the patient
Theme 3 *The importance of a multidisciplinary staff effort and finding common ground between the nursing and music therapy professionals*	The articles revealed a mix of health professionals' methodologies. In Chang et al.'s (2009) study, the nursing staff conducted the interviews with the family and/or residents. The nursing staff were left in control of managing the implementation of the music intervention, with a strict, pre-determined timetable. However, in Janata's (2011) study, a music therapist came in and conducted the interviews before setting a specific music regime timetable for each resident involved in the study. From the studies identified, it appears logical to assume that nurses are capable of implementing a music-based intervention as long as the questions asked centre on the patient's preferences. A music therapist is qualified to manage and run more involved and complex forms of interactive interventions, such as supported song writing and improvisation. In conclusion, both professional groups can use their skills towards implementation of a music-based intervention
Theme 4 *The importance of using music that is specifically meaningful to patients*	Music is a potentially enhancing environmental factor. In most articles reviewed, the intervention was tailored to the patient's tastes or was meaningful to the patient (Svansdottir and Snadal, 2006; Raglio et al., 2010; Lin et al., 2011). In other studies where music was played to large groups, it was of a particular type. In these cases it was relaxation music – sometimes nature music with a tempo matching heartbeat – or music with a relaxing effect (Gerdner, 2005; Chang et al., 2009; Janata, 2011). Effectively, the chosen music should appeal to as many in the vicinity as possible. Neither intervention style is deemed better than the other; both worked equally effectively. The environment is an important aspect of person-centred care where people's beliefs and preferences are taken into account (McCormack and McCance, 2010). Music and sound form part of a person's environment and should be considered an environmental factor
Theme 5 *The effect of music on quality of life*	Svansdottir and Snadal (2006) comment that 'Theoretically, active participation in music sessions could give some meaning to the lives of patients who have lost the ability to create meaningful activity'. Statistically, the articles reviewed found that music does not offer significant meaning to patients' or residents' lives but analysis of the phenomenological data in those same articles gives a different picture (Snyder, 2012). On leaving a session, one lady said 'Thank you so much for the music. You made my day' (Snyder, 2012). Until more articles explore this theme, the positive effect of music on quality of life cannot be ruled out
Theme 6 *The effect of music on memory*	Foster and Valentine (2001), Haj et al. (2012) and Irish et al. (2006) tell us that music has a positive effect on memory. In their articles memory was measured and increased in both dementia and non-dementia cases, but increased by a greater amount in the people assessed as living with dementia. Fukui et al. (2012) speculate that music therapy could be a viable alternative to hormone and pharmacological therapies

The dilemma: choosing a project framework

The literature reviewed helped give me a clear picture of the possible form of a project to introduce music on the ward. I knew this was not going to be easy. Once I had gained ethical approval and permission from the ward's line manager, I would have to convince the staff that this project was worthwhile and ensure that they felt a part of the implementation process. It was clear to me that I would have to select a project framework carefully to ensure success. I wanted to choose one that gave the ward a reasonable level of control and ownership of the project while enabling me to measure the changes and effects on the patients. I knew that 'ideally' my goal would be an intervention that was transferable from ward to ward. However, taking into account the various ward cultures and different personalities of their staff, I knew I would need to take into account framework tools such as PARiHS (Kitson et al., 2008) to enable cultural changes against differing backdrops.

So what?

Practice development appeared to have the characteristics I required for my project framework. In this context, it would enable staff to facilitate the addition of music as a therapeutic method to their care of people living with dementia who are experiencing anxiety. The reasons I felt practice development was suitable were:

- That the patient or the person is the centre of the activity (McCormack and McCance, 2010). The change is not focused on financial factors or bettering personal, professional or organisational reputations. Those factors can be by-products of practice development but are not the primary focus (Page, 2002; Dewing et al., 2014)
- The use of a wide range of approaches to achieve the desired outcome, with the primary focus being on the final product, including evidence-based practice and quality improvement (Page, 2002)
- Real ward settings are used, and the findings can be transferred to other similar ward settings. They may need to be adjusted to fit in another setting but they are essentially transferable (Page, 2002)
- The complete inclusion and co-operation of the staff who work directly with the patients in this environment is required (Page, 2002; Dewing et al., 2014)
- Interprofessional skills are required where teamwork is crucial for the plan to be implemented correctly and efficiently (Page, 2002; Dewing et al., 2014)
- It encourages and accommodates the ongoing learning of the staff within their practice (Dewing et al., 2014)

These factors made practice development the most appropriate framework to use to construct the project. The person-centred approach alongside the wider benefits to staff, including facilitation of culture change, are aims that were mentioned in the previous section. Broad staff co-operation with myself and each other is a desirable factor in ensuring a positive outcome. The staff discuss and learn from each other as the ongoing evaluation of the project unfolds, and this instils an appreciation of the value of this collaborative approach, ultimately empowering them to consider their own changes to ward culture based on this method. The literature review provided evidence that served as a guide for formulating the best possible practice, an important factor in practice development (Dewing et al., 2014). Practice development hints at a leadership style where the researcher is fully involved and makes sure that other staff have a sound understanding of the nature of the project and an appreciation of what is required of them (Dewing et al., 2014). Furthermore, this empowers those taking part to make their own judgements, an approach that reflects affiliative, democratic and coaching leadership styles (Goleman, 2000).

Before I decided to use practice development as the framework for this project, other frameworks were identified and evaluated. One such framework was change management theory. After I researched this method, it became apparent that it was more suited to business than to care contexts. Change management theory works by facilitating transition to a new paradigm of working without

encouraging the input of others to influence the transition (Murthy, 2007). Change management requires the persuasion of staff involved of the cogency of the change and methodology (Change Activation, 2014). This approach does not take into consideration the potentially valuable staff contributions in making the change; instead it proposes a top-down approach. Jones (2014) mentions 'shaking the status quo', and bringing people round to one's perspective. This implies incorporating a leadership style in the project where instructions were given but suggestions are not sought, similar to a coercive or authoritative leadership style (Goleman, 2000). For my project, I want to include all team members in the decision-making process and reject the top-down approach and coercive leadership that change management seems to entail. The practice development philosophy requires effective use of interprofessional skills and teamwork for successful implementation of a plan, and the promotion of ongoing learning for staff. Hence the practice development model was more suited to the inclusive approach I wanted. Change management theory also appears to be concerned with benefits to the hospital or care home primarily, with patient care as a lesser objective (Antwi and Kale, 2014). In change management, the economic motives for change, with specific emphasis on cost-effective methods versus the most effective method that may incur greater cost, are a contributing factor (Mindtools, 2014). I rejected change management theory because its approach is not person-centred, again in contrast to the practice development philosophy.

Now what?

The philosophy and approach of practice development is an ideal framework for me to draw on because the final design of the study will reflect not only my own original intentions but also the perceptions and input of the entire multidisciplinary team involved in the project (Dewing et al., 2014). Adopting a democratic leadership style gives everyone in the group an input, while leaving the final decisions to the leader (Lewin et al., 1939). It is important that all participants experience a feeling of ownership as this will impact positively on the project as a whole. Group discussions, as well as informing each person about their role in the project, will provide a learning opportunity. I hope all staff will gain enhanced knowledge of the themes and concepts of the music-based intervention but also have an opportunity to develop their interpersonal, collaborative and communications skills (Dewing et al., 2014). In leading the group, I will aim to develop these skills and will also gain experience in putting leadership theories into practice and learn which techniques are most effective in each context.

This is a project that I feel passionate about and I am eager to be able to explore further in the near future. From my experience and research it is my intention to use a practice development framework to shape and create effective change. My own experience on such wards is that nurses are committed professionals with a highly developed awareness of the need for person-centred care wherever possible. They are usually willing to embrace and offer new interventions and ideas for patients, as long as they can 'buy into' the idea. As a facilitator, I can make this happen, remembering that each ward is like an individual – it has its own way of functioning, its own comfort zones and its own personality. From this, my own learning as a facilitator can develop, and I can reflect on the project from new perspectives; original concepts and methods may be different, and variables that I had not considered can analysed.

I believe practice development is the best methodology to introduce and adapt into practice projects such as music therapy. It pushes the realms of practice and learning for all stakeholders, and offers benefits and rewards for all involved. Given that the methods of the project must rely heavily on the involvement of staff and patients' families, it is important to offer them a sense of ownership and control in this project, and a stake in its success.

Introducing student nurses to the methodology of practice development enables them to make changes on a ward using an inclusive framework that all involved can benefit from and flourish within. It offers staff an opportunity to voice their views, but also to help shape a project or an idea so that it functions effectively within the unique environment of their ward, thereby minimising the likelihood of opposition or resistance to the change.

References

Antwi, M. and Kale, M. (2014) *Change Management in Healthcare: Literature Review*. Ontario: Queen's School of Business.

Chang, A., Sung, H. and Lee, W. (2009) A preferred music listening intervention to reduce anxiety in older adults with dementia in nursing homes. *Journal of Clinical Nursing*. Vol. 19. Nos. 7-8. pp 1056-1064. doi: 10.1111/j.1365-2702.2009.03016.x.

Chang. F., Huang, H., Lin, K. and Lin. L. (2010) The effect of a music programme during lunchtime on the problem behaviour of older residents with dementia at an institution in Taiwan. *Journal of Clinical Nursing*. Vol. 19. Nos. 7-8. pp 939-948. doi: 10.1111/j.1365-2702.2009.02801.x.

Change Activation (2014) *A Simple Guide to Change Management*. Retrieved from: tinyurl.com/change-activation. (Last accessed 29th January 2015).

Dewing, J., Mccormack, B. and Titchen, A. (2014) *Practice Development Workbook for Nursing, Health and Social Care Teams*. Oxford: Wiley Blackwell.

Driscoll, J. (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. (2nd edition). Edinburgh: Bailliere Tindall Elsevier.

Foster, N. and Valentine, E. (2001) The effect of auditory stimulation on autobiographical recall in dementia. *Experimental Aging Research*. Vol. 27. No. 3. pp 215-228. doi: 10.1080/036107301300208664.

Fukui, H., Arai, A. and Toyoshima, K. (2012) Efficacy of music therapy in treatment for patients with Alzheimer's disease. *International Journal of Alzheimer's Disease*. Vol. 2012. doi: 10.1155/2012/531646.

Gerdner, L. (2005) Use of individualized music by trained staff and family: translating research into practice. *Journal of Gerontological Nursing*. Vol. 31. No. 6. pp 22-30. doi: 10.3928/0098-9134-20050601-08.

Goleman, D. (2000) Leadership that gets results. *Harvard Business Review*. Vol. March-April 2000. pp 78-90.

Haj, M., Postal, V. and Allain, P. (2012) Music enhances autobiographical memory in mild Alzheimer's disease. *Educational Gerontology*. Vol. 38. No. 1. pp 30-41. doi: 10.1080/03601277.2010.515897.

Irish, M., Cunningham, C., Walsh, J., Coakley, D., Lawlor, B., Robertson, I. and Coen, R. (2006) Investigating the enhancing effect of music on autobiographical memory in mild Alzheimer's disease. *Dementia and Geriatric Cognitive Disorders*. Vol. 22. No. 1. pp 108-120. doi: 10.1159/000093487.

Janata, P. (2011) Effects of widespread and frequent music programming on agitation and depression in assisted living facility residents with Alzheimer- type dementia. *Music and Medicine*. Vol. 4. No. 1. pp 8-15. doi: 10.1177/1943862111430509.

Jones, S. (2014) Change management: a classic theory revisited. *Nursing Review*. November 2012. Retrieved from: tinyurl.com/Jones-change. (Last accessed 30th December 2014).

Kitson. A., Rycroft-Malone. J., Harvey. G., Mccormack, B., Seers, K. and Titchen, A. (2008) Evaluating the successful implantation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implementation Science*. Vol. 3. No. 1. doi:10.1186/1748-5908-3-1.

Lewin, K., Lippitt, R. and White, R. (1939) Patterns of aggressive behaviour in experimentally created social climates. *Journal of Social Psychology*. Vol. 10. No. 2. pp 271-301. doi: 10.1080/00224545.1939.9713366.

Lin, Y., Chu, H., Yang, C., Chen, C., Chen, S., Chang, H., Hsieh, C. and Chou, K. (2011) Effectiveness of group music intervention against agitated behaviour in elderly persons with dementia. *International Journal of Geriatric Psychiatry*. Vol. 26. No. 7. pp 670-678. doi: 10.1002/gps.2580.

McCormack, B. and McCance, T. (Eds.) (2010) *Person-Centred Nursing Theory and Practice*. Oxford: Wiley-Blackwell.

Mindtools (2014) *Change Management: Making Organization Change Happen Effectively*. Retrieved from: tinyurl.com/mindtools-change. (Last accessed 31st December 2014).

Murthy, C. (2007) *Change Management*. Mumbai: Himalaya Publishing.

Page, S. (2002) The role of practice development in modernising the NHS. *Nursing Times*. Vol. 98. No. 11. p 34.

Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M., Gentile, S., Villani, D. and Trabucchi, M. (2010) Efficacy of music therapy treatment based on cycles of sessions: a randomised controlled trial. *Aging and Mental Health*. Vol. 14. No. 8. pp 900-904. doi: 10.1080/13607861003713158.

Snyder, A. (2012) *Music Therapy and Quality of Life: The Effects of Musical Interventions on Self-reported and Caregiver-reported Quality of Life in Older Adults with Symptoms of Dementia*. Masters thesis. Retrieved from: tinyurl.com/Snyder-music. (Last accessed 15th December 2014).

Svansdottir, H. and Snadal, J. (2006) Music therapy in moderate and severe dementia of Alzheimer's type: a case–control study. *International Psychogeriatrics*. Vol. 18. No. 4. pp 613-621. PMID: 16618375.

Acknowledgements

I would like to thank the following people for their invaluable assistance, guidance and support with this project: Bill Lawson, Caroline Dickson, Kristina Mountain and Dr Philippa Derrington. I would also like to thank my parents for their patience and support.

Alasdair Pithie (BSc Adult Nursing Hons), Research Associate, Queen Margaret University, Edinburgh, Scotland.