



Effect of Music Therapy on Quality of Life Among Elderly Residing at Old Age Homes

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"Music soothes us, stirs us up; It puts noble feelings in us; It melts us to tears, we know not how"

Charles Kingsley

Abstract

Elderliness is qualitatively different experience for each subject. It is preponderantly good for some, 'an autumn with deep but bright tonalities' and a bad experience for others. Research has shown that music has a profound effect on the body and psyche. Lifestyle, potential expectations of older people are changing together with the rising life expectancy but their quality of life in elderly people is going trim down. Hence a study to evaluate the effectiveness of music therapy on quality of life among elderly residing at selected old age homes in salem was undertaken using an experimental pre test post test control group design. 60 elderly clients who were residing at vallalar old age home and Mother Theresa old age home were selected by simple random sampling (30 in the experimental and 30 in the control group) The tool used was WHO BREF quality of life scale. The interventional group received music therapy for 20 minutes thrice a day for 5 consecutive days along with usual treatment and the control group received only usual treatment. Post test quality of life scores were assessed on the 7th day.

The findings revealed that music therapy was effective in improving quality of life among elderly in the interventional group than the control group. There was a significant association between pretest level of quality of life and pension provision in the experimental group. There was a significant association between the pretest level of quality of life and religion, pension provision and food habits in the control group.

Conclusion: Along with usual geriatric care complimentary therapy such as music therapy could be added into the treatment regimen in the Indian scenario.

Keywords: Music Therapy; Quality of Life; Elderly; Oldage Home

Background of the Study

"Quality of life" is now widely used, both in academic writing and everyday life. It is one those taken -for- granted terms, of which we think we know the meaning. Although there will be some common understanding of what is meant by "quality of life" we may use the term differently in our private and professional lives. We might anticipate considerable variation in its meaning for

people of different age groups and cultural background as well as significant gender differences.

Elderliness is qualitatively different experience for each subject. It is preponderantly good for some, 'an autumn with deep but bright tonalities' and a bad experience for others. Between these two extremes of good and bad quality, there is probably a contin-

uum. If the elderly subject manages to build a secure sense of the ego and a perception of his/her legacy, he/she maintains ego integrity, whereas the incapability to provide for a solution for this conflict results simultaneously in disappointment with his/her oneself and, despair.

Music is the most powerful catalyst, bringing people together, breaking through isolation and generating positive energy. Research has shown that music has a profound effect on the body and psyche. In fact there's a growing field of health care known as music therapy, which uses music to heal.

At the same time, the lifestyle, potential and expectations of older people are changing together with the rising life expectancy. But their quality of life in elderly people is going trim down. So it is necessary to pay attention to quality of life in elderly people which will help them to live quality life and also help in avoiding other health problems.

Objectives of the study were

1. To assess the quality of life among elderly residing at old age home before music therapy.
2. To evaluate the effectiveness of music therapy on quality of life among elderly residing at selected old age home.
3. To associate the pre-test level of quality of life among elderly residing at selected old age home with selected demographic variables in the experimental group.

Research hypotheses

- **H1:** There is a significant difference in the level of quality of life among elderly residing at old age home before and after music therapy in the experimental group.
- **H2:** There is a significant difference in the level of quality of life among elderly residing at old age home between the experimental and control group.
- **H3:** There is a significant association between the level of quality of life among elderly residing at old age home with their selected demographic variables in the experimental and control group.

Assumptions

- The quality of life among elderly residing at old age home may vary from person to person.
- Music therapy may have an effect on quality of life among elderly.

Conceptual framework

The conceptual framework used in this study was Kenney's open system model.

Methodology

Research approach

A quantitative evaluative research approach was used in this study.

Research design

Experimental research with pretest posttest control group design was used in this study.

Research variables

- **Independent variables:** Music therapy.
- **Dependent variables:** Quality of life.
- **Demographic variables:** Age, educational status, religion, pension provision, domicile, marital status, food habits, habits, number of friends in the old age home, living with spouse in the old age home, major ailments.
- **Setting of the study:** The study was conducted at Vallalar old age home and Mother Theresa old age home, Salem.

Population

The population for the present study included all the elderly residing at old age homes.

Sample

The sample in this study was all elderly residing at selected old age homes and those who fulfilled the inclusion criteria.

Sample Size

The sample size was 60 elderly residing in selected old age home (30 in the experimental group and 30 in the control group).

Sample technique

In this study simple random sample method, lottery method was used to select the sample (30 in experimental group 30 in control group).

Criteria for sample collection

Inclusion criteria

- Elderly residing at old age home in the age group of above 65 years.
- Those who can communicate either in Tamil or English
- Elderly who were willing to participate and available at the time of data collection.

Exclusion criteria

The study excludes

- Elderly who were not interested in music.
- Elderly who had hearing impairment.
- Elderly who had cognitive impairment.

Research tool and technique

The tool consisted of two sections:

- **Section A** : Consisted of Demographic Performa consisting of items on elderly people's age, educational status, religion, pension provision, area of domicile, marital status, food habits, habits, number of old friends in the old age home, living with spouse in old age home, major ailments.
- **Section B** : Consisted of Modified WHO BREF quality of life among elderly residing at old age home. It consisted of four domains and 23 items, the total score was 115. Higher the score higher was the quality of life. The main domains of quality of life scale was physical domain, psychological domain, social domain, and environmental domain. Physical domain included 7 items, psychological, social and environmental domains included 6, 2, and 8 items respectively.

Score interpretation

Quality of life score

1. Very poor (23)
2. Poor (24-46)
3. Neither poor nor good (47-69)
4. Good (70-92)
5. Very good (93-115).

Content validity

The Modified WHO BREF quality of life scale, along with the intervention was submitted to 5 experts for validation. There was 100 percent agreement on all items, but suggestions were given to modify certain items in the demographic profile.

Reliability

Split-half method was used to check the reliability of the tool. Karl Pearson correlation coefficient was calculated $r = 0.90$ hence the tool was found to be reliable and was used in this study.

Pilot study

In order to test the feasibility and practicability of the study a pilot study was conducted at St Joseph's old age home salem

among 10 elderly (5 in the experimental group and 5 in the control group). The findings of the pilot study inferred that the study was feasible and practicable.

Data collection process

Data was collected in three phases

- **Phase 1:** The quality of life of elderly people were assessed with the help of modified WHO BREF quality of life scale before intervention in both experimental and-control group.
- **Phase 2:** After the pretest of the investigator administered 20 minutes musictherapy through head set thrice a day for 5 consecutive days.
- **Phase 3:** After the end of 7th day post test was conducted by using modified WHO BREF quality of life scale for both the experimental and control group.

Plan for data analysis

The data collected was analyzed by means of descriptive and inferential statistics.

Descriptive statistics

- Frequency percentage distribution was used to describe the demographic variables.
- Mean and standard deviation and were used to evaluate the effectiveness of music therapy on quality of life among elderly residing in old age homes.

Inferential statistics

- Paired 't' test was used to compare the mean pretest and post test level of quality of life in the experimental group.
- Paired 't' test was used to compare the mean pretest and post test level of quality of life in control group.
- Unpaired 't' test was used to compare the mean posttest level of quality of life between experimental and control group.
- Chi-square analysis was used to find out the association between the pre test level of quality of life with their selected demographic variables in both the experimental, control group

Ethical consideration

- The study was approved by the research committee and a formal permission was obtained from the head of the institution.

- Formal permission was obtained from administrator of both vallalar old age home and Mother Theresa old age home, Salem.
- Both oral and written informed consent from all the study participants was obtained before starting data collection.
- Confidentiality and Anonymity was maintained throughout the study.
- The subjects were informed that their participation was voluntary basis and can withdraw from the study without any penalty.
- There was a significant association between the pretest level of quality of life among elderly residing at old age homes and religion, pension provision and food habits in the control group at $p < 0.05$.

Conclusion

- The present study was conducted to evaluate the effectiveness of music therapy on quality of life among elderly residing at old age home. Music therapy was administered to experimental group and hospital routine was followed for the control group. The study found that the initial assessment, in experimental group 29 (96.67%) of them had poor quality of life and 1 (3.33%) had good quality of life. After the administration of music therapy in experimental group 26 (86.67%) subjects had very good quality of life.
- Hence, music therapy was found to be effective, appropriate and feasible in improving the quality of life among elderly residing at old age homes. Hence it can be used in the Indian Scenario as an adjunct along with routine geriatric care to improve the quality of life.
- Music therapy was cost effective and none of the subjects had any adverse reactions to the intervention.

Major findings of the study were

- The findings revealed that majority of the subjects in the experimental group 29 (96.67%) of them had poor quality of life and 1 (3.33%) had good quality of life, whereas in the control group all the subjects 30 (100%) had poor quality of life before administering music.
- After the administration of music therapy in the posttest of the experimental group 26 (86.67%) of the subjects had very good quality of life and 4 (13.33%) had good quality of life. Where as in control group all the subjects 30 (100%) had poor quality of life during post test.
- The pre-test mean in the experimental group was 36 with SD of 5.19 and the post-test mean was 98.07 with SD of 4.77.
- A paired 't' test was carried out between the pretest and posttest scores in the experimental group to find out the effectiveness of music therapy in terms of quality of life. The "t" value was 56.94 which was significant at ($p < 0.05$). This difference between the pretest and post-test in the experimental group was due to the intervention Music therapy. hence the difference was by choice and not by chance.
- Whereas in control group, the pre-test mean score was 34.63 with SD of 4.63 and post-test mean score was 35.47 with SD of 4.83.
- A paired 't' test was carried out between the pretest and posttest scores in the control group The "t" value was 1.87 which was not significant at ($p < 0.05$).
- Chi square analysis revealed that there was a statistically significant association between the pretest level of quality of life among elderly residing at old age homes and pension provision in the experimental group at $p < 0.05$.

Nursing implication

Nursing practice

- Nurses working in psychiatric and bed side area should be motivated to provide comprehensive nursing education and nursing research.
- The interventional method will help to improve the quality of care provided to the hospitalized as well as elderly residing at old age home. It will help to improve the knowledge of nurses and family members to understand about music therapy; and has to be motivated to apply this therapy as a routine practice in hospital wards.
- Nurses should utilize their knowledge in assessing the level of quality of life of elderly and helping them to improve it.

Nursing education

- The modalities to improve the quality of life should be incorporated in the nursing curriculum.
- Nurses should equip themselves by reading books, recent advances and current issues for improving the quality of life.

- There must be adequate teaching strategies such as assessment of quality of life and demonstration of music therapy in real setting with discussion.

Nursing administration

- Nurse administrators should plan adequate in-service education for the staff nurses and student nurses to update their knowledge and skills in improving quality of life among elderly.
- The nurse administrators can discuss regarding effectiveness of music therapy, and promote its usage in the geriatric wards and old age homes, thus in turn which will improve their quality of life.
- The guidelines, protocols and checklist or scales for assessment of quality of life and care of elderly should be planned and made readily available for the staff nurses and the student nurses.

Nursing research

- There is need for extensive and intensive research in the area so that modalities to improve quality of life can be developed.
- The nurse investigator should conduct research on various aspects of quality of life which provides more scientific data base and adds scientific body of information for evidence based practice.
- The findings of the study will motivate other investigators to conduct further studies related to this topic.

Recommendation

- A similar study can be conducted with a mixed methods research approach.
- A similar study can be replicated with a large number of sample and in different other settings.
- A comparative study can be done on quality of life between elderly residing at own home versus elderly residing at oldage homes.

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