Restoring the Spirit at the End of Life:
Music as an Intervention for Oncology Nurses

Marilyn Tuls Halstead, PhD, RN, AOCN®, and Sherry Tuls Roscoe, BMEd, BMT

Oncology nurses look for ways to enhance quality of life for patients who are at the final stages of life. Nurses, as well as family members, hope for and work to ensure a peaceful death for a dying loved one. Following the death event, many wonder if they could have done “anything more.” The memories of difficult deaths can remain with nurses for many years, perhaps contributing to occupational stress and “burnout” in the nursing profession.

As nurses care for the dying, they must remember to expand the choices of interventions that improve comfort levels and alleviate pain. Music as a therapeutic nursing intervention (Beck, 1991; Maxwell, Givant, & Kowalski, 2001; White, 2001) helps to alleviate symptoms in people with cancer and is not limited to the active phase of the dying experience. Despite these facts, palliative care nurses may be uncomfortable using music because of a lack of knowledge and resources or time constraints.

Music is considered a universal language. Music therapy is the systematic application of music to achieve a desired therapeutic goal or objective (Lane, 1994). Music therapists are certified professionals who have earned a bachelor’s degree in music therapy and completed a six-month clinical internship following graduation. Some music therapists have advanced degrees. Music therapists are employed in a variety of settings, including schools, nursing homes, and cancer centers. Many music therapists work as consultants in communities or institutions that do not provide the services of a paid staff music therapist. Music therapists assess their clients’ needs and preferences, set therapeutic goals, plan individualized interventions, and evaluate the outcomes of their interventions. Nurses can learn to develop highly effective programs and resources based on research and the expertise of music therapists. The purpose of this article is to explore music as a nursing intervention so that dying people with cancer and their families can begin to use music in a therapeutic way.

Improving quality of life in the physical, social, psychological, and spiritual realms (King, 2001) through the use of music is supported by research (Pan, Morrison, Ness, Fugh-Berman, & Leipzig, 2001). By stimulating physiologic mechanisms, music becomes a therapeutic adjunct. Neural transmission of stimuli through the auditory cortex activates the limbic system responsible for emotional responses. Thus, sound vibrations initiate a chain of events in which the brain stem relays messages to the reticular activating system, inducing changes such as relaxed muscle tone, decreased blood pressure, and decreased respiratory and pulse rates (Lane, 1992, 1993). Research in the area of pain management supports the effectiveness of music as a nonpharmacologic method of pain reduction by increasing circulating levels of endorphins (Aldridge, 1994; Beck, 1991; Gaynor, 1999; Standley & Hanser, 1995; West, 1994). Similarly, music affects brain wave frequency, which, in turn, affects gastric motility. Based on this factor, music is an effective adjunct to pharmacologic therapy for decreasing nausea and vomiting in patients receiving chemotherapy (Ezzone, Baker, Rosselet, & Terepka, 1998).

Reported psychological benefits of music in palliative care include evoking emotion, feelings, and memories (Covington & Crosby, 1997). The mood of the music stimulates affective changes (Chlan & Tracy, 1999). For example, auditory stimulation using bird sounds and other sounds of the natural world enhances the relaxation response (Rhinier, Dean, & Ducharme, 1996). Recorded music lessens anxiety levels for patients undergoing chemotherapy (Sabo & Michael, 1996) and, as suggested in a preliminary study, for individuals receiving radiation therapy (Smith, Casey, Johnson, Gwede, & Riggan, 2001). According to

Submitted February 2002. Accepted for publication May 1, 2002.

Digital Object Identifier: 10.1188/02.CJON.332-336