GUIDELINES FOR

MUSIC: USING RECORDED MUSIC IN THE HOSPITAL ENVIRONMENT

PPG Category: Safe practice & Environment

1. Guidelines statement

These guidelines are for the use of recorded music in the hospital environment.

2. Definition of terms

2.1 *ENVIRONMENT* – means any place where recorded music is played in patient areas. These guidelines will not deal with public spaces such as foyers, cafeteria and eating places, administration areas, kitchens, lifts or corridors. Nor will it deal with other opportunities for recorded music such as the on-hold telephone facility.

2.2 *RECORDED MUSIC* – includes all forms of music prepared at another time, and not played live. This includes music played on compact disks, cassettes/tapes, MP3s, DVDs, radio, computers and other modes of electronic media for presentation.

2.3 *EQUIPMENT* - all devices used to listen to pre-recorded music. This includes sources as stated in 2.2 and playing equipment: Cassette tape players, CD players, "Walkmans", "Discmans", MP3 players, I Pods, radios, headphones.

2.4 *BACKGROUND MUSIC* – Music that is played free-field (i.e. not on headphones) in the environment. No aspect of the music is controlled by the patient.

3. Guidelines

3.1 KEY PRINCIPLES

Six key principles are applied to the use of recorded music in hospital:

3.1.a Music affects people differently depending on their age, coping abilities, mood, physical and mental state and previous life experiences.

3.1.b Clinical evidence indicates that familiar, self-selected music is a more effective support strategy than unfamiliar music.

3.1.c Music serves as a recreational past-time in the community, but in the hospital environment, sensory stimulation cannot be treated casually. Therefore the inclusion of music must be a conscious choice.

3.1.d Background music may contribute positively or negatively to the ambient noise level.

3.1.e Music has strong psychological associations and the capacity to affect physiological change.

3.1.f Poor quality equipment for playing music limits the benefit.

3.2 RESPONSIBILITY

All staff members in clinical areas are responsible for following these guidelines.
The Music Therapy Unit should be used for consultation on suitability of the music and equipment.

By introducing music, the member of staff takes responsibility for:

- the on-going quality of equipment
- the selection of music
- the efficacy of the music (including duration of play and repertoire).
- all electrical equipment meeting Occupational Health and Safety requirements, as indicated by the Biomedical Engineering Department, (http://www.rch.org.au/bme_rch/equipment.cfm?doc_id=4694)

3.3 COPYRIGHT

Copyright laws must be adhered to in using commercially produced music. Further information is available from the Music Therapy Unit.

3.4 MUSIC ON THE WARD

Wards – Mindful of 3.1, individual use of recorded music must account for:

- the variation in patient preference
- the noise that can be created by too many sources of sound available in one room at the same time
- the situation should be regularly assessed and stimuli altered when not appropriate
- the detrimental effects of listening to loud music for specific populations such as cystic fibrosis patients and oncology / haematology patients

3.5 RADIO

Radio is a source of uncontrollable stimulation. Radio use should be limited to use with head-phones.

3.6 BACKGROUND MUSIC

In those places in which music is controlled by a member of staff (for example waiting areas), staff must be mindful of 3.1, in presenting any source of music. The situation should be regularly assessed (ie. every few hours), and altered where not appropriate.

3.7 PATIENT'S OWN MUSIC

Patients should be encouraged to bring and use music they consider to be a supportive strategy.

3.8 CLINICAL APPLICATION OF RECORDED MUSIC

3.8.a The Music Therapy Unit should be consulted in providing recorded music to patients in the following situations:

- Patients in the Intensive Care Unit
- Patients/families in the Neonatal Unit
- Unconscious and sedated patients

3.9.b Consultation with the Music Therapy Unit may be helpful in providing recorded music in the following situations:

- Patients using music as a supportive strategy or distraction during a procedure
- Patients asking to use music for relaxation
- Nonverbal patients with whom staff do not have an established mean of communication
- Any situation where there is uncertainty about the application of music

---

Authors

Helen Shoemark, Senior Music Therapist (Neonates) **helen.shoemark@rch.org.au**

Beth Dun, Head of the Music Therapy Unit
Clare Kildea, Music Therapist (Adolescents)

With thanks to the following contributors

RCH Committee for development of Guidelines:

Beth Dun, Head of the Music Therapy Unit (Chair)
Helen Shoemark, Senior Music Therapist (Neonates)
Christine Minogue, Director, Community Division
Sean Spencer, Director, Nursing Division
Gigi Williams, Director, Educational Resource Centre
Christine Poulis, Chief Audiologist
Paul Longridge, Unit Manager, Short Stay Unit
Leanne Hallowell, Director of Educational Play Therapy
Dr. Cathy Crock, Haematology/Oncology

External Reference Group:

- For the Australian Music Therapy Association Paediatric Reference Group-
  - Shannon O'Gorman, Mater Children's Hospital, Brisbane
  - Jacinta Calabro, Faculty of Music, University of Queensland
  - Annette Baron, Paediatric Music Therapist, Monash Medical Centre
  - Verena Clemencic-Jones, Sydney Children's Hospital, Randwick

- Emma O'Brien, Music Therapist - Oncology, Royal Melbourne Hospital
- Dr. Clare O'Callaghan, Music Therapist, Peter MacCallum Hospital, Melbourne
- Dr Jane Edwards, Director of Music Therapy, Irish World Music Centre, Limerick, Ireland