

Psychosomatic patient's satisfaction from the music therapy treatment

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ABSTRACT

In the last few years, patient's satisfaction has gained more and more importance, both in health-policy, economic terms, in scientific clinical investigation, as well as in music therapy treatment. Within the treatment psychosomatic patients it is important to separate the pure patient satisfaction with the treatment from the attitude towards the music therapy. With the aim to split these two aspects, we have developed a questionnaire and used questions about the general satisfaction from the music therapy, the attitude to the music therapy before the treatment with comparison to the attitude after the end of the treatment as well as individual profits from the music therapy and some personal characteristics. 100 adult psychosomatic patients were surveyed in the psychosomatic clinic in Bad Driburg (Germany). Our results confirmed the hypothesis, that the patient's satisfaction from music therapy is connected with their attitude to the treatment and previous musical activity.

Background

In the last few years, patient's satisfaction has gained more and more importance, both in health policy, economy and scientific clinical investigation. Satisfaction is usually a means to quality management and it is component of the process of care or treatment from patient's point of view (Schulte, 2005; Scopp & Baumann, 2004; Kordy et al., 2000).

The problem of music therapy in psychosomatic medicine was engaged in Germany Müntzberg (2010), Kachel et al. (2003), Erlinger (1995) und Decker-Voigt et al. (2008). Problem of therapist-patient-relationship quality has explored in the last years Körber (2009). The methodological concepts of group music therapy in psychosomatics presented i.e.: Terpe (2008), Nagel (2000), Nottke (1997), and Espelkott (1997).

For over the past 20 years series of studies in the field of music therapy treatment have provided evidence that patients satisfactions with music therapy depends on the individual attitude from the patients to this therapy form (Bolay & Hillecke, 2001). A key finding of these studies is that the patient's satisfaction with (music) therapy depends on the therapist-patient-relationship (Berking, 2005; Knerr, 2005; Kordy et al., 2000; Michalak et al., 2003).

Due to the small number of studies on patients' satisfaction with music therapy in psychosomatic our study was carried out.

Aims

This study examines patient's satisfaction with music therapy in the psychosomatic clinic. One of the main aims of this study is to investigate the relationship between patient's satisfaction, patient's attitude to the music therapy and the importance of their previous musical activity.

Method

Developed questionnaire consists of questions concerning general satisfaction with music therapy, the attitude to music therapy before the treatment in comparison with the attitude after the end of the treatment. The individual benefits from the music therapy and some personal characteristics have also been questioned.

The first part deals with general information and contained questions that relate to the musical activity, length and frequency of listening to music, musicality, and general assessment of demographic data (age, gender), questions on attitudes towards MT before and after the stay in the clinic, general assessment of the MT. Personal gains and obstacles of the MT can also be found in the second part.

During the last music therapy session (minimum four-week treatment) patients were requested to fill QN. Filled out QN was returned by the nurse. Total of 100 psychosomatic patients in the psychosomatic clinic in Bad Driburg (Germany) were surveyed in retrospective measurement with "Questionnaire for music therapy" instrument. Response rate was 75%. Interview lasted three months, from mid-November 2009 to February 2010.

Results

The study involved 75 psychosomatic patients. The average age of the sample is 44 years ($SD = .838$). Majority of patients (80%) are between 40 and 60 years old. 50.7% of participants is male (38 respondents) and 49.3% is female (37 respondents). 10% of the psychosomatic patient's play instruments, 12% sing regularly in a choir. 6 people (8%) have previously participated in a music therapy treatment.

When asked, how important is the music in patients' live ($M = 3.57$, $SD = .903$), 47% (35 subjects) of respondents indicated it plays an important or very important role in their lives; a neutral attitude was declared by 47% (35 subjects). About 65.5% (49 patients) of the respondents say that listening to music is extremely important (and important) for them ($M = 3.84$, $SD = .931$).

More than half of total sample, estimates both their own musicality (57%, 43 subjects) and ability to express themselves in the music (59%, 44 subjects) as very low or low. Nearly one-third rated their own musicality (26.7%, 20 subjects) and their own musical skills (32%, 24 subjects) as sufficient. Another 15% (11 subjects) appreciate their musicality as high or very high.

Interesting results are found during studying approach to music therapy at baseline and after hospitalization. A *t*-test for dependent samples (the before-after comparison) shows that there is significant difference between the approach to music therapy before and after treatment in the hospital ($F = 38.083$, $df = 1$, $p < .000$). Nearly three-quarters of the patients had a

negative or neutral attitude to the music therapy before the treatment. By contrast, the number of patient with positive attitude was small with only a quarter of respondents (24%). The situation has changed after treatment in the clinic: the proportion of patients with positive attitude has increased to 62%. At the same time, the proportion of negative attituded patients decreased by 25% and that of the neutral adjustment to 10%.

The psychosomatic patient also had the chance to say how much they can benefit from the MT. A quarter of patients (24%, 18 subjects) were more likely to benefit little from the MT. Mediocre or partially satisfied were 44% (33 subjects) of patients. Another 32% (24 subjects) could personally benefit much or very much of the music therapy treatment.

But how exactly helped the MT the psychosomatic patients? Participation in the music therapy has helped the respondents to relax (50%, 36 subjects), to be musically open (49.3%, 35 subjects), to improve their mood (61.1%, 44 subjects) and to promote their own communication (54.8%, 40 subjects). Nearly two-thirds of the patients (63.5%, 48 subjects) felt comfortable in the music therapy and was able to express their feelings through the music. In opinion of almost 40% of psychosomatic patients (29 subjects) their participation in music therapy has helped them to discover new sources of power, to strengthen internally or learn something new about themselves.

Conclusions

Our results confirm the hypothesis that patients' satisfaction with music therapy is connected with their attitude to the treatment and their previous musical activity. More regular participation in the music therapy can contribute to a more intense change in the attitude to music therapy and to increase satisfaction (compared to the time before treatment). Those patients who were previously musically active or described as a musical people had better access to music therapy and have more benefit from the MT treatment.

From the perspective of the investigated sample, the music therapy treatment in the Klinik Rosenberg helped the patients to relax, to be musically open, to improve their mood and communication. Music therapy treatment was less successful in relieving somatic pain or fear (only 15% and 28% approval).

These results have implications for music therapy for psychosomatic patients. It is recommended to consider our outcome measures in clinical music therapy practice.

Keywords

music therapy treatment, psychosomatic inpatients, patients' satisfaction, survey, satisfaction with treatment.

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