

# The effect of music therapy sessions on compassion fatigue and team building of professional hospice caregivers

Russell E. Hilliard, PhD, LCAT, LCSW, MT-BC\*

*Metropolitan Jewish Hospice, State University of New York at New Paltz, 6 Woodside Pl., Highland, NY 12528, United States*

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## Abstract

The purpose of this study was to evaluate the effects of music therapy on compassion fatigue and team building of professional hospice workers. Participants were nurses, social workers, and chaplains and were employed for at least one year in hospice care. Seventeen participants engaged in one of two experimental music therapy groups. Experimental group 1 utilized an ecological music therapy approach with an open, free form without structure and encouraged participation in the live music experiences of instrumental improvisation as well as toning and chanting. Experimental group 2 utilized a didactic music therapy approach with a structured format wherein interventions were planned and facilitated by the music therapist a priori. Such interventions included guided meditation with live music, lyric analyses, and music and movement. To measure compassion fatigue, the Compassion Fatigue Scale (CFS) was used as a pre- and post-test measure in each group. To measure team building, the Team Building Questionnaire (TBQ) was used as a pre- and post-test measure in each group. Statistical analyses indicated a significant improvement in team building in both groups but no significant differences with regard to compassion fatigue. Further research studying the effects of music therapy on compassion fatigue and team building of professional hospice caregivers is recommended.

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## Literature review

Caring for the terminally ill can be challenging for the professional caregiver. While most hospice teams rely on the expertise of physicians, nurses, social workers, chaplains, home health aides, volunteers, and allied therapists (e.g. music therapists), much of the research related to burnout and compassion fatigue has been conducted using nurses in traditional medical settings (i.e. hospitals). Burnout has been described as a syndrome of feeling emotionally exhausted, depersonalized, and having a sense of inability to feel satisfied with work performance (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000). Compassion fatigue is a term that has been used in the literature to describe similar reactions; therefore, the terms are used interchangeably within this article. Several factors contribute to burnout among nurses including the growing nursing shortage, dealing with loss, serving severely ill patients, and the intensity of the emotional stressors of patients and families (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Demerouti et al., 2000; Fisher & Anderson, 2002; Joint Commission on Accreditation of Healthcare Organizations, 2002). Compassion fatigue and burnout can lead to high turnover rates, job-related errors, and lower patient satisfaction rates as well as leaving nurses feeling emotionally compromised (Leiter, Harvie, & Frizzell, 1999).

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\* Tel.: +1 845 834 3101; fax: +1 845 257 3121.

E-mail address: [rehmt@aol.com](mailto:rehmt@aol.com).

The concept of the interdisciplinary team is an important aspect in the provision of end-of-life care in hospice and palliative care settings. [Wiecha and Pollard \(2004, p. 1\)](#) defined the interdisciplinary care team as “a consistent grouping of people from relevant clinical disciplines, ideally inclusive of the patient, whose interactions are guided by specific team functions and processes to achieve team-defined favorable patient outcomes.” The interdisciplinary palliative care team allows for a forum for problem solving, opportunities for personal and professional growth and development, and shared burden and personal support, among others ([von Gunten, Ferris, Portenoy, & Glaichen, 2001](#)). The shared process approach to the team may assist in lessening or preventing burnout and compassion fatigue. Conversely, a dysfunctional team may contribute to occupational stress and lead to an increased sense of burnout.

A variety of stressors negatively impact burnout and compassion fatigue. In a study of 109 German nurses, researchers concluded that those who endured high time pressure, high physical and cognitive workload, patients they described as demanding, and unfavorable environmental conditions experienced a high degree of exhaustion and disengagement ([Demerouti et al., 2000](#)). Higher education level and work status decreased burnout whereas working night shifts increased burnout among 333 nurses in another study ([Demir, Ulusoy, & Ulusoy, 2003](#)). Nurses who felt in control over their working conditions and schedule and believed they had opportunities for advancement were less susceptible to burnout than those who did not in a study of 204 nurses ([Bakker, Killmer, Siegrist, & Schaufeli, 2000](#)). In addition, perceived problems with healthcare team members and a feeling of discontent in their personal lives lead to higher degrees of burnout ([Demir et al., 2003](#)). Furthermore, age has been determined to be a predictor of burnout among nurses caring for patients with HIV/AIDS. Older nurses experienced a lower degree of burnout than younger nurses, and older nurses employed a broader range of behavioral and psychological coping mechanisms. Those with an internal locus of control also experienced a lower degree of burnout than those with an external locus of control ([Gueritault-Chalvin, Kalichman, Demi, & Peterson, 2000](#)).

Social rewards, psychosocial support, and counseling have been associated with lower degrees of burnout among nurses. HIV/AIDS nurses who perceived a sense of receiving social rewards for their work with patients and those who had empathetic relationships with their patients reported a low level of burnout in a study of 410 nurses ([Visintini & Companinin, 1996](#)). Nurses in critical care settings reported feeling a need for their treatment to be prognostically beneficial for their patients. Among the 60 nurses who participated in the study, those who felt the treatments provided were futile experienced higher degrees of emotional exhaustion, a leading component of burnout ([Meltzer & Huckabay, 2004](#)). Psychosocial support and a sense of having made a difference in their patients’ lives lead to a lower sense of burnout among nurses.

Hospice nurses face unique work-related stressors that can contribute to burnout and compassion fatigue. Dealing with the intensity of death and dying may lead to highly personalized relationships with patients and families, strike a personal chord within the nurses’ inner worlds, and bring forth unresolved feelings of grief for nurses. In addition, the hospice system may contribute to burnout as the job demands that nurses travel to patients’ homes at night and during inclement weather as well as work independently, often physically apart from other members of the interdisciplinary team ([Keidel, 2002](#)). In a study of 72 female hospice nurses, sources of stress included death and dying, inadequate preparation, workload, conflict with doctors, conflict with other nurses, lack of support, and feeling a sense of uncertainty. Primary coping strategies among participants included planful problem solving, seeking support, self controlling, accepting responsibility, positive reappraisal, distancing, confronting, and escaping. Suggestions for reducing stressors included counseling, conflict resolution and mediation training, and monitoring of vulnerable groups (i.e. newly hired nurses). While the researchers acknowledged that the hospice setting can lead to burnout among nurses, it remains a rewarding work experience ([Payne, 2001](#)).

To address burnout among oncology nurses, it has been suggested that a program designed to assist nurses cope with bereavement, work in a mutually supportive manner, and broaden the range of coping mechanisms be implemented in medical centers specializing in cancer treatment. This type of program is thought to enhance psychosocial support and provide greater access to counseling services when needed for nurses ([Medland, Howard-Ruben, & Whitaker, 2004](#)). A systematic weekly program instructing nurses in mindful-based stress reduction has demonstrated positive results in reducing burnout and job-related stress among professional nurses ([Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004](#)).

Music has been used to reduce burnout among professional teachers and caregivers. In a study comparing cognitive-behavioral music therapy to traditional cognitive-behavioral therapy among public school teachers, results indicated that those who participated in the music therapy group reported lower levels of burnout symptoms than those who

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