



“Where’s my music?”: What we learned from nursing centers in the Music & Memory personalized music study

Rebecca Uth, PsyD, Esme Zediker, Ellen McCreedy, PhD, Rosa R. Baier, MPH, Jim Rudolph, MD, Miranda Olson, MSc, Renee Shield, PhD

This issue brief presents findings from a research study conducted by Brown’s Center for Long-Term Care Quality & Innovation (Q&I). In the METRICAL trial, researchers are partnering with nursing centers to implement and evaluate the Music & Memory individualized music program.

Because musical memories are encoded in areas of the brain affected later by dementia, personalized music has great potential to improve care and outcomes for persons living with dementia (PLWD). It may calm agitated or aggressive behaviors.

In Music & Memory, a popular program for PLWD, nursing center staff identify music that residents liked when they were young and use music players to provide music to residents at times when residents are likely to become agitated. The trial aims to establish how well Music & Memory works.

What did we do for this brief?

During the first year of the three-year trial, we worked with 27 nursing centers from three multi-center corporations. Staff at those centers provided personalized music to residents for eight months.

We conducted brief telephone interviews with staff from about one-third of the centers (n=10), asking them to reflect on their experiences implementing the Music & Memory program during the trial.

What did we learn?

- Residents respond well to the music.
- Designating a person to manage the program, taking time to teach how to use the iPods, and planning how to load, charge, and store the iPods can overcome logistical challenges.
- The program works well when facility champions and leaders are enthusiastic and work together.
- Good communication among all the leaders and staff is necessary.
- Using the program as a nursing intervention helps to develop effective strategies for managing behaviors.

Who did we talk to?

We talked to the champions responsible for implementing the program (often from the Activities or Life Enrichment departments), and administrators, nurses, and unit managers (N=11).

Participating centers are owned by four corporations (two for-profit and two not-for-profit) with facilities in the Upper Midwest, South, and the Mid-Atlantic regions of the US.

The music seems to help make activities of daily living and “cares” easier.

“If you’re changing them, if they’re agitated, you can... put [the music] on... before you start [doing cares].”

Licensed Practical Nurse (LPN) Unit Manager

“[It’s] a perfect opportunity to put the music on and say, ‘Hey, why don’t you listen to some music while we give you a bath?’ ... It would be more successful, and [they would have] a more pleasant bath.”

Administrator

“Our very first resident... she would not like to get up out of bed in the morning, and she would be combative...”

“They would put the music on her...and go back in 15-20 minutes, and she would be just happy-go-lucky and get up out of bed...being able to do her cares for the day, being able to get her up...and getting her dressed [was possible].”

Activities Director

The music seems to help reduce agitation.

“We can use Music & Memory when they are seeming agitated or anxious or whatever... just don’t forget that you can use this.”

Administrator

“[The resident said,] ‘Where’s my music?’... He asks for it because he knows at that time that he needs to calm down and listening to his music will help.”

Recreational Director

The music seems to help make meals pleasant and may stimulate appetite.

“And with some of the residents, we used it...if the resident was not eating, that would boost them up to eat.”

Quality Assurance Staff

“She didn’t eat that good. And once we put on the music, she loves Stevie Wonder...and she would sing and eat at the same time, and then she wouldn’t stop eating!”

Quality Assurance Staff

“...They would get up, and we couldn’t keep them sitting at the table, they just constantly get up. But if we placed their headphones on them, where they had the music while they were eating, they tend to sit and enjoy their meal.”

Administrator

The music seems to help residents communicate and socialize.

“The ones that we couldn’t understand the words that they were saying to us, they could sing the song perfectly.”

Quality Assurance Staff

“The music would make everybody feel at ease and talk and open up and just, I guess, they felt like they were free.”

Recreational Services Director

“His daughter actually called and said...when I go in to visit with him, it’s not like I am carrying on a conversation with myself. He’s responding ... and talking to me! ... A lot about his younger days.”

Activities Director

Finding resident-preferred music and dealing with technology took time.

“[[It] was kind of a little hard to learn to put the music on it, download it and stuff.”

LPN Unit Manager

“I think that upfront, letting people know it’s going to take time [is necessary].
A lot of time.”

Activities Director

“Had there possibly have been a library already pre-set up with a lot of music, [it] would have made it a lot easier.”

Activities Director

“Some of our residents did not like the headphones being on their heads... [so] sometimes we just put it around their neck and let them listen to it.”

LPN Unit Manager

“And if it don’t work the first time, like I said, there’s a couple of residents that they were like, ‘Mm-mm [negative]. I don’t like it. Nope. Don’t have nothing to do with it.’ It’s basically on their head, [so] try it around their neck, try just putting it through the little Bluetooth speaker and listening to it. That did help on some of them.”

LPN Unit Manager

“I wish we could’ve found a way to store it in their room...it would’ve been a better reminder if it’s in plain sight.”

Administrator

Getting nursing buy-in was not always easy—but it was important.

“It takes everybody... We did have a little pushback because everybody’s short on time...but this will help YOU help them.”

LPN Unit Manager

“Having a nursing leadership saying, ‘Hey, this is important,’ and explaining why, because of course when [it’s] outside of non-clinical, it’s not [considered] a priority.”

Administrator

“And there the challenge is making sure that every shift knew that it was available to be used when needed.”

Administrator

It helps to make the music part of the CNA routine.

“Every time we had it as a schedule at the beginning... it just became a normal thing...every day after each meal, we offer them things like [the music].”

Administrator

“...Once it becomes the norm, it’s a lot easier. And then it’s also [good] to see, okay, we are still offering them it. And at this point we just have everything as PRN.”

Administrator

“And the other thing is, we did have to explain...this doesn’t mean it has to be at this time. If there’s a better time, you let us know, we can change it. This is just to get us started and create kind of a habit.”

Administrator

We learned from what staff shared. In the next phase of the trial...

Staff will no longer have to identify resident-preferred music or deal with iTunes to load music on the devices.

- > **We learned** that identifying the right music was hard and time-consuming. Music will be pre-loaded on resident iPods based on the year the resident was born, where they live, and their preferred musical genre, similar to how Spotify or other players identify music playlists. By preloading the iPods, nursing staff will be immediately able to use the music with residents to address clinical needs.
- > **We learned** that some residents are sensitive to pressure from headphones. We will provide small Bluetooth speakers for these residents.

Nurse champions will receive more training on the program and how best to involve nursing assistants. They will also help us to identify the residents who will benefit the most.

- > **We learned** the music is especially helpful for residents who are resistant to ADLs, who have agitation, or who have trouble at mealtime. We will ask nursing champions to choose 15 residents with dementia who have behaviors that may be helped by the music.
- > **We learned** it might be helpful to use the music at the same time each day to “build a habit.” Nursing champions will work with CNAs to create scheduled times for each resident.

Staff’s passion for providing the best dementia care inspires us to keep improving.

“I look at the resident as a whole. Even though they’re still getting meds, what is something that we can do better? What can we do better for this resident? And really thinking outside the box.”

Activities Director

“If you can get everybody on board that possibly will, that is the key...getting everybody down to laundry, housekeeping, dietary, everybody, everybody on board.”

Recreational Services Director

“Let them know that it’s going to be some successes and failures. It may work today, it may not work, but of course, you have to keep trying and keep going back to the drawing board.”

Administrator

“It is a team effort, it’s a hundred percent a team effort. It can’t just be one department; it has to incorporate everybody...from the beginning.”

Administrator

In conclusion

What we learned in the first phase of the three-year Metrical trial is very promising: music seems to connect with PLWD in a basic and positive way, and nursing center residents may benefit from it.

We are using feedback and suggestions from staff to improve the next phase of the trial.