

## **Spreading the Good Word**

by

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I have been an RN and professional singer for over 31 years, and have had a growing interest in complementary medicine. When I saw a picture of a music therapist with a guitar at the bedside of a patient in the December, 2002 *Newsweek* cover story, my life changed. I immediately knew that I wanted to be at the bedside with my guitar also.

I explored the Music Therapy programs and also The Music for Healing and Transition Program (MHTP) and decided that I wanted to focus on playing at the bedside and letting the music do the healing. I chose MHTP and started off with guitar and voice. As I went through the program I added the Native American flute, the melody harp and then the lever harp. While all of these instruments have worked well for me, I prefer the lever harp and voice and now that is all I bring to the bedside.

I have seen some remarkable things occur with live healing music played at the bedside. As part of my internship with MHTP, I worked at the emergency department, where I had formerly worked as an RN. I played for a patient with chest pain who was being admitted to the hospital for a “rule out heart attack,” also known in medical jargon as a myocardial infarction (MI). The typical treatment for a patient who might be having an MI is to give them nitroglycerin, morphine and oxygen. All of this was done before I stepped into the room with the patient and the patient’s pain was still up around an eight (on the pain scale of one to ten) with a pulse ox of about 94%. Her face was taught with tension. After a half hour of playing for this patient she told me her pain was gone, her pulse ox was up to 99% - 100% and she had a smile on her face. She told me that she loved the music and that it brought such a peace and calm to her. She did not want me to leave. In my many years working in emergency departments, using the traditional treatments of nitroglycerin, morphine and oxygen, I had not seen such a calm come over someone who thought they might be having a heart attack.

Each of us has had remarkable experiences playing harp at the bedside. I believe the most common thread that we all see is that this service brings a peace and calm to almost all of our patients, family members and staff on the floor. Not only do we help to create a healing environment for patients, the stress level of the staff goes down and they love it when we come to play. In addition to any benefits our live music may provide in terms of promoting faster healing, our music can help the hospital save money by making the environment more welcoming to the staff, and thereby cutting significant costs due to employee absenteeism and turnover.

Yet, it is still difficult to find most hospitals with adequate funding to hire us. How do we educate people in the medical community and in the lay community so that they begin to see us clearly as a partner of the medical team, just as the physical therapist, speech therapist, social worker, or chaplain?

I pondered this question and decided to set myself on a mission to educate medical professionals, and the public at large, on the benefits of our services from a nurse's perspective. My first step was to get this story into a nursing journal. The first journal that I contacted, the *Nursing Spectrum*, responded immediately and was excited about publishing such an article as a cover story. That article was published in the August 2005 Baltimore/Washington regional issue (it can be found by clicking on the news/media page on my website, [www.caroljoysings.com](http://www.caroljoysings.com)).

During the summer of 2005 before the *Nursing Spectrum* article came out, Korva Coleman of National Public Radio (NPR) called me and told me she was doing a story on music practitioners, particularly in a hospice setting. We talked for some time and she asked if it would be possible for her to follow me around to see patients. I made arrangements with the hospice for Korva to interview patients, family members and staff members while she was following me. Korva came out with me while I played for patients on three separate occasions and separately interviewed several people on my hospice team. We spent a good deal of the summer working on this piece and I believe she had almost three hours worth of tape. Finally, in the fall of 2005, she brought me down to the NPR studio in Washington, DC, for a final interview and recording session.

Korva felt so strongly about this piece that she wanted it to be aired on the Morning Edition program, so that it would get maximum exposure. In order to make it to Morning Edition, the recordings had to be edited down below 5 minutes, yet still capture the essence of the story. Well, we waited out the year in order to make it to Morning Edition, and she did indeed capture the essence of the story in a 4minute, 28 second story. It was well worth the wait as over 25 million people heard this story, including the armed forces in Europe, Asia and the Middle East. Korva informed me that it was the second most emailed story of the day for NPR.

As I am writing this, it is only two weeks after the NPR story aired and already I can feel a ripple effect. I know that several other therapeutic musicians have been asked for interviews from other media sources and medical magazines, and therapeutic musicians have been hired as a result of this story. The ripple effect is only beginning, as I still hear from people across the country that want to learn more information about this field, or how to hire a therapeutic musician. I do not know how this will continue and cannot begin to understand the true impact that this story may have on our field. However, I am extremely grateful to Korva Coleman for the beautiful job she did with the story and submitting it to Morning Edition.

This is an exciting time for all therapeutic musicians. Hospitals are looking for new ways to provide outstanding and efficient service to their patients in the competitive healthcare field. As we all continue to promote this field, we will continue to grow in numbers and in demand for our services. As a Registered Nurse, I cannot think of anything else that I would rather be doing.