

# **Service evaluation: Rehabilitation for Older Stroke Patients**

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## **1. Introduction**

The author was employed to evaluate the potential for music therapy in an elderly rehabilitation and continuing care service. She was required to review current service provision, provide recommendations for a future service and to contribute to the development of an innovative music therapy service. This paper describes the six-month evaluation of the music therapy service provided for this client group. The evaluation specifically included carrying out a survey of past and present music therapy service users, to expand the current service, carrying out a pilot clinical work to patients on two wards and to produce a report at the end of the six-month period with recommendations for future service provision.

### 1.1 Music therapy literature review

Evidence exists that the brain will respond to injury by re-organization and adaptation aimed at restoring function. It is known that intensive rehabilitation immediately following a stroke can substantially affect the extent of future recovery. A holistic view of brain function in relation to music suggests that musical response involves the whole brain, which in turn suggests that it could be a powerful clinical tool for use in neuro-disability [ 6; 11]. There is also evidence for the recovery of fine and gross motor skills recovery benefiting from music therapy [ 16;17] , improved speech including intelligibility [ 3; 4] , improved short-term memory [7] and improvements in self esteem [ 7; 14].

The devastation caused by stroke and neurological disease is well documented in the UK music therapy literature [ 13; 5]. Music therapists generally divide the effects of these disorders into three areas – cognitive decline, motor decline and emotional disorders. Motor disorders include loss of physical strength and control, loss of independence, involuntary movements and poor co-ordination. Through stroke, patients often experience

sudden reduction in use of limbs and reduced control over motor movements. Outcome based research has been carried out researching the effect of music therapy with people with neurological impairments in the improvement of gait training, rhythmic organisation and upper limb coordination [ 18]. The effect of singing instruction with people with neurological impairments has been carried out [ 2] showing improvements in vocal range, rate of speech and verbal intelligibility.

Purdie and Baldwin [14] focus on low self esteem and the application of music therapy as a non threatening, universal and social experience which is both expressive and motivating. Erdonmez [ 7] addresses the rehabilitation of a pianist following stroke and highlights the issues of memory loss and motivation as well as emotional aspects of feeling rejected and despairing. Beggs [ 1] describes carrying out a life review with an eighty-six year old woman, using music that was significant to her to build a relationship and address feelings of dignity and self worth. Purdie [ 13, p. 46] states that the role of arts therapies (is increasingly being) recognised, particularly in their specific application for non-verbal interaction and their capacity to aid self expression. Psychotherapeutic models of music therapy are used to address the emotional experience experienced by stroke patients, for example isolation, frustration, loss of control and independence, depression, anxiety and fear [ 9]. McMaster [ 10] describes how music therapy helped a woman cope with grief and loss resulting from a stroke. Music therapy in this case addressed areas of emotional expression, self image and ability to cope with one's environment.

The effect of music on physical and psychological processes in this client group is also well documented [ 4;12;13;14]. Music therapy is seen to increase social interaction, self expression and self esteem, enhance communication, promote confidence and motivation and offer an opportunity for non verbal interaction and emotional expression [ 5;13].

## 1.2 Background and context

The medicine for the elderly service centre has fifty rehabilitation beds including six specialist stroke rehabilitation beds. There is also availability for convalescence/ongoing nursing care beds. Three medical consultants, a nursing team and a large therapy team staff

the unit. The rehabilitation therapy team consist of a large physiotherapy team, two occupational therapists, one speech and language therapist, one part-time music therapist, one part-time psychologist and a full-time dietician.

Although patients in the rehabilitation unit are not mentally ill, many experience confusion and shortened concentration span. Cognitive decline appears quite commonly in old age. Emotional disorders include frustration and anger, humiliation (for example, through lack of continence control and independence in daily living) and social withdrawal. Depression is very common in older age. Where physical disability appears through stroke or falls, patients often experience a sharp deterioration in quality of life and independence and emotional experiences can be traumatic.

Patients on the unit are elderly, with primarily physical disabilities or frailty. Many of the patients have had strokes. Others tend to have fallen at home and need treatment and reassessment of their living arrangements. Patients typically present first at Accident and Emergency with falls, confusion or stroke. They are then admitted to acute medical treatment wards and transferred to the unit for further rehabilitation. Patients transferred are not yet ready to be discharged home and still require a considerable amount of support from nursing and therapy staff. They are predominantly transferred to the unit for one of the following reasons:

- Rehabilitation to enable them to become more independent and ready to return home
- Intensive stroke rehabilitation
- Convalescence while regaining the strength and awaiting discharge home or to Residential or Nursing home placement

### 1.3 Role of Music Therapy

Medicine for the elderly in the United Kingdom is a field strongly anchored in the medical model. Medical consultants and physiotherapists dominate the team and the treatment focus is predominantly on physical rehabilitation. The overall aim is for patients to regain functional independence as far as is possible and to be discharged home or to an appropriate placement

as soon as possible. Patients face two major emotional issues – firstly, to cope with their loss of skills (sometimes sudden and dramatic, sometimes a gradual confusing decline) and secondly, to cope with major changes in their future placement. Many patients will not be able to return home and must face major life changes such as moving to continuing care facilities such as nursing homes or residential care. Those who do return home will have a care package and may not enjoy the same independence as before. This is a huge life change, unimaginable to one who has not experienced it. Purdie and Baldwin [14, p. 19] state that it is difficult to imagine how traumatic the experience of stroke can be. Indeed, the experience of stroke and the accompanying physical, emotional and social loss, requires huge adjustment on the part of the patient and a rehabilitation process that can take many months.

Some of the patients feel that moving to a nursing home signifies the end of their life and ‘end of life’ issues frequently arise in music therapy. In the one unit, the music therapist encounters these three major areas of clinical work – stroke, general failing of health due to old age, and ‘end-of-life’ issues. The music therapist must therefore have a flexible approach as the work is extremely varied. It appears, however, that *loss* is a common experience of all patients on the unit:

**Insert figure 1**

Music therapy was initially identified as offering patients:

- Therapeutic space to reflect and explore the *emotional* issues surrounding their stroke or physical difficulties
- *Social and interactive activity*, reducing social isolation, increasing motivation and improving quality of life
- Opportunity for *communication* using a non verbal medium, particularly useful for confused patients or those with speech impairment
- *Physical* activity and rehabilitation through enjoyable, structured musical activity

The music therapist took a person-centred approach, using music (improvisation, pre-composed songs and recorded music) as tools to be used depending on issues and needs of each individual patient.

## **2. Evaluation Methods**

### **2.1 Service user evaluation**

A music therapy service user feedback questionnaire was designed and delivered to all patients who had received music therapy during the six months prior to the project. (At this time, another music therapist worked for one day per week in the unit). Eleven patients were consulted during the course of the project.

The Feedback Questionnaire was designed to collect views from patients who received music therapy in the past and to base plans for future service provision on their recommendations. It was developed in order to review and improve the music therapy service in the rehabilitation unit.

The form was designed using two models – a statistical section using statements about music therapy with a 1 – 5 scale to assess how strongly users agreed or disagreed with the statements - and a qualitative, discursive section. It was felt that the nature of music therapy was such that users must be given an opportunity to comment in their own words about the experience, and that the ‘tick box’ exercise alone might be too crude.

To design the form, patient satisfaction surveys and evaluations were collected from other disciplines within the service area. These were used as templates for designing the music therapy questionnaire. No music therapy satisfaction surveys could be identified in previous literature.

#### **2.1.1 Questionnaire section one**

This section, gathering general information about the client before interview, was adapted from a similar multi-disciplinary patient satisfaction survey used at the unit. Wording a survey is very important – for example, people need to know how many questions there are, that it will be treated confidentially and that there are no right or wrong answers. This section

establishes a relationship with the user, the hope being that they will be as open as possible. It was also decided that patients would only be surveyed after completing a course of music therapy and would always be interviewed by a professional who was not the therapist who had worked with the client. It was felt that this would minimize interference with the therapy relationship.

#### 2.1.1 Questionnaire section two

This section aimed to gather information about the music therapy sessions. It consisted of a series of statements based on the stated aims of music therapy with this client group.

Respondants were asked to choose a number from 1 – 5, ranging from strongly disagreeing to agreeing with the statement. A visual aid was used so that less verbal patients could point to the answer ( questions see figure two).

#### 2.1.3 Questionnaire section three

This section was based on the Critical Incident Study [ 20]. Customer expectations and perceptions of service standards can be measured in a number of ways. Critical Incident Studies involve asking the customer to provide satisfying and dissatisfying service encounter experiences in story format. This is an effective way to elicit how users experienced the service - feedback is not limited to dissatisfied customer complaints or simplistic ‘tick box’ exercises. This approach was used in this study as it was felt that the nature of therapy lent itself to descriptive feedback more than statistical results. It was hoped that the researcher would draw out information about the experience of music therapy from clients, based on what they chose to share about the experience.

Clients were asked about particularly beneficial and dissatisfying moments in music therapy by questions as: When did the moment happen? What were the circumstances leading up to the session? What exactly happened? What resulted that made you feel the therapy was particularly satisfying?

#### 2.1.4 Questionnaire section four

This section asked a number of yes/no questions to gain further information about practical aspects of the service, such as choice of session time and whether patients would benefit from music therapy being offered on an outpatient basis.

## 2.2 Music therapy group observation

Observational rating scales were used to evaluate a twelve-week music therapy group. This aimed to observe the benefits of music therapy for the more non-verbal or confused patients who were not able to complete user feedback questionnaires.

The hypotheses of the music therapy group were that:

- A music therapy group offers patients in Medicine for the Elderly Services an opportunity to interact and communicate through a culturally specific medium which is not always possible through verbal interaction alone.
- Music therapy will benefit the patients overall treatment as they will be motivated, stimulated and more understood by the team.

The author, along with a music therapy student, observed participants in a weekly music therapy group and completed a weekly observation chart. Group participants were also observed in the day area of the ward at on another day at the same time, using the same score card. It was hoped that this would indicate whether there was increased communication and interaction in the music therapy group. The observation scales were based on the model presented by Hoskyns [ 8]. Only the first hypothesis was able to be tested in this short twelve-week study.

For this group, patients were selected with the following criteria:

- Patients with limited verbal communication who would benefit from a non verbal space
- Patients experiencing confusion
- Patients displaying difficult or aggressive behaviour (for example, shouting on ward)
- Self referrals from patients expressing interest in the group who were not able to complete user feedback questionnaires.

The general aims of using music with these clients was to facilitate active participation and interaction in a group, to offer a supportive, reflective space and to offer a creative outlet which directly related to patients past experiences and/or culture.

The objectives of the music therapy group were to:

- Assess the contribution of patient's emotional life to their rehabilitation (For example, issues arising from sudden loss of ability to walk or speak, family or marital tensions, long term or recent emigration to the UK).
- Increase communication
- Reduce isolation
- Increase team understanding of patients feelings
- Increase self esteem and willingness to accept treatment and support from others

### 2.3 Pilot clinical work

Individual and group work was carried out to explore the benefit of music therapy in this setting. Three types of clinical work were piloted:

- Individual assessments and ongoing individual therapy
- A singing group in day area of ward
- A music therapy group

Referring criterias for music therapy on the ward were :

- Patients with verbal communication difficulties (for example, confusion or dementia)
- Patients experiencing high levels of anxiety or depression that may be impeding their motivation for rehabilitation
- Patients displaying aggressive behaviour
- Patients with low motivation
- Patients who are socially isolated
- Patients who refer themselves to music therapy



## 2.4 Qualitative observations and recommendations

The music therapist observed her own experience of providing therapy on the unit and identified current service gaps.

## 3. Results

### 3.1 Results of the Music Therapy User Feedback Questionnaire

Eleven patients were surveyed. Ten further patients who engaged in music therapy were deemed unfit to be surveyed due to level of confusion.

#### 3.1.1 Results of Section Two

Insert figure 2: Results of questionnaire, section two

#### 3.1.2 Results of Section Three

In this section users were asked to comment on moments in therapy that they found particularly satisfying or dissatisfying. They were also invited to add further comments. A selection of comments are included below:

*...Music therapy does not help your physical recovery directly, but it does in an implied way, it makes you ready for your physiotherapy and ready to face the world.*

*... My work was the most important thing in my life ... when I had my stroke I felt that if I talked about that I would break down. But in music therapy I felt at ease and had choices ... in music therapy I did explore my feelings and I didn't break down.....*

*... Music therapy was something different and I looked forward to it, it got me out of the hospital routine...*

*... At the beginning you can't take in all the different therapies. I focused on physiotherapy but finally, slowly, over time, I realized that music therapy helped me be mentally strong.*

*Every week I had a quiet chat and I could express my feelings. It helped me cope in the longer term...*

*... I would have liked more choice of instruments – perhaps a concertina or harmonica ...*

### 3.1.3 Results of Section Four

Insert figure 3: results of feedback questionnaire, section four

## 3.2 Results of Group Evaluation

The group ran for twelve weeks and fourteen patients used the group. Patients on average attended two sessions (maximum six, minimum one). The group evaluation was simple and short. Longer study is needed to substantiate results, but initial indications are given here.

### 3.2.1 Score: Communication

Patients experiencing verbal confusion generally showed higher scores for non verbal communication than verbal. In other words, they were able to use the instruments to communicate spontaneously and in a more free-flowing manner than by conversation, which they found difficult.

Where patients were verbally sufficient, there was no marked benefit from providing a musical non-verbal communication tool. Sometimes patients who were very well were reluctant to use instruments as they associated them with school or childhood.

The study found that the more confused the patient, the greater the value observed of offering a non-verbal means of communication.

### 3.2.2 Score : Interaction

Interaction scores were found to generally be similar for musical and non-musical interactions. The musical interactions served to reflect general ability to interact and contributed to accurate picture of current health status.

The greatest finding in this area was that there were significantly higher levels of spontaneous interaction observed in the group than when patients were sitting in the day area of the ward. This indicated that group therapy is important, whatever the medium or profession, in order to reduce social isolation and offer an opportunity for interaction

### 3.3 Results of qualitative observations

The author's first impression was the extent to which the typical patient day is dominated by functional care – the patients are washed, shaved, dressed and taken to the toilet, with physiotherapy and functional tasks taking a large part of the day. However, the author also noted that patients sit for long periods of the afternoon and evening in the day area, dozing or staring into space. Staff and relatives talk to the patients when they can, but the patients' quality of life initially concerned the music therapist. The author identified that patients had unmet needs in the areas of:

- Emotional needs
- Social connection
- Communication
- Stimulation
- Reduction of isolation

The author thus identified two gaps in the service:

1. A need for increased social and interactive activities on the ward.

Despite the number of functional tasks carried out every day, the general stimulation and quality of life of the patient seemed to need attention. The music therapist offered a low level, accessible singing group in the day area of the ward to counter this gap in service. The therapist took a keyboard and some small handheld instruments onto the ward and sang songs with patients and carers. The therapeutic benefit of this activity was found to be surprisingly high. Patients lifted their eyes, sang, played instruments, chose songs and interacted. Observable benefits included:

- Increased interaction and shared activity between patients, staff and relatives

- Patients making choices
  - A motivating and sociable activity
  - A non-threatening activity
  - An activity easy to participate in even for confused or isolated patients
2. A need for space and support to cope with the emotional issues arising

A senior nurse manager commented that she felt music therapy was important in the service, as it was the only place where questions were asked about how the patient felt about their experience. For example, the feelings about loss of independence, not being able to return home, no longer able to live with partner after many years together, feelings of failure and humiliation and fear of the future were able to be explored and expressed in music therapy. The author believes that the emotional life of the patient is vitally important and must not be overlooked in the services offered in the unit.

Insert figure 4

#### **4. Discussion**

##### **4.1 Concerning the questionnaire**

Most patients indicated that music therapy was valuable to them. Particular benefits of music therapy, as stated by user, included giving patients an opportunity to communicate and cope with their feelings (81%), offering support to patients while in hospital and reducing isolation (64%). A high percentage of users felt that music therapy had helped their physical recovery (73%) and a slightly lower percentages felt music therapy relieved feelings of anxiety or depression (55%). Patients were not always given a choice of session time and this is an area that could be improved. 91% of patients surveyed thought that music therapy should be offered on the ward in the future but only 55% felt music therapy should be extended as an out patient service.

It is important to note that the survey was designed by the author as a service evaluation tool. The statements were not designed with scientific precision and could be revisited to elicit

further views. The results gave useful feedback to managers and the music therapy department for future planning. They contributed to a decision to grant permanent funding for a post on the unit. The results also indicated to the music therapy department that improvements could be made regarding offering a choice of session time and that developing an out patient service was not a priority.

#### 4.2 Concerning the group

The music therapy group took many weeks to establish and form. The rating scales observation would be most useful with two alterations:

- (i) Longer period of study
- (ii) Scientific research to design rating scales for this setting

A further study is recommended in this area, to further test both hypotheses and to carry out a thorough evidence-based study.

Due to the fast turnover of patients, an open group is recommended for this unit. Due to the high level of physical needs, a maximum of five patients is recommended for the group.

Moving patients to the therapy room was very time consuming and difficult. Two members of staff (a music therapist and a co-worker from any discipline) are therefore recommended for the smooth running of the group. The afternoon proved to be a good time for the group.

Emotional communication was found to be high in the group - this was not measured in the rating scales but was a significant piece of work for the group. Patients who met regularly for music therapy opened up about how they felt about being in hospital and the treatment they received. This was felt to be very valuable to these patients. The interaction observed in the group as opposed to the day area of the ward led to the therapy team setting up a rota of 'therapeutic activity groups' on the ward, so that patients had more groups to attend in the afternoons and more opportunity for social interaction. The music therapist developed a singing group for her part in this rota.

## 5. Conclusion

This evaluation process highlighted that music therapy in the Medicine for the Elderly Service appears to be meeting the needs of patients most strongly in the areas of emotional support, reducing social isolation and communication. It is a particularly effective intervention with the more confused patients and those with low motivation. It also showed that the music therapist can have an important role as a member of a rehabilitation team in this setting. Further research is needed to substantiate these observations. However, this paper has described a service evaluation that can be carried out simply and quickly within a work setting.

User views are critically important in the health service today and often used by management to prioritise future service provision. The rise of consumerism and access to information has empowered today's patient. Patients realise that they have a choice in health care and therefore service providers must respond to the new customer's expectations by providing high quality services. Health services have traditionally focused on quality of service in terms of clinical audits and best practice medicine and the concept of delivering a service to a *customer* was largely ignored, with the patient having a passive role in a paternalistic health service. Measuring customer satisfaction levels has only recently become a central part of the provision of a quality health service and until recently health services were rarely scrutinised from a services marketing perspective. Health professionals tend to view themselves as providing *care for patients* rather than providing *a service to a customer*.

Public service providers sometimes fall into the trap of believing that if choice is limited there is no point in consulting customers. However, consultation with service users can help service providers to plan, prioritise and deliver better services. It also creates a working partnership between service users and providers so that users understand problems facing providers and can assist in service delivery. Consultation can also be used to prioritise services, make use of limited resources and help providers to set performance standards relevant to user needs. User involvement in service planning is a key component of the Older Persons National Service Framework and the Commission for Health Improvement criteria.

However, consultation with users is only of use if something changes as a result of consultation. Any consultation or review process with service users must include measurement of whether the views collected have been used to improve services and whether the consultation has changed the relationship between the provider organisation and its users. In other words, consultation must lead to some identifiable change in an organisation's service or policy if it is to be a worthwhile exercise.

Music therapy, in this service, has been seen to offer individual, culturally appropriate therapy, where the uniqueness of each patient can be recognised. Music provides a way for carers and patients to interact. Music therapists in this setting need to be flexible in approach. The author needed to stretch her own musical resources to meet the individual needs of each patient - for example using pre-composed songs, recorded music, improvisation, physical exercise and also offering psychotherapeutic interventions.

Every service provider needs to be able to evaluate what they do and whether they meet the needs of their 'customers'. Collecting user and staff views need not be complicated, but it is important. A simple feedback form or discussion at regular ward meetings may be enough to keep management constantly informed of current issues and needs. Managers need to take responsibility for establishing systems for patient and staff feedback rather than simply expecting patients to initiate such communication. It is important that any system for collecting customer or staff feedback builds in an effective way of passing on this feedback to decision-makers. The music therapy profession would do well to develop their evaluation skills and managers need to constantly evaluate current services in order to prioritise and plan future developments.

Older people and services for the elderly tend to be the poor relation of the health service. Roberts writes that older people who cross the boundary into institutions... "join the category of non-contributing, non-participants in society. They lose any productive role they may have had and with this often all opportunity to continue making decisions. It is as if they are already socially dead, although they may be years away from physical death" [ 15, p.79]. He also highlights the need for staff in these institutions "to redefine their primary task from

keeping patients in good physical condition as long as possible to enable patients to live out the remainder of their lives in as full, dignified and satisfying a way as possible” [15, p 78]. Music therapy can play an important role in acknowledging and hearing the emotional pain involved in caring for older people. Music in itself can lift a deadened atmosphere, stimulate staff and patients and bring creativity into an environment of despondency. Music therapists can offer a specialised emotional support to patients in this most difficult clinical setting. Further research and evaluation work by the profession will strengthen the role of music therapy in this clinical setting.

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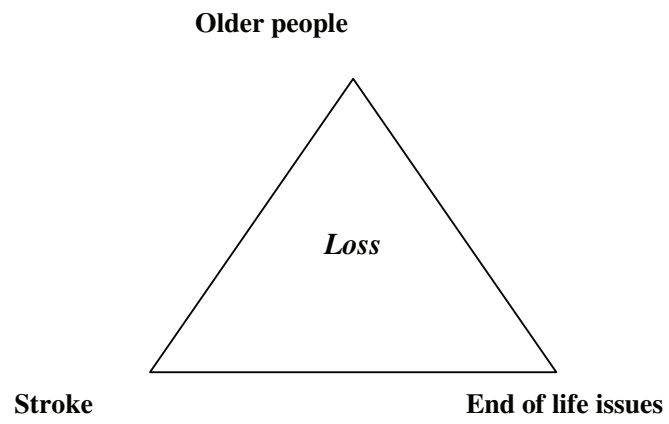
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**Figure 1**



**Figure 2 Results of User Feedback Questionnaire, Section 2**

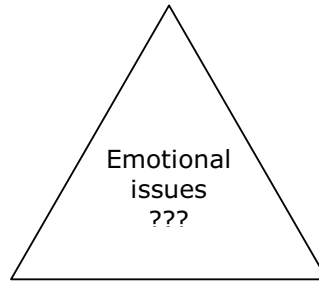
<b>Statement</b>	<b>1 Strongly agree</b>	<b>2 Agree</b>	<b>3 Uncertain</b>	<b>4 Disagree</b>	<b>5 Strongly disagree</b>
Overall, music therapy was of benefit to me	1	8	1		1
I felt respected and supported in music therapy	3	6	1	1	
I had an opportunity to be myself and talk to someone	3	6	2		
Music therapy helped me to cope with my feelings	2	6	2		1
Music therapy made me feel less isolated	4	3	3	1	
Music therapy helped me to cope with being in hospital	1	6	3	1	
Music therapy helped my physical recovery	1	7	2	1	
Music therapy was of no benefit to me			3	5	3
Music therapy helped me feel less anxious	1	5	3	2	
Music therapy helped me to communicate	2	8	1		
Music therapy helped me feel less depressed		6	4		1
I had a private, supportive space to explore my feelings	1	7	2	1	

**Figure 3 Results of user feedback questionnaire, Section 4**

Overview of service	
1. Do you feel music therapy was explained to you adequately?	Yes 9 No 1 Don't Know 1
2. Do you feel that your cultural background and religion were acknowledged and respect?	Yes 8 No 1 Don't Know 2
3. Did you have a choice of session time?	Yes 6 No 4 Don't Know 1
4. Overall, how satisfied are you with your overall rehabilitation at the present time?	
Very satisfied	3
Satisfied	5
Uncertain	3
Dissatisfied	0
Very dissatisfied	0
5. Do you think music therapy should be offered on this ward in future?	Yes 10 No 0 Don't Know 1
6. Would you like music therapy to be offered on an outpatient basis?	Yes 6 No 4 Don't Know 1

**Figure 4**

**Physical rehabilitation**



**Discharge planning — Medical treatment**