

Karaoke Has Positive Effects on Adults in an Acute Care Inpatient Psychiatric Setting

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Studies have reported that music can decrease anxiety and stress in adults, and can have a physiologic effect by decreasing blood pressure, regulating breathing, and improving muscle tone. In a study that compared the effects of music therapy and psychoeducation on the proactive coping skills of psychiatric patients 1 month after hospital discharge, the music therapy group had slightly although not significantly higher proactive coping skill scores, and regardless of treatment, most participants reported using music as a coping skill [Silverman MJ. *Arts in Psychother.* 2011].

Only a few studies have examined the use of karaoke among persons with psychiatric illnesses, and none have examined its use in an acute inpatient setting. Kelly Southard, RN, BSN, MBA, Cone Health Behavioral Health Hospital, Greensboro, North Carolina, USA, reported that psychiatric patients in an acute care setting responded positively to karaoke as indicated by improvement in anxiety, reduced as-needed and pain medication use, and increased participation in group therapy.

The objective of this study was to evaluate the effects of karaoke on pain, anxiety, and sleep among adult patients in an acute care inpatient psychiatric unit. Study participants (n = 61) completed surveys on sleep, anxiety, relaxation, mood, and stress prior to and after participating in karaoke. Changes in anxiety level were measured with the State-Trait Anxiety Inventory metric. A review of medication use and the counselor's group therapy notes before and after karaoke participation was also conducted. Statistical methods include McNemar's, KR-20, Wilcoxon signed-rank, and one-sample z tests.

Participants (60.7% women) had a mean age of 36.6 years. Most were white (73%) and had been in the unit for a mean of 3.8 days. The majority were diagnosed with alcohol/substance abuse (36.1%), bipolar disorder (27.9%), or depression (50.8%). Participation in karaoke was associated with a significant decrease in anxiety levels ($P = .031$; Table 1).

Table 1. Karaoke Decreases Anxiety Level

Measure	Before Karaoke (n = 52)	After Karaoke (n = 41)	P Value
State-Trait Anxiety Inventory—State (range, 20–80) ^a	46.81 ± 11.08 (α = 0.886)	43.59 ± 12.86 (α = 0.925)	.0310

Means ± SD are out of cases with nonmissing data.

^aSum after reverse scoring 10 questions.

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Table 2. Impact of Karaoke on Relaxation, Stress, Mood, and Talking in Group

Measure	Participants with a Positive Rating, % ^a	Mean ± SD After Karaoke (95% CI)
Relaxation ^b	73.2	4.00 ± 1.16 (3.69 to 4.31)
Stress ^c	82.1	4.18 ± 0.97 (3.92 to 4.44)
Mood ^d	82.1	4.29 ± 0.89 (4.05 to 4.52)
Talking in group ^e	60.7 ^f	3.82 ± 1.01 (3.55 to 4.09)

^aHad a rating of 4 or 5 after reverse scoring.

^bRelaxation rating scale: 1 = much more tense, and 5 = very relaxed.

^cStress 5-point rating scale: 1 = much more tense, 2 = more tense/more stressed, 3 = unchanged, 4 = somewhat less stressed, and 5 = much less stressed.

^dMood rating scale: 1 = much worse, and 5 = much improved.

^eTalking in group rating scale: 1 = I feel much less comfortable talking in group about my issues, and 5 = I feel more comfortable talking in group about my issues.

^fAn additional 33.9% reported "unchanged" and only 3 participants reported negative ratings. Reproduced with permission from K Southard, RN, BSN, MBA.

Almost one-third (17 of 56; 30.4%) of patients had a decrease in their as-needed medication use. Pain medication use decreased in 12 of 56 patients (21.4%; 95% CI, 12.7% to 33.8%; $P = .05$). Postkaraoke ratings of relaxation, stress levels, and mood also improved. Almost one-quarter (24.2%) of patients increased their level of group participation after karaoke (Table 2). Results for sleep quality (difficulty falling/staying asleep, waking up frequently, having sound or refreshing sleep) were not significantly changed.

In the inpatient setting, participating in karaoke may improve patients' overall mood, decrease stress and anxiety levels, and improve participation in group discussions. As a consequence, patients may derive more benefit from their therapy and shorten their treatment stay. Further research is needed to test this hypothesis.



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