

Effect of Music in Inducing Sleep among Children in Need of Special Care in a Child Shelter Institution: Basis for Independent Nursing Intervention

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Abstract

For as long as anyone can remember the lullaby song has been an effective tool for helping babies to fall asleep. The song followed by the gentle humming of the same tune can put the most anxious baby calm and sound asleep. Sleep is quintessential to our lives. Every human being needs to sleep in order to survive.

The purpose of this pre-test/post-test study was to determine the effect of music in inducing sleep on the sleep onset latency of the children in need of special care in a child caring institution. Purposive sampling was used in this study to observe the sleep onset latency of children ages 1 – 6 years old, with no hearing impairment, can comprehend verbal instructions, oriented to time, place, and person and has no severe physiological or psychological problems. There were 16 research participants, male and female. Effect of music will be measured based on the duration of the sleep onset latency (NREM stage 1) of the research participants from the time they lie down on bed up to the time they fall asleep at night. One day was allotted for the observation of the sleep onset latency which served as the basis before music is played. Music was played 45 minutes from the time the participants lie on bed to sleep for seven days. Results revealed that there is significant difference on the effect of music in inducing sleep based on the shortened duration of sleep onset latency among the participants. However based on the effect of music in inducing sleep, there is no significant relationship according to the profile of the participants. The findings of this study provide evidence for the use of music therapy as an independent nursing intervention to induce sleep.

Keywords: Music, sleep, child shelter institution

1. Introduction

The effect of music in alleviation of physiological condition such as anxiety is a historical phenomenon. This practice is evidenced by some mythological or historical reflections, which have explained the origins of music in healing. A good exemplar of this was the story from the old testament in the Bible (cir. 1445 B.C.). David played his harp to King Saul when the spirit of the Lord departed from him and this made him troubled. After playing his harp, Saul was refreshed, and was well, and the evil spirit departed from him. Some attributes the rise of music in healing to the life in Stone Age, which is evident by the use of music as therapy. The Stone Age cultures did not view music as a self contained experience apart from life. The connection between music and healing has come a long way since its primitive stage; this connection has remained with the human existence. In this regard, music has been a universal agent that transcends time and space, barriers withstanding pain and anxiety. Its use as a healing agent has been shaped over thousands of years through human experience.

Many researchers have shown that music has a profound effect on our body and consciousness. Moreover, there's a growing field of healthcare known as Music Therapy, which uses music to heal. Even hospitals are now beginning to use music to help with pain management, to promote movement, to help ward off depression, to ease muscle tension, and to calm patients or simply to induce sleep. Research also reveals that music with a strong beat can stimulate brainwaves to resonate in sync with the beat. For faster beats, it brings sharper concentration and enhances alert thinking. A slower tempo of music can promote a calm, meditative state. Music can also be used to bring a more positive state of mind, keeping depression and anxiety at sidelined, which can prevent the stress response from wreaking havoc on the body. Some research suggests that music has been found to bring many other benefits, such as lowering blood pressure which can also reduce the risk of stroke and other health problems over time, and can boost immunity.

Child abuse is rampant these days. Many children are suffering from these horrific experiences and foster dangers of anxiety disorders. Anxiety is associated with childhood trauma. Hypothetically, children who experienced abuse are prone to cues of anger and threat compared to children who did not experience abuse. Authorities even state that children who have experienced abuse when they were young enter into the vicious cycle of being abusive parents and so the cycle continuous.

A child, by a court decision admitted in a child caring institution due to dreadful situations such as neglect, abandoned or orphaned by his/her parents may suffer from plethora of uncertainties and nervousness or

even anxiety disorder.

2. Statement of the problem

The purpose of this study is to determine the effect of music in inducing sleep among children, 1-6 years old in a child caring institution. More specifically, the study attempted to answer the following questions:

1. What is the socio-demographic profile of the research participants in terms of:
 - 1.1 Age
 - 1.2 Gender
 - 1.3 Reason for shelter/institutionalization
 - 1.4 Length of stay in the shelter
2. What is the duration/amount of time it takes for research participants to fall asleep according to their socio-demographic profile?
3. What is the effect of music in inducing sleep based on the duration/amount of time it takes for research participants to fall asleep according to their socio-demographic profile?
4. Is there a significant difference between the duration of falling asleep before and after music is played at sleeping time?
5. Is there a significant relationship between the respondents' profile and the effect of music in inducing sleep?
6. Based on the results of the study, what type of nursing intervention can be proposed?

3. Methodology

Quasi experimental pre-test/post-test design was used to determine the effects of music in inducing sleep among the subjects after obtaining ethical clearance and a written consent from the institution for 16 subjects.

Purposive sampling, classified as non probability was used and the criteria set was children in need of special care.

Observation technique was used in this study to determine the sleep onset latency of the subjects. The researcher introduced herself as volunteer to prevent Hawthorne effect. A checklist was used to record the amount of time the participants actually fall asleep. The tool used to determine whether music has an effect or ineffective is the standardized sleep latency test by Arand, et al., (2005). The data was collected and analyzed using descriptive and inferential statistics.

A lullaby song was played for 45 minutes during post-test. The title of the CD is "My baby's quiet time" (touch by nature) by the various artists. The volume of music was set low, lights were turned off to facilitate relaxation and the windows were slightly closed to prevent noise to come in.

4. Results

The participants were categorized into three (3) age groups. The largest group of 7 (43%) were 1 – 2 years old; 6 participants (37.5%) are between 4 – 5 years old; and the 5 – 6 years old has 3 (18.75%) members. Male gender is composed of 11 children (67.85) while females are 5 (31.25). Majority of the subjects stayed in the institution for more than 1 year and have adapted their way of living in the shelter institution. Asociacion de Damas de Filipinas caters to 6 categories of children in need of special care and only 3 cases of these categories are present. The dependent with a total of 12 (75%), 3 were abandoned children (18.75%) and the lone surrendered category. The reason of institutionalization for the dependent category of children is due to the facts that parents cannot provide the basic necessity of the child because of financial difficulty, parents is suffering from mental instability, or in prison.

Before music therapy the overall total duration of SOL has an average of 40.38 minutes and after providing music therapy the total duration of SOL has an average of 19.85 minutes. The effect of music in inducing sleep among children in need of special care reveals that out of the 16 participants, **1 got an effect, 11 subjects confirm moderate effect and 4 did not experience the effect of music at sleeping time.** Based on the result of the study music therapy has a significant effect on the sleep latency of the subjects.

5. Conclusions

The age of majority were children ages 1-2 years old, these children belong to the developmental stages of infancy and early childhood which most significant tasks are: **Infancy** - trust VS mistrust; **Early childhood** - autonomy VS shame and doubt. These two stages the significant relationship is the maternal parent, in which the focal figure is missing. Music therapy used as lullaby is a formed of maternal care that could be given in the absence of the biological mother.

Without music therapy SOL has an average of 40.38 minutes which concludes that there is inability of

falling asleep among children in asociacion de damas de Filipinas compared to the average sleep latency of approximately 30 minutes. Hence, the proposed nursing intervention is to provide music as independent nursing intervention.

In conclusion, music therapy has achieved moderate effect in inducing sleep among children in need of special care.

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Table 1

Below is the tool used to determine whether music therapy was effective or not. It was based on the multiple sleep latency test. A standardized sleep Latency Test by Arand, et al., (2005). It is a validated objective measure of the ability or tendency to fall asleep. The interpretation or rating used were as follows:

RATING	SCALE:
EFFECTIVE (E)	< 10 mins.
MODERATELY EFFECTIVE (ME)	11-20 mins.
NOT EFFECTIVE (NE)	21 and above

Table 2. Frequency distribution of participants according to age

AGE	FREQUENCY	PERCENTAGE
1 - 2 years old	7	43.75
3 - 4 years old	6	37.5
5 - 6 years old	3	18.75
Total	16	100

Table 3. Frequency distribution of participants based on category/reason for institutionalization

CATEGORY	FREQUENCY	PERCENTAGE
Abandoned	3	18.75
Neglect	0	0
Orphaned	0	0
Dependent	12	75
Foundling	0	0
Surrendered	1	6.25
Total	16	100

Table 4. Duration of sleep onset latency (SOL) without music according to the age of the participants

AGE	Frequency	TOTAL SOL	AVERAGE
1 - 2 years old	7	190 mins	27.1 min.
3 - 4 years old	6	274 mins	45.7 mins
5 - 6 years old	3	182 mins	60.7 mins

Table 5. Significant difference on the duration of sleep onset latency (SOL) Before and after music is played at sleeping time.

Child	Pre-test	Post-test	Rating
1	25	16.1	ME
2	31	15.57	ME
3	25	9.86	E
4	24	20.57	ME
5	22	18.43	ME
6	33	18.86	ME
7	30	18.57	ME
8	54	17.71	ME
9	56	11.57	ME
10	79	30.29	NE
11	70	31.57	NE
12	26	14.57	ME
13	55	32.29	NE
14	27	20.71	ME
15	57	23.86	NE
16	32	17.14	ME

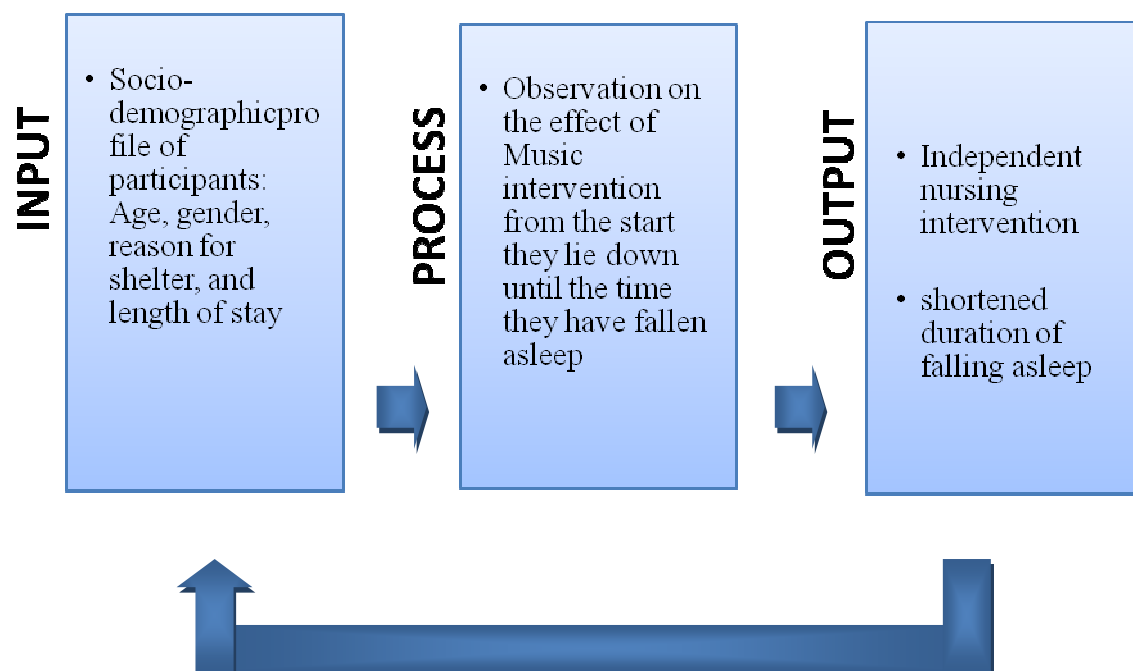
Legend: CV- computed value, DF-degrees of freedom (15), VI – verbal interpretation at 0.05 level of significance.

CRITICAL VALUE	COMPUTED VALUE	DEGREES OF FREEDOM	INTERPRETATION
2.131	5.31	15	Ho is REJECTED

Table 6. Effectiveness of music therapy on the duration of sleep onset latency (SOL) based on the age of the participants

Scale	1-2 yrs. old	3-4 yrs. old	5-6 yrs. old	Frequency	Computed value	Critical value	DF	Interpret.
Effective	1	0	0	1				
Moderately Effective	6	5	0	11	$\chi^2 = 13.06$ <	$\chi^2 0.05$ 25.00	15	Ho is accepted
Not Effective	0	1	3	4				
TOTAL	7	6	3	16				

CONCEPTUAL FRAMEWORK



Acknowledgment

The researcher would like to convey her deepest gratitude and thanks to the following individuals for all the support and cooperation they have extended to make this thesis possible:

My heartfelt gratitude to my husband, Gener S. Gonzales for the unflinching love, support, patience and understanding to make this study possible in spite of our busy schedules and challenges that came across our life. To my ever lovable children, Johane Sebastiane, Miguel Carlo and our bundle of joy Adrienne Nathanielle for their fervent love and their unequivocal belief in me that serves as my inspiration to strive harder and do my very best. Please know that you are the source of my happiness in this world and I love you very much.

To my parents, Mr. Nobile and Mrs. Ofelia Malicse who always taught me to persevere in every life endeavour. For their guidance and advices, for bringing me into this world and for what I am now. To my brothers, Vladimir and Neville especially to my favourite sister Pinky for their unending love and assistance in every struggle I have.

To my friends and classmates: Ramil Flores for helping me all throughout the course of this study, for unselfishly sharing his knowledge and expertise. To the rest of my friends, Beth, Sharon and Leo for sharing their notes, ideas and their stories. To my colleague and friend Ms. Jipi Varghese, for her encouragement and

municent support in motivating me to publish this research paper.

My gratefulness to my adviser, Dr. Lina Salarda, for her conscientious supervision, guidance and generous inputs in the development until the finalization of this research work. Words cannot express my sincere gratitude.

And Finally, to the most important of all, to our almighty God my redeemer Lord Jesus Christ and Mother Mary for the undying love, guidance and blessings given to me and my family. The foundation of all my strength and knowledge, I give it back all the glory and praises to you. Without you Lord, this task will never be accomplished.

To those whoever I failed to mention whose contributions in one way or another have helped me in the realization of this study, my sincerest gratitude and appreciation.

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