

Guest Editorial

Improving quality of life for Department of Veterans Affairs nursing home residents through music and art

The large dining room is quiet. Residents sit in a grouping around the piano. Several are wide awake, their eyes bright with anticipation; two are conversing with the young lady in a white lab coat, others are dozing in their seats, and still others are walking aimlessly around the room. A young man enters carrying a music case. He greets several residents by name, welcoming them to the group. He goes to the piano, opens his case and pulls out his trumpet, and begins to play a tune. The conversation stops, sleeping residents wake up, aimless ambulation is directed toward the sound, and all attention is focused on the young man. If you look to the entrance, additional residents are making their way into the room. When the young man finishes the song, questions erupt, "What was that? How do you do that?" The young man begins to tell about how a trumpet is played, what kind of music can feature a trumpet, and the enjoyment he gets from playing music. This launches a discussion about who played an instrument, who enjoyed music, and who would like to listen to more music featuring a trumpet. One resident Mr. A, who had been sleeping and rarely spoke, became very alert and told the group that he had played the trumpet, a fact that had not been known about the resident. The young man brought out an alternate mouthpiece and let the resident play. This resident, who was lost in his world of dementia, placed the trumpet to his lips, found the proper position, and played a few notes. The look of joy on his face was exquisite, allowing all around to clearly see the man he had been before dementia robbed him of himself.

A Department of Veterans Affairs (VA) Nursing Research Initiative grant has supported the study, "The effect of exercise on muscle function and cost in VA nursing home residents." Our hypothesis was



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that exercise would support and increase functional abilities, but we felt more than just exercise was contributing to the improvement. Therefore, we devised a study that compared an exercise group with a nonexercise group that receives a comparable level of staff attention and positive reinforcement to determine whether changes in function normally associated with low-intensity exercise are from the exercise or other factors. This study is currently being conducted and the intervention phase will conclude in March 2006.

The nonexercise group participants attend a music and art activity three times a week. Two sessions are art-oriented and the third music-oriented. The responses to the music and art programs have reminded us that even residents with profound dementia retain their humanity. Although a resident may seem completely lost to the world, he or she may still be able to respond intellectually. For example, Mr. B's dementia had robbed him of intelligent speech; he rarely spoke and when he did, it was largely nonsense sounds. Yet he participated in the art programs, watched alertly, and responded emotionally to the pictures. When asked if he enjoyed the pictures, he was able to comment, "They are so beautiful." During a presentation about Norman Rockwell, he wept while looking at a picture of an old man with his grandson who were watching a ship sail away. His humanity and emotionality overcame the dementia for those moments.

Not all residents respond to the program; many who have had limited exposure to art and music are difficult for us to engage. Cultural background may also contribute to a resident's lack of participation. We found that individualizing the approach helped involve residents. Mr. C, an African-American resident, did not enjoy European art, but he enjoyed programs on

African-American artists and culture. We attempted to tailor a program to his needs. We brought him library books, especially children's picture books, by and about African Americans. After we introduced books to him and spent time reading with him, he became more engaged with the environment, stopped lying in bed with covers over his head, and took an active role in his daily care. He looked forward to the activity and his general attitude and motivation improved; this supported his return to the community.

Collage is a tool that provides a window into the personhood of many residents. While it can be a labor-intensive project, the rewards can be many, particularly for residents with severe dementia. Residents may not be able to provide their personal history but through the process of creating a collage, may reveal much about themselves and their past. Working with a helper, the resident is exposed to magazines and pictures. The helper observes the resident for response to the picture. The response may be as pronounced as a big smile or remark, or it may be as small as a blink or a sound. When a response is noted, the picture is placed on paper for the collage. Families have responded to many of these collages with statements that reflect recognition of the objects in the pictures. Talking about the pictures provides an avenue for reminiscence that can facilitate caregiving and promote feelings of self-worth in the resident. A caregiver who knows something of a resident's past can be very reassuring to that resident who is wandering through the disorientation of dementia. Staff have found that knowing details of the resident's life allows them to direct conversation during care; this reduces resistance to the care and engages the resident in meaningful interaction.

Residents who have participated in this research project appear to have benefited from exposure to an ongoing activity that stimulates their artistic senses. Their reactions indicate that the universal

language of art and music can be successfully incorporated into the routine activity of a nursing home. Staff have reveled in the insight and understanding of those residents who cannot tell their own stories.

As the data collection phase of this research project comes to a close, we look to the analysis for confirmation of our hypothesis. However, the music and art activities introduced in the course of the investigation have clearly affected the quality of life for the participants.

The group is sitting around a table. They have just viewed a slide show about Impressionism and are talking about how putting designs and colors together can create an impression of what is in their mind. They each have a piece of poster paper and an assortment of colored tissue paper in front of them. Mr. D, after prompting and assistance from the leader, began to tear the tissue into various shapes and meticulously place them on the paper. He arranged them in a design of his own making stating, "I've never made art before." He became more animated and attempted to help others with their projects. Generally, in sessions, Mr. D keeps to himself and is reluctant to actively participate. Creating his own art appeared to open a channel of communication and expression for him. He asks routinely when he can try some other types of art.

At the end of a day in nursing home care, it is about the difference we can make in the life of the residents entrusted to our care. Art and music can truly touch individuals in ways we have anticipated and, more importantly, in ways we had not imagined.

The residents identified in this editorial are fictitious; the anecdotes reflect actual occurrences during art and music sessions in the nursing home.

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DOI: 10.1682/JRRD.2005.06.0105